

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 sports), 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.

Your Reference Committee discussed the prevalence of exiting policy on the low-income issue.

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.

98 Accordingly, your Reference Committee recommends that Resolution 23-104 be Not Adopted.

99 **5) 23-105 INSURANCE COVERAGE OF FERTILITY CARE**

100 RECOMMENDATION:

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

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

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

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

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

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

114 **6) 23-106 HOSPITAL OR TIME SET ASIDE**

115 RECOMMENDATION:

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

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

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

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

129 Online comments were received for this resolution. Testimony requested that the authors provide data to
130 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.

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.~~

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.

164 **8) 23-108 CRNA SCOPE OF PRACTICE**165 RECOMMENDATION:

166 Mr. Speaker, your Reference Committee recommends that Resolution 23-108 **be Not Adopted** and that
167 45.1.07- Scope of Practice Position Statement be **Reaffirmed**.

168 *RESOLVED, that the Medical Society of Virginia supports the requirement of physician supervision of*
169 *certified registered nurse anesthetists (CRNA) in all practice settings including telehealth, and be it further*

170 *RESOLVED, that the Medical Society of Virginia actively oppose all legislation or regulation*
171 *permitting independent practice by CRNA in the Commonwealth of Virginia.*

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

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

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

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

180 **9) 23-109 POST-ACUTE AND LONG-TERM CARE (PALTC) PHYSICIAN WORKFORCE SHORTAGE**181 RECOMMENDATION:

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

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

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

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

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

194 Accordingly, your Reference Committee recommends that Resolution 23-109 be Not Adopted.

195 **10) 23-110 SUPPORT SINGLE-PAYER HEALTH CARE**

196 RECOMMENDATION:

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

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

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

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

210 Your Reference Committee discussed the lack of testimony.

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

213 **11) 23-111 RESOLUTION TO DIRECT THE MSV AMA DELEGATION TO EXPAND THE AMA'S**
214 **POSITION ON HEALTHCARE REFORM OPTIONS**

215 RECOMMENDATION:

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

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

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

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

225 Online comments were received for this resolution. Critical testimony acknowledges the division within the
226 AMA regarding healthcare solutions, particularly highlighting the annual debate and the challenge of
227 aligning with the AMA's set principles. Additional testimony cites the workings of United Health Group,
228 which is, in effect, operating a private, for-profit, non-transparent single-payer system.

229 Your Reference Committee discussed that the AMA would not be receptive and that any change of
230 stance will be seen as a major step.

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

233 **12) 23-112 INCREASED OVERSIGHT OF MEDICARE ADVANTAGE PLANS**

234 RECOMMENDATION:

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

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

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

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

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

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

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

259 ADOPTED AS AMENDED

260 *RESOLVED, the MSV will oppose supports the perpetuation of MA plans for problems inherent to*
261 *their operations including but not limited to risk score manipulation, perverse incentives for*
262 *physicians to participate in increased diagnosis code intensity, and fraud. The MSV will do so by*
263 *supporting legislation for increased oversight and investigation by relevant authorities of Medicare*
264 *Advantage plans and other risk-based capitation models.*

265 *In addition, the MSV will support efforts to educate seniors and the general public on the potential*
266 *implications of participating in programs offered under Medicare Advantage (e.g. narrow provider*
267 *networks, denial of prior authorization requests) and support efforts to protect seniors and individuals with*
268 *disabilities ~~people of disability~~ from misleading marketing tactics.*

269 **13) 23-113 PRESCRIPTION AND ADMINISTRATION OF mRNA VACCINES**

270 RECOMMENDATION:

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

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

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

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

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

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

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

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

297 **23-114: Employed Physicians Section within the Medical Society of Virginia**

298 RECOMMENDATION:

299 Mr. Speaker, your Reference Committee recommends that **Resolution 23-114 be Adopted.**

300 *RESOLVED, that the Medical Society of Virginia Board of Directors study the feasibility of establishing an*
301 *employed physicians section,*

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

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

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

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

311 **23-115: COVID Vaccine Fall 2023**

312 RECOMMENDATION:

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

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

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

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

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

330 ADOPTED AS AMENDED

331 *RESOLVED, the Medical Society of Virginia directs the Virginia delegation to the AMA to submit a*
332 *resolution to call upon the FDA to ~~demand to assure that as part of their required reporting, the COVID~~*
333 *vaccine manufacturers provide post-marketing efficacy and safety studies including to include but not be*
334 *limited to: 1) duration of immunity ~~Length of time it boosts immunity if at all, affecting the timing of when~~*
335 *~~to give the vaccine~~ 2) safety in specific populations especially in males 18-40 as to cardiac effects 3)*
336 *benefits of new vaccines in previously vaccinated individuals ~~Whether it is needed in those with prior~~*

337 ~~vaccination whether with 2,3,4,5 times vaccination, a history of Covid infection, or both infection and~~
338 ~~vaccination 4) Whether it makes a significant difference in death, hospitalizations, non-hospital morbidity,~~
339 ~~and “long Covid.” the the impact on health care utilization including death and hospitalization.~~