

**DISCLAIMER**

The following is a preliminary report of actions taken by the House of Delegates at its 2021 Annual Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Society.

**MEDICAL SOCIETY OF VIRGINIA HOUSE OF DELEGATES  
Report of Reference Committee 1**

**Dr. Atul Marathe, Chair**

**Present Members: Dr. Brenda Stokes, Dr. Barbara Boardman, Dr. Robert John D'Haem, Dr. Gary Miller, Dr. Gaynell Paul Matherne, Jr., Dr. Peter Zedler, Lavinia Wainwright**

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**The Reference Committee recommends the following consent calendar for acceptance:**

**RECOMMENDED FOR ADOPTION**

- 22-101: MSV Proposed 2023 Budget
- 22-103: A Proposed Bylaws Change Concerning PA Membership
- 22-104: A Proposed Bylaws Change Concerning the Compensation Committee
- 22-105: A Proposed Bylaws Change Concerning Meetings
- 22-114: Housing as Healthcare

**RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED**

- 22-102: 2022 MSV Policy Compendium 10-Year Review
- 22-107: Striving for Adrenal crisis treatment by Virginia EMS responders (SAVE)
- 22-108: Resolution Supporting Maternity Leave
- 22-113: Acknowledging Climate Change as a Public Health Emergency

**RECOMMENDED FOR REFERRAL TO BOARD OF DIRECTORS**

- 22-112: Hospital Medical Staff Self Governance

**RECOMMENDED FOR NOT ADOPTION**

- 22-110: Resolution to Request the Virginia Legislature to Allow Virginia Physicians to Bear Financial Risk in Health Care Policies

**RECOMMENDED FOR ADOPTION AS AMENDED IN LIEU OF**

- 40.3.01- AEDs for Police First Responders (in lieu of Resolution 22-106: MSV Support for Expanding AED Access in Public Spaces Around Virginia).
- 40.9.04- Child Firearm Injury Prevention (in lieu of Resolution 22-109: Gun Safety Resolution).
- 35.2.03- Physician Dispensing (in lieu of Resolution 22-111: Benefit for Patients at Virginia Physicians Offices)

35 **1) 22-101 2022 BUDGET**

36 RECOMMENDATION:

37 Mr. Speaker, your Reference Committee recommends that **Resolution 22-101 be Adopted.**

38 This resolution presents the 2023 budget for the Medical Society of Virginia as approved by the MSV  
39 Finance Committee, the MSV Executive Committee, and the MSV Board of Directors.

40 Your Reference Committee heard unanimous testimony in support of Resolution 22-101.

41 Accordingly, your Reference Committee recommends the budget be adopted.

42 **2) 22-102 2022 MSV POLICY COMPENDIUM 10-YEAR REVIEW**

43 RECOMMENDATION:

44 Mr. Speaker, your Reference Committee recommends that **Resolution 22-102 be Adopted as Amended**

45 *RESOLVED, that the Medical Society of Virginia adopt the recommendations in the enclosed report.*

46 This resolution asks that our Medical Society of Virginia adopt the actions recommended by the Speakers  
47 regarding policies adopted ten years ago.

48 Your Reference Committee heard testimony on MSV policy 45.1.06 titled Regulations of the Board of  
49 Hearing Aid Specialist where a question was raised on whether the policy reflected current Virginia policy.  
50 General counsel addressed the Reference Committee and confirmed that policy 45.1.06 does reflect  
51 Virginia policy 18 VAC 80-20-230 and remains current.

52 Your Reference Committee heard testimony on current MSV policy 55.1.09 titled Support of Northern  
53 Virginia Societies where a suggestion was made to archive this policy instead of reaffirmation as the  
54 policy as written is no longer applicable to the work of the Northern Virginia Societies.

55 Your Reference Committee discussed MSV policy 55.1.09 titled Support of Northern Virginia Societies be  
56 archived as the Northern Virginia Medical Society testified not seeing the need to reaffirm this policy.

57 Accordingly, your Reference Committee recommends Resolution 22-102 be adopted as amended to  
58 archive MSV policy 55.1.09.

59 **3) 22-103 AMENDING MSV BYLAWS TO GRANT THE PA MEMBERS THE RIGHT TO VOTE AND**  
60 **THE RIGHT TO DELEGATE REPRESENTATION**

61 RECOMMENDATION:

62 Mr. Speaker, your Reference Committee recommends that **Resolution 22-103 be Adopted**

63 *RESOLVED, that the Medical Society of Virginia House of Delegates amend current bylaws as specified*  
64 *in the provided draft to grant the PA section the right to vote and the right to delegate representation by*  
65 *amending Affiliate Member rights and by reclassifying the PA section as a specialty section.*

66 Your Reference Committee heard the resolution presented by Dr. Arthur Vayer, Chair of the Bylaws  
67 Committee of the MSV Board of Directors. Your Reference Committee heard supportive testimony from  
68 Virginia Association of Physician Assistants leadership citing their decade long participation with the  
69 Medical Society of Virginia and eagerness to include more physician assistant students and active  
70 physician assistants.

71 Online comments were received for this resolution. Supportive written testimony thanked the MSV Board  
72 of Directors for making these changes. There was some discussion as to whether the bylaws  
73 amendments, as written, would allow for PA student members to serve on Committees.

74 Your Reference Committee discussed the online comments provided extensively. The Committee  
75 suggests adopting as-is.

76 Accordingly, your Reference Committee recommends Resolution 22-103 be adopted.

77 **4) 22-104 RESOLUTION TO AMEND THE MSV BYLAWS REGARDING THE COMPENSATION**  
78 **COMMITTEE**

79 RECOMMENDATION:

80 Mr. Speaker, your Reference Committee recommends that **Resolution 22-104 be Adopted**

81 *RESOLVED, that the MSV Bylaws be amended as follows:*

82 **ARTICLE VIII**

83 **BOARD OF DIRECTORS**

84 **Section 5. Compensation Committee.** *There shall be an eight (8) member Compensation Committee of*  
85 *the Board of Directors comprised of the President, President-Elect, ~~Immediate a~~ Past President, the*  
86 *Speaker of the House of Delegates, the Chair of the Nominating Committee, the Secretary-Treasurer, the*  
87 *Chair of the AMA Delegation, and one member of the MSV Board of Directors as appointed by the*  
88 *President. ~~The Immediate Past President shall serve as~~ appoint the Chair of the Compensation*  
89 *Committee. The Chair may serve multiple one-year terms. The Compensation Committee shall have*  
90 *responsibility for recommending to the Board of Directors adjustments to the compensation and benefits*  
91 *package for the Executive Vice President and Chief Executive Officer which shall be voted on by the*  
92 *Board of Directors in executive session.*

93 Your Reference Committee heard the resolution presented by Dr. Arthur Vayer, Chair of the Bylaws  
94 Committee of the MSV Board of Directors. Your Reference Committee heard no testimony on the floor.

95 Online comments were received for this resolution. Online commentary largely centered around the  
96 proposed decision to remove the Immediate Past President from the Compensation Committee. Some  
97 comments were critical of the decision, stating that such a change could have unintended consequences,  
98 specifically further concentrating power on the Committee. One piece of testimony was supportive of the  
99 selection of the Committee Chair by the President.

100 Your Reference Committee discussed the extension of institutional knowledge is fair. The Committee  
101 unanimously agreed to adopt.

102 Accordingly, your Reference Committee recommends Resolution 22-104 be adopted.

103 **5) 22-105 RESOLUTION TO AMEND THE MSV BYLAWS REGARDING MEETINGS**

104 RECOMMENDATION:

105 Mr. Speaker, your Reference Committee recommends that **Resolution 22-105 be Adopted.**

106 RESOLVED, that the MSV Bylaws be amended as follows:

107 **ARTICLE IV**

108 **ANY MEETINGS OF MEMBERS**

109 **Section 1.** *Annual Meeting. There shall be an annual meeting of the Society, with the date and*  
110 *place to be determined by the Board of Directors.*

111 **Section 2.** *Attendees. Meetings of members of the Society shall be open to all registered members*  
112 *and guests.*

113 **Section 3.** *Voting. Active, student and resident physician members may vote on any matter that the*  
114 *House of Delegates determines is of sufficient importance that it should be submitted to the voting*  
115 *members of the Society.*

116 **Section 4.** *Virtual Meetings. Any meeting of members described in these Bylaws may be held*  
117 *virtually at the discretion of the President and in consultation with the Executive Vice President and Chief*  
118 *Executive Officer.*

119 Your Reference Committee heard the resolution presented by Dr. Arthur Vayer, Chair of the Bylaws  
120 Committee of the MSV Board of Directors. Your Reference Committee heard unanimous testimony in  
121 support of resolution 22-105.

122 Online comments were received for this resolution. The comments inquired as to whether such changes  
123 would make it so guest, potentially uninvited ones, could potentially attend the meeting. Further online  
124 testimony clarified that that would not be the case.

125 Your Reference Committee discussed the resolution as a worthwhile effort and puts the MSV in proper  
126 posture for future events.

127 Accordingly, your Reference Committee recommends Resolution 22-105 be adopted.

128 **6) 22-106 MSV SUPPORT FOR EXPANDING AED ACCESS IN PUBLIC SPACES AROUND VIRGINIA**129 RECOMMENDATION:

130 Mr. Speaker, your Reference Committee recommends that **Policy 40.3.01: AEDS for Police First**  
131 **Responders be Adopted as Amended in Lieu of Resolution 22-106: MSV Support for Expanding**  
132 **AED Access in Public Spaces Around Virginia.**

133 *RESOLVED, the MSV supports increased access to AEDs in public spaces, skilled nursing facilities and*  
134 *long term care facilities.*

135 Your Reference Committee heard unanimous testimony in support of resolution 22-106.

136 Your Reference Committee discussed the functionality of AEDs and agree that AEDs can easily be  
137 utilized by the public. Staff analysis recognized the presence of current policy on AEDs and the  
138 Reference Committee agreed that amending current policy may be more appropriate than writing a new  
139 policy that may be duplicative. The Reference Committee discussed the presence of AEDs in all public  
140 spaces and decided that their proposed amendment would not limit support for expanding AEDs to such  
141 locations as it is not restrictive.

142 Accordingly, your Reference Committee recommends that Policy 40.3.01 be adopted as amended in lieu  
143 of Resolution 22-106: MSV Support for Expanding AED Access in Public Spaces Around Virginia.

144 *40.3.01- AEDs for Police First Responders, Skilled Nursing Facilities, and Long-Term Care Facilities*

145 *The Medical Society of Virginia supports increasing access to AEDs, including funding for skilled nursing*  
146 *facilities, long-term care facilities, and law enforcement agencies to buy AEDs and to equip and train their*  
147 *personnel as first responders to improve cardiac arrest survival.*

148 **7) 22-107 STRIVING FOR ADRENAL CRISIS TREATMENT BY VIRGINIA EMS RESPONDERS (SAVE)**149 RECOMMENDATION:

150 Mr. Speaker, your Reference Committee recommends that **Resolution 22-107 be Adopted as**  
151 **Amended.**

152 *RESOLVED, that the Medical Society of Virginia work with the Department of Health, all EMS Medical*  
153 *Directors, the Office of EMS, and all other appropriate stakeholders and organizations to educate them on*  
154 *the signs and symptoms of adrenal insufficiency as well allow authorized EMS staff to administer a*  
155 *patient's provided hydrocortisone injection when appropriate medical identification is available.*

156 Your Reference Committee heard testimony in support of resolution 22-107 citing it as a useful resource  
157 with the backing of the physician community. Your Reference Committee heard testimony in favor of the  
158 resolution but suggested broadening the language to include administration of patients' usual  
159 medications.

160 Your Reference Committee heard testimony in opposition of resolution 22-107 pertaining the lack of  
161 specific protocol for adrenal crisis. Furthermore, EMS are restricted on level of training and type of  
162 background and this ability may have fatal outcomes. There was also concern expressed on the potential  
163 expansion of scope of EMTs.

164 Your Reference Committee discussed the concern around EMS protocol. The Committee also discussed  
165 the incidence of adrenal crisis and agreed incidence is low.

166 Accordingly, your Reference Committee recommends this Resolution 22-107 be adopted as amended.

167 ~~RESOLVED, that the Medical Society of Virginia work with the Department of Health, all EMS Medical~~  
168 ~~Directors, the Office of EMS, and all other appropriate stakeholders and organizations to educate them on~~  
169 ~~the signs and symptoms of adrenal insufficiency as well allow authorized EMS staff to administer a~~  
170 ~~patient's provided hydrocortisone injection when appropriate medical identification is available. supports~~  
171 ~~increased education and training among EMS Medical Directors and state government stakeholders on~~  
172 ~~the signs and symptoms of adrenal insufficiency. The MSV supports authorized EMS staff to administer a~~  
173 ~~patient's provided hydrocortisone injection when appropriate medical information is available.~~

## 174 **8) 22-108 RESOLUTION SUPPORTING MATERNITY LEAVE**

### 175 RECOMMENDATION:

176 Mr. Speaker, your Reference Committee recommends that **Resolution 22-108 be Adopted As**  
177 **Substituted.**

178 *RESOLVED, MSV recognizes the importance of the provision of at least 12 weeks of job-protected paid*  
179 *maternity leave after delivery or adoption to further both the health of the parent and the child, and be it*  
180 *further*

181 *RESOLVED, MSV supports the establishment of a maternity leave requirement, of at least 12 weeks*  
182 *following delivery or adoption, by legislation in the Commonwealth of Virginia.*

183 Your Reference Committee heard testimony in favor of resolution 22-108 citing that Virginia has little to  
184 no access to maternal leave. The American College of Physicians (ACP) testified in support strictly for  
185 maternal leave for employees of hospitals and residency programs, not for all employers. Your Committee  
186 heard supportive testimony from the American College of Obstetricians and Gynecologists (ACOG) for  
187 consideration of 12 weeks of paid leave and citing the fact that current Virginia Code permits 8 weeks of  
188 leave.

189 Your Reference Committee heard support of the resolution with several amendments including amending  
190 proposed language of the word “maternity” to “parental” leave for inclusivity. Testimony heard in favor  
191 also suggested amending proposed language of the word “employer” to “state” as it is in the interest of  
192 the state to produce positive health outcomes amongst newborns.

193 Your Reference Committee heard testimony in support of the intent of the resolution but would prefer to  
194 see a broader resolution such as the AMA’s policy 405.954, as it is a less prescriptive policy.

195 Your Committee heard critical testimony from members regarding the undue stress that this policy could  
196 place on small practices citing current workforce issues, costs, duration of leave, and staffing shortages  
197 that could disrupt their business operations. Consideration was given to possibly limit the size of  
198 businesses impacted by such a policy, but no employee threshold was discussed.

199 Your Reference Committee heard testimony without a position but instead a suggestion to refer the  
200 resolution to the MSV Board of Directors.

201 General counsel advised that, although Virginia does not have blanket policy on maternal leave, § 2.2-  
202 1210 titled Parental leave mandates 8 weeks of paid parental leave for eligible state employees only.  
203 Furthermore, VA Code § 38.2-3407.11:4 titled Disability arising out of childbirth; minimum benefit

204 allows for pregnancy designated as a disability has the mandated right to at least 12 weeks of paid  
205 maternity leave.

206 Your Reference Committee discussed the differences between employment by small business and by  
207 large corporations. There was also discussion around the possibility of discrimination against women,  
208 particularly young women, if mandated. The AMA policy is broader than proposed. Committee agreed to  
209 adopt similar language.

210 Accordingly, your Reference Committee recommends this Resolution 22-108 be adopted as substituted.

211 ~~RESOLVED, MSV recognizes the importance of the provision of at least 12 weeks of job-protected paid~~  
212 ~~maternity leave after delivery or adoption to further both the health of the parent and the child, and be it~~  
213 ~~further~~

214 ~~RESOLVED, MSV supports the establishment of a maternity leave requirement, of at least 12 weeks~~  
215 ~~following delivery or adoption, by legislation in the Commonwealth of Virginia.~~

216 RESOLVED, the MSV: (a) encourage employers to offer or expand paid parental leave policies for  
217 birthing and non-birthing parents; (b) work with the state legislature to establish and promote  
218 paid parental leave policies; (c) advocate for improved social and economic support for paid  
219 family leave to care for newborns or new adoptees; and (d) encourage key stakeholders to implement  
220 policies and programs that help protect against parental discrimination.

## 221 **9) 22-109 GUN SAFETY RESOLUTION**

### 222 RECOMMENDATION:

223 Mr. Speaker, your Reference Committee recommends that **Policy 40.9.04- Child Firearm Injury**  
224 **Prevention be Adopted as Amended in Lieu of Resolution 22-109: Gun Safety Resolution.**

225 *RESOLVED, that the MSV will develop or utilize existing patient education materials on the safe storage*  
226 *of guns in the home, and be it further*

227 *RESOLVED, that this patient education material be shared with all members of the MSV, and be it further*

228 *RESOLVED, that MSV physicians and health care providers be encouraged to share this with their*  
229 *patients who are gun owners or are considering purchasing a gun.*

230 Your Reference Committee heard unanimous testimony in support of the resolution. Additionally,  
231 testimony indicated that some of the materials the resolution sought to create are already accessible  
232 online.

233 Online testimony was received for this resolution *One comment provided references to initiatives that*  
234 *already existed regarding this proposed policy. Another comment, supportive of the spirit of the*  
235 *resolution, felt that this initiative may fall outside of the advocacy scope of the MSV.*

236 Your Reference Committee discussed staff recommendations regarding existing policy on gun safety.

237 Accordingly, your Reference Committee recommends that Policy 40.9.04- Child Firearm Injury Prevention  
238 be adopted as amended in lieu of Resolution 22-109: Gun Safety Resolution.

239 *40.9.04- Child Firearm Injury Prevention*

240 *The Medical Society of Virginia supports public education programs including safe storage initiatives, to*  
241 *reduce injuries to children from firearms as well as the dangers and legal liabilities of leaving loaded,*  
242 *unsecured firearms accessible to children. Such programs should use evidence-based, developmentally*  
243 *age-appropriate information.*

244 *Further, the Society will the Medical Society of Virginia will cooperate and collaborate with interested*  
245 *advocacy groups regarding prevention of injury to children by firearms.*

246 *The Medical Society of Virginia supports requiring safety devices to be sold or transferred with each gun*  
247 *sold or transferred in Virginia, either at a regulated gun store or through any other means such as gun*  
248 *shows.*

249 **10) 22-110 RESOLUTION TO REQUEST THE VIRGINIA LEGISLATURE TO ALLOW VIRGINIA**  
250 **PHYSICIANS TO BEAR FINANCIAL RISK IN HEALTH CARE POLICIES**

251 RECOMMENDATION:

252 Mr. Speaker, your Reference Committee recommends that **Resolution 22-110 be Not Adopted.**

253 *RESOLVED, that the Medical Society of Virginia ask the Virginia legislature to pass an “enabling Law”*  
254 *that allows Virginia doctors/physicians to control the solvency of a medical insurance plan covering their*  
255 *costs by adjusting their charges appropriately month to month.*

256 Your Reference Committee heard testimony in support of resolution 22-110 as it is a way to incentivize  
257 physicians to work in low-income areas.

258 Your Reference Committee heard testimony in opposition of resolution 22-110 citing that physicians are  
259 not in the business to be controlling insolvency of medical insurance plans and therefore this resolution  
260 this resolution is inappropriate for consideration.

261 *Online testimony was received for this resolution. One comment was critical of the premise of the*  
262 *resolution, citing specifically that the resolution could open physicians up to criticism of “over-charging”*  
263 *because of the frequent price fluctuations.*

264 Your Reference Committee discussed had serious question about the viability of the resolution.

265 Accordingly, your Reference Committee recommends that Resolution 22-110 be not adopted.

266 **11) 22-111 BENEFIT FOR PATIENTS AT VIRGINIA PHYSICIANS OFFICES**

267 RECOMMENDATION:



268 Mr. Speaker, your Reference Committee recommends that **Policy 35.2.03: Physician Dispensing be**  
269 **Adopted as Amended in Lieu of Resolution 22-111: Benefit for Patients at Virginia Physicians**  
270 **Offices.**

271 *RESOLVED, that the Medical Society of Virginia study and present to the MSV BOD and to next year's*  
272 *HOD a detailed and completely workable plan and process by which Virginia Physicians' Offices (VPs)*  
273 *can begin providing actual prescriptions (pills and capsules) to their office patients, for the patients'*  
274 *convenience, efficiency, and cost-savings, if such a study does demonstrate that such plan and process*  
275 *would indeed be achievable and beneficial.*

276 Your Reference Committee heard no testimony on the floor.

277 Online testimony was received for this resolution. *Supportive testimony pointed to current delays in*  
278 *fulfilling prescriptions as to why such an initiative would be favorable. One comment urged caution, as the*  
279 *costs associated with such an operation can be substantial.*

280 Your Reference Committee discussed the current MSV policy already covers the intent of the proposed  
281 resolution. Additionally, because of the presence of waivers during the COVID pandemic that allowed for  
282 physicians to dispense to their patients via mail, the Reference Committee believed that simply making  
283 that policy permanent would be more advantageous to physicians and their patients than asking for  
284 further study.

285 Accordingly, your Reference Committee recommends that Policy 35.2.03: Physician Dispensing be  
286 adopted as amended in lieu of Resolution 22-111: Benefit for Patients at Virginia Physicians Offices.

287 ***35.2.03: Physician Dispensing***

288 *The Medical Society of Virginia supports physician dispensing of prescribed medications at a physician's*  
289 *office or via the mail prepackaged drugs for a fee or charge when it is in the best interest of the patient.*

290 **12) 22-112 HOSPITAL MEDICAL STAFF SELF GOVERNANCE**

291 **RECOMMENDATION:**

292 Mr. Speaker, your Reference Committee recommends that **Resolution 22-112 be Recommend for**  
293 **Referral to the Board of Directors for Report.**

294 *RESOLVED, that the Medical Society of Virginia create and adopt a hospital medical staff member bill of*  
295 *rights to better ensure that all members can more effectively and ethically carry out their professional*  
296 *responsibilities for their patients, and be it further*

297 *RESOLVED, that the Medical Society of Virginia will expand their policy #30.4.05, Physician & Medical*  
298 *Staff Bill of Rights, to at least include the need for independent medical staff self-governance, and be it*  
299 *further*

300 *RESOLVED, that the Medical Society of Virginia work with the Virginia Hospital Association and all other*  
301 *appropriate organizations to codify and enforce independent medical staff self-governance.*

302 Your Reference Committee heard no testimony on the floor.

303 Online testimony was received for this resolution. *One comment pointed out that such a bill of rights*  
304 *should consider issues of liability for patient care as it relates to hospital policies.*

305 Your Reference Committee discussed the complications behind hospital differences in how they run their  
306 business. MSV has a good relationship with the hospitals and the Committee agrees it is worth having a  
307 conversation with VHAA.

308 Accordingly, your Reference Committee recommends that Resolution 22-112 be referred to the Board of  
309 Directors for report.

310 **13) 22-113 ACKNOWLEDGING CLIMATE CHANGE AS A PUBLIC HEALTH EMERGENCY**

311 RECOMMENDATION:

312 Mr. Speaker, your Reference Committee recommends that **Resolution 22-113 be Adopted as**  
313 **Amended.**

314 *RESOLVED, that the Medical Society of Virginia amend 40.8.03 – Protecting Human Health in a*  
315 *Changing Climate as follows:*

316 *40.8.03 – Protecting Human Health in a Changing Climate.*

317 *The Medical Society of Virginia notes the findings of leading U.S. and international scientific bodies that*  
318 *the Earth is undergoing adverse changes in the global climate, and recognizes climate change as a public*  
319 *health threat emergency that threatens the health and welfare of all people.*

320 *The Medical Society of Virginia supports educating the medical community on the adverse effects of*  
321 *global climate change and incorporating the health implications of climate change into the spectrum of*  
322 *medical education and policymaking.*

323 Your Reference Committee heard supportive testimony citing recent climate data and information on the  
324 CDC website that outlines the impacts of climate change on health in different regions of the USA, as well  
325 as internationally citing that as of today 1/3 of Pakistan is currently underwater.

326 Your Reference Committee heard critical testimony regarding the usage of the word “Emergency” and  
327 concerns over public image after amending a policy without taking any immediate action. Your Reference  
328 Committee heard critical testimony regarding the overall policy and suggested that we consider a policy to  
329 protect clean drinking water and pollution reduction.

330 Your Reference Committee discussed the current policy we have on climate and the legal implications  
331 of the usage of the word “emergency.”

332 Accordingly, your Reference Committee recommends that Resolution 22-113 be adopted as amended.

333 *40.8.03 – Protecting Human Health in a Changing Climate.*

334 *The Medical Society of Virginia notes the findings of leading U.S. and international scientific bodies that*  
335 *the Earth is undergoing adverse changes in the global climate, and recognizes climate change as an*  
336 *urgent public health threat emergency that threatens the health and welfare of all people.*

337 *The Medical Society of Virginia supports educating the medical community on the adverse effects of*  
338 *global climate change and incorporating the health implications of climate change into the spectrum of*  
339 *medical education and policymaking.*

340 *The Medical Society of Virginia encourages physicians to work with local and state health departments to*  
341 *strengthen the public health infrastructure to ensure that the health effects of climate change can be*  
342 *anticipated and responded to more effectively.*

343 **14) 22-114 HOUSING AS HEALTHCARE**

344 RECOMMENDATION:

345 Mr. Speaker, your Reference Committee recommends that **Resolution 22-114 be Adopted.**

346 *RESOLVED, the Medical Society of Virginia (MSV) recognizes long-term, adequate housing as a critical*  
347 *component and social determinant of health, and be it further*

348 *RESOLVED, the MSV supports evidence-based state and national systems and legislation that expands*  
349 *supply of long-term, safe, and adequate housing.*

350 Your Reference Committee heard testimony in support of Resolution 22-114 citing affordable housing as  
351 a critical determinant and focused on access to affordable housing to reduce poor health outcomes.

352 Your Reference Committee heard critical testimony on the resolution's use of "social determinant of  
353 health." The suggestion was made to amend "social determinants of health" to "social drivers of health  
354 outcomes." Discussion centered around opposing the use of the term "social determinants of health"  
355 because this is an already widely accepted concept and does not need to be made into policy. It was  
356 suggested this resolution would merely be a "pat on the back" for the MSV.

357 Your Reference Committee heard testimony without a position but instead a suggestion to refer the  
358 resolution to the MSV Board of Directors to explore all social determinants of health and their economic  
359 impact on health outcomes.

360 Your Reference Committee discussed the way the resolution is written may not be actionable. Committee  
361 agrees that this is an issue but the MSV has limits on what it can do. This is not just a homelessness  
362 issue but rather it is a housing policy as related to healthcare.