DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2023 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. Andrea Giacometti, Chair

Present Members: Dr. Andrea Giacometti, Dr. Joshua Lesko, Dr. Bruce Silverman, Dr. Patricia Pletke, Dr. Kurtis Elward, Dr. Leigh Dunlap, Dr. Mark Townsend, Shay Fahey

The Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION
23-101: MSV Proposed 2024 Budget
23-105: Insurance Coverage of Fertility Care

RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED
23-102: 2023 MSV Policy Compendium 10-Year Review
23-112: Increased Oversight of Medicare Advantage Plans
23-106: Hospital OR Time Set Aside

RECOMMENDED FOR NOT ADOPTION
23-103: Requirement for Doctors to Practice in Low-Income Communities
23-104: Medicine is a Utility Economic Structure
23-107: Skilled Nursing Facility (SNF) Medical Director Listing
23-108: CRNA Scope of Practice
23-109: Post-Acute and Long-Term Care (PALTC) Physician Workforce Shortage
23-110: Support Single Payer Healthcare
23-111: Direct the MSV AMA Delegation to Expand the AMA’s Position on Healthcare Reform Options
23-113: Prescription and Administration of mRNA Vaccines

REAFFIRMATION OF EXISTING POLICY
MSV Policy 10.3.02 - Single Payer System
MSV Policy 40.1.04 - Medically Underserved Areas
MSV Policy 40.1.08 - Improve Physician Placement
MSV Policy 45.1.07 - Scope of Practice Position Statement
1) 23-101 2024 BUDGET

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 23-101 be Adopted.

This resolution presents the 2024 budget for the Medical Society of Virginia as approved by the MSV Finance Committee, the MSV Executive Committee, and the MSV Board of Directors.

Your Reference Committee heard no testimony regarding resolution 23-101.

Accordingly, your Reference Committee recommends the budget be Adopted.

2) 23-102 2023 MSV POLICY COMPENDIUM 10-YEAR REVIEW

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 23-102 be Adopted as Amended.

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

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

Your Reference Committee heard testimony to not reaffirm policy 40.6.01. Testimony argued that it was not in the Society’s purview to tell the Department of Education how to conduct their business and existing policy being overly prescriptive.

Your Reference Committee discussed the possibility of extracting 40.6.01. Your Reference Committee also discussed whether the Society has bandwidth and purview to have a policy on steroids in sports.

Accordingly, your Reference Committee recommends that Resolution 23-102 be Adopted as Amended.

ADOPTED AS AMENDED

The Medical Society of Virginia believes that the state department of education should develop and implement a program of drug testing for all Virginia State District Champions in all varsity sports proceeding to that level, and be it further

The Medical Society of Virginia believes that any program should include 1) mandatory urine testing of each individual champion athlete for illicit drugs; 2) suspension from all Virginia State High School varsity competition for the subsequent calendar year if positive; and 3) elimination of the positive member’s varsity team from the State Tournament (gymnastics, swimming, tennis, and track teams excepted because of the individual nature of the sport), and be it further

The Medical Society of Virginia believes that an athlete’s or team’s refusal to comply with mandatory testing serve to eliminate the varsity team from the state tournament, vacate all team titles earned in that varsity sport in that school year; and suspend the non-complying athlete from sports activities during the subsequent calendar year.
3) 23-103 REQUIREMENT FOR DOCTORS TO PRACTICE IN LOW-INCOME COMMUNITIES

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 23-103 be Not Adopted and that Policy 40.1.04 - Medically Underserved Areas and Policy 40.1.08 - Improve Physician Placement be Reaffirmed.

RESOLVED, the profession of medicine make a maximum effort to provide health care in low-income communities care being taken to build positive relationships and hopefully adding helpers to make house calls, etc., thereby making healthcare more thorough.

Your Reference Committee heard testimony in support of Resolution 23-103 citing the need to help low-income communities and be responsible to the practice of medicine more broadly. Testimony was heard highlighting existing MSV policy support similar aims to this resolution.

Online comments were received for this resolution. Supportive testimony referenced how this resolution was consistent with existing MSV policies 40.1.04, 40.1.08, and 40.1.11. Critical testimony cited concerns regarding increased government regulations on physicians and where they can practice.

Accordingly, your Reference Committee recommends that Resolution 23-103 be Not Adopted and that MSV Policies 40.1.04 and 40.1.08 be Reaffirmed.

4) 23-104 THE PRACTICE OF MEDICINE IS A UTILITY ECONOMIC STRUCTURE

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 23-104 be Not Adopted

RESOLVED, the Medical Society of Virginia Supports the concept that the profession of medicine be considered a large utility for each state with a state office negotiating with state and federal governments as well as insurance companies for funds.

Your Reference Committee heard testimony in support of Resolution 23-104 citing the desire to remove monied interests from the practice of medicine.

Your Reference Committee heard testimony in opposition of Resolution 23-104 highlighting the resolution's lack of feasibility.

Online comments were received for this resolution. Multiple comments were critical of the premise of the resolution, citing the issue of medicine becoming a state-mandated monopoly operating in the free market economy of Virginia.

Your Reference Committee discussed and had serious questions about the viability of the resolution.
Accordingly, your Reference Committee recommends that Resolution 23-104 be Not Adopted.

5) 23-105 INSURANCE COVERAGE OF FERTILITY CARE

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 23-105 be Adopted.

RESOLVED, that the Medical Society of Virginia supports the provision of coverage for diagnosis and treatment of male and female factor infertility within all insurance policies in the state of Virginia.

Your Reference Committee heard testimony in support of Resolution 23-105 citing the need for infertility treatment to be covered and that evidence shows a growing need for infertility to be recognized as a medical condition and treated as such.

Online comments were received in support of this resolution. There was unanimous support for the Resolution, and commentators cited their support for infertile couples seeking access to care and adoption services.

Your Reference Committee discussed whether existing MSV policy already covers infertility insurance coverage. While much policy exists, your Reference Committee argued the importance of emphasizing this care.

Accordingly, your Reference Committee recommends that Resolution 23-105 be Adopted.

6) 23-106 HOSPITAL OR TIME SET ASIDE

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 23-106 be Adopted as Amended.

RESOLVED, that the Medical Society of Virginia supports the Medical Society of Northern Virginia’s advocacy efforts to secure legislative patrons to introduce a bill in the Virginia 2024 General Assembly to mandate that any hospital that receives State or local government funding, set aside 40% of OR time for non-employed community physicians who have admission privileges.

Your Reference Committee heard testimony in support of Resolution 23-106 arguing that during the pandemic, many Northern Virginia hospitals severely cut back on their OR time for community physicians. Testimony shared that providers not getting OR time harms patients.

Your Reference Committee heard testimony in opposition of Resolution 23-106 question the prevalence of the need for OR time. The testimony also highlighted the MSV’s support of the standard of care and asked about the viability of the 40% figure. Testimony was also shared suggesting the resolution may be referred to the Board for study.

Online comments were received for this resolution. Testimony requested that the authors provide data to show the prevalence of 90-day wait times for elective surgeries. A question was raised about whether this
resolution was about OR Time booking or OR Time Blocking. An additional question was raised regarding the scope of this situation the Resolution seeks to address. The commenter requested to know if this is a statewide issue or if it is just occurring at a particular hospital or health system.

Your Reference Committee discussed the need for a resolution to this issue. Your Reference Committee discussed whether the Board might consider a study, and the possibility of hospitals not cooperating with any such study. Your Reference Committee felt it critical the MSV fight for physicians if they are being mistreated by hospital practices.

Accordingly, your Reference Committee recommends that Resolution 23-106 be Adopted as Amended.

RESOLVED AS AMENDED

RESOLVED, that the Medical Society of Virginia supports the Medical Society of Northern Virginia’s advocacy efforts to secure legislative patrons to introduce a bill in the Virginia 2024 General Assembly to mandate that any hospital that receives State or local government funding, set aside 40% of OR time for non-employed community physicians who have admission privileges.

RESOLVED that the Medical Society of Virginia endorses the need for equitable access to OR time for surgeons who have admission privileges regardless of employment status and encourages local societies advocacy efforts to assure this.

7) 23-107 SKILLED NURSING FACILITY (SNF) MEDICAL DIRECTOR LISTING

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 23-107 be Not Adopted.

RESOLVED, that the Medical Society of Virginia work with the Department of Health, Office of Licensure and Certification (OLC) who regularly survey nursing homes for regulatory compliance to produce and make publicly available a list of all current medical directors whose contact information must be on record with the Virginia Department of Health.

Your Reference Committee heard testimony in support of Resolution 23-107 citing a deficiency in the listing of medical directors of skilled nursing facilities. Testimony highlighted the harm this deficiency caused during the COVID pandemic.

Online comments were received for this resolution. Testimony was critical of the premise of the resolution and how it asked the MSV to micromanage the administrative duties of the Virginia Department of Health Professions. Additional testimony questioned if medical directors were not already responsible for staying current with Department of Health recommendations during a pandemic.

Your Reference Committee discussed that the issue was already approved by the Advocacy Committee, made a Priority by the Board to reach out to the relevant regulatory authorities, and is in progress.

Accordingly, your Reference Committee recommends that Resolution 23-107 be Not Adopted.
8) 23-108 CRNA SCOPE OF PRACTICE

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 23-108 be Not Adopted and that
45.1.07- Scope of Practice Position Statement be Reaffirmed.

RESOLVED, that the Medical Society of Virginia supports the requirement of physician supervision of
certified registered nurse anesthetists (CRNA) in all practice settings including telehealth, and be it further
RESOLVED, that the Medical Society of Virginia actively oppose all legislation or regulation
permitting independent practice by CRNA in the Commonwealth of Virginia.

Your Reference Committee heard no testimony on resolution 23-108.

Online comments were received. Testimony cited the need for scope of practice defense and the
necessity for supervision of CRNAs to perform their tasks. One commentator noted that care team
supervision has become easier with technological advances in telemedicine.

Your Reference Committee discussed that there was no testimony, and that the Society already opposes
this issue via existing policy.

Accordingly, your Reference Committee recommends that Resolution 23-108 be Not Adopted and that
MSV Policy 45.1.07 be Reaffirmed.

9) 23-109 POST-ACUTE AND LONG-TERM CARE (PALTC) PHYSICIAN WORKFORCE SHORTAGE

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 23-109 be Not Adopted

RESOLVED, that the Medical Society of Virginia ask the General Assembly to commission a study
through the Joint Commission on Healthcare (JCHC) looking at the supply and demand of medical
directors, physicians and NP/PA workforce in post-acute and long-term care medicine in the
Commonwealth of Virginia.

Your Reference Committee heard no testimony regarding resolution 23-109.

Online comments were received for this resolution. The testimony questioned whether sufficient outreach
had been conducted to Virginia and National groups associated with the PALTC specialty before the
submission of the resolution.

Your Reference Committee discussed that a significant number of workforce studies have been done in
the Commonwealth over the last several years. Your Reference Committee felt any new effort by the
MSV would be duplicative of existing work.

Accordingly, your Reference Committee recommends that Resolution 23-109 be Not Adopted.
10) 23-110 SUPPORT SINGLE-PAYER HEALTH CARE

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 23-110 be Not Adopted and that Policy 10.3.02 – Single Payer System be Reaffirmed.

RESOLVED, that the Medical Society of Virginia expresses its support for universal access to comprehensive, affordable, high-quality health care through a single-payer national health insurance program, as well as for single-payer legislation at the state level.

Your Reference Committee heard testimony in opposition of resolution 23-110 pertaining to the American Medical Association’s historical opposition to single payer.

Online comments were received for this resolution. The testimony expressed skepticism about its potential success due to ongoing debates and political division regarding healthcare delivery at the AMA. Other commenters shared concerns about the broken American healthcare system, highlighting financial burdens and loss of physician-patient relationships to insurance companies. Additional testimony suggests focusing on universal coverage, investing in primary care, reducing administrative burdens, and improving social services to enhance healthcare.

Your Reference Committee discussed the lack of testimony.

Accordingly, your Reference Committee recommends that Resolution 23-110 be Not Adopted and that MSV Policy 10.3.02 be Reaffirmed.

11) 23-111 RESOLUTION TO DIRECT THE MSV AMA DELEGATION TO EXPAND THE AMA’S POSITION ON HEALTHCARE REFORM OPTIONS

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 23-111 be Not Adopted and that Policy 10.3.02 – Single Payer System be Reaffirmed.

RESOLVED, that our AMA adopts a neutral stance on single payer healthcare reform, and instead will evaluate single payer proposals by the extent to which they align with the AMA’s policy on healthcare reform, and be it further

RESOLVED, that the MSV AMA delegation is directed to introduce this resolution by the next AMA Annual Meeting.

Your Reference Committee heard testimony in opposition of resolution 23-111 pertaining to the American Medical Association’s lack of support for this initiative.

Online comments were received for this resolution. Critical testimony acknowledges the division within the AMA regarding healthcare solutions, particularly highlighting the annual debate and the challenge of aligning with the AMA’s set principles. Additional testimony cites the workings of United Health Group, which is, in effect, operating a private, for-profit, non-transparent single-payer system.
Your Reference Committee discussed that the AMA would not be receptive and that any change of stance will be seen as a major step.

Accordingly, your Reference Committee recommends that Resolution 23-111 be Not Adopted and that MSV Policy 10.3.02 be Reaffirmed.

12) 23-112 INCREASED OVERSIGHT OF MEDICARE ADVANTAGE PLANS

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 23-112 be Adopted as Amended.

RESOLVED, the MSV will oppose the perpetuation of MA plans for problems inherent to their operations including but not limited to risk-score manipulation, perverse incentives for physicians to participate in increased diagnosis code intensity, and fraud. The MSV will do so by supporting legislation for increased oversight and investigation of Medicare Advantage plans and other risk-based capitation models. In addition, the MSV will support efforts to educate seniors and the general public on the implications of participating in programs offered under Medicare Advantage (e.g. narrow provider networks, denial of prior authorization requests) and support efforts to protect seniors and people of disability from misleading marketing tactics.

Your Reference Committee heard testimony in support of Resolution 23-112 citing the need to make Medicare Advantage be held accountable to patients. Testimony highlighted the need for MSV to educate patients and protect them from downsides. Testimony also cited the complexity of modern health insurance.

Your Reference Committee heard testimony in opposition of Resolution 23-112 expressing that Medicare Advantage has room for improvement but is widely held by many patients.

Online comments were received for this resolution. Supportive testimony notes the importance of this resolution for seniors and disabled individuals.

Your Reference Committee discussed that some patients are appreciative of their Medicare Advantage plan. Your Reference Committee also shared that some patients may not be able to find a provider in their community and face prior authorization too often. Your Reference Committee emphasized many of the scandals and investigations of Medicare Advantage plans and how the system can be gamed at the patient’s expense.

Accordingly, your Reference Committee recommends that Resolution 23-112 be Adopted as Amended.

ADOPTED AS AMENDED

RESOLVED, the MSV will oppose supports the perpetuation of MA plans for problems inherent to their operations including but not limited to risk score manipulation, perverse incentives for physicians to participate in increased diagnosis code intensity, and fraud. The MSV will do so by supporting legislation for increased oversight and investigation by relevant authorities of Medicare Advantage plans and other risk-based capitation models.
In addition, the MSV will support efforts to educate seniors and the general public on the potential implications of participating in programs offered under Medicare Advantage (e.g. narrow provider networks, denial of prior authorization requests) and support efforts to protect seniors and individuals with disabilities from misleading marketing tactics.

13) 23-113 PRESCRIPTION AND ADMINISTRATION OF mRNA VACCINES

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 23-113 be Not Adopted.

RESOLVED, that the MSV does not support, and in fact decries the use of “vaccine mandates” and any and all other forms of coercion, whether by the state itself or by private employers, schools, universities or other bodies that would in any way constrain individuals to accept administration of an mRNA vaccine, and be it further

RESOLVED, that the MSV hereby enjoins physicians and all other health care providers in prescribing mRNA vaccines to their patients to meticulously follow all provisions of the Nuremberg Code for protection of experimental subjects. It specifically asserts that voluntary unconstrained consent is an essential and absolute requirement for vaccine administration. Such consent must include provision of full disclosure of all benefits and all known and possible risks, to the patient’s full comprehension.

Your Reference Committee heard testimony in support of Resolution 23-113 citing the lack of safety data regarding the mRNA vaccine. Testimony highlighted the vaccines link to myocarditis according to studies. Testimony cited the deleterious effects of emergency mandates and the studied side effects of the mRNA vaccine. Testimony emphasized the physician’s role in practicing ethical medicine.

Your Reference Committee heard testimony in opposition of Resolution 23-113 citing vaccines as the most effective way to prevent disease. Testimony highlighted that current VA law already has medical exemptions. Testimony emphasized that vaccinations allowed providers to treat patients more quickly during the pandemic. Testimony also mentioned that such a resolution would put MSV at odds with the broader public health community.

Online comments were received for this resolution. Testimony was critical of the resolution and emphasized the effectiveness of vaccines in preventing severe COVID-related diseases and the importance of not limiting public health responses. Testimony asserts that compulsory vaccination is a valuable tool to protect public health in specific circumstances.

Your Reference Committee discussed how the data on the vaccine can be obfuscated and creates conflict with the provider and patient communities.

Accordingly, your Reference Committee recommends that Resolution 23-113 be Not Adopted.

23-114: Employed Physicians Section within the Medical Society of Virginia

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 23-114 be Adopted.
RESOLVED, that the Medical Society of Virginia Board of Directors study the feasibility of establishing an employed physicians section,

Your Reference Committee heard testimony in support of Resolution 23-114 highlighting the need for the Board to look at the membership and financial impact of a new section. Testimony cited the need to grow and better represent membership as more providers move toward an employed model.

Your Reference Committee heard testimony in opposition of Resolution 23-114 citing that given the wealth of employed physicians in the Society, the new section may be duplicative.

Your Reference Committee discussed that a study does not mandate creation of a section, and that the Society needs to be thoughtful in the creation of any new section. Your Reference Committee also discussed how large employers quash the physician voice and the need for MSV to convene physicians.

Accordingly, your Reference Committee recommends that Resolution 23-114 be Adopted.

23-115: COVID Vaccine Fall 2023

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 23-115 be Adopted as Amended.

RESOLVED, the Medical Society of Virginia directs the Virginia delegation to the AMA to submit a resolution to call upon the FDA to demand post-marketing efficacy and safety studies to include but not be limited to: 1) Length of time it boosts immunity if at all, affecting the timing of when to give the vaccine 2) Safety especially in males 18-40 as to cardiac effects 3) Whether it is needed in those with prior vaccination whether with 2,3,4,5 times vaccination, a history of Covid infection, or both infection and vaccination 4) Whether it makes a significant difference in death, hospitalizations, non-hospital morbidity, and “long Covid.”

Your Reference Committee heard testimony in support of Resolution 23-115 citing that the approval process for the new vaccine did not have sufficient testing. Testimony emphasized that the vaccine should be thoroughly studied to assure greater patient safety. Testimony argued for the need for better data and to look beyond FDA statistics.

Your Reference Committee heard testimony in opposition of Resolution 23-115 highlighting the Society’s long-held position in support of vaccination. Testimony also shared that of the studies that have been done, those studies show the mRNA vaccine to be safe.

Accordingly, your Reference Committee recommends that Resolution 23-115 be Adopted as Amended.

ADOPTED AS AMENDED

RESOLVED, the Medical Society of Virginia directs the Virginia delegation to the AMA to submit a resolution to call upon the FDA to demand to assure that as part of their required reporting, the COVID vaccine manufacturers provide post-marketing efficacy and safety studies including to include but not be limited to: 1) duration of immunity Length of time it boosts immunity if at all, affecting the timing of when to give the vaccine 2) safety in specific populations especially in males 18-40 as to cardiac effects 3) benefits of new vaccines in previously vaccinated individuals. Whether it is needed in those with prior
vaccination whether with 2, 3, 4, 5 times vaccination, a history of Covid infection, or both infection and vaccination. Whether it makes a significant difference in death, hospitalizations, non-hospital morbidity, and "long Covid," the impact on health care utilization including death and hospitalization.