

**DISCLAIMER**

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**MEDICAL SOCIETY OF VIRGINIA HOUSE OF DELEGATES****Report of Reference Committee 2**

**Dr. Atul Marathe, Chair**

**Present Members: Dr. Atul Marathe, Dr. Bobbie Sperry, Dr. John Sweeney, Dr. Sidney Jones,  
Dr. Bhushan Pandya, Dr. John Paul Verderese, Dr. Larry Mitchell, Ms. Elizabeth Ransone**

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

**RECOMMENDED FOR ADOPTION**

23-203: Advancing Health Equity Through Implicit Bias and Health Literacy Education Within Virginia's Academic Medical Centers

**RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED**

23-201: Protecting Physicians from Health Plan Credit Card Fees  
23-202: SafeHaven for Medical and Physician Assistant Students  
23-209: Sudden Unexpected Death in Epilepsy: Investigation, Understanding, and Awareness  
23-205: Addressing Unique Health Needs of Youth in Foster Care  
23-207: Opposition to Criminalization of Transgender Health Providers and Others

**RECOMMENDED FOR REFERRAL TO BOARD OF DIRECTORS**

23-204: GME Parity for Osteopathic Medical Students  
23-210: Increasing the Number of Collection Sites for Donated Drugs

**RECOMMENDED FOR NOT ADOPTION**

23-206: COPN Approval of Certified Surgical Suites located in Independent Physicians' Offices  
23-208: Protection of Minors from Sex Change Treatments, Therapies, and Procedures

**RECOMMENDED FOR AMENDMENT OF MSV POLICY IN LIEU OF**

MSV Policy 40.8.03 Protecting Human Health in a Changing Climate

- *In lieu of:* 23-211: Curbing Green House Gas Emissions

**REAFFIRMATION OF EXISTING POLICY**

MSV Policy 30.4.04 MSV COPN Policy

1) 23-201 PROTECTING PHYSICIANS FROM HEALTH PLAN CREDIT CARD FEES

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that **Resolution 23-201 be Adopted as Amended.**

*RESOLVED, that the Medical Society of Virginia fully support the advocacy efforts of the AMA to require all insurers fully adhere to the ACH EFT; and be it further,*

*RESOLVED, that the Medical Society of Virginia proactively sponsor and/or support legislation to ensure (A) physicians are notified by all insurers in their contracts and in separate written notice annually of their right to be paid with ACH EFT payments over VCCs; (B) that all insurer contracts contain specific language that the health insurer cannot delay or deny a transaction because of the choice of electronic funds transfer; (C) That physicians and practices must specifically “opt in” in writing to be paid by VCCs; (D) that any “value added fees must be individually itemized and declared in writing annually to each participating physician; (E) and require specific written agreement by any participating physician prior to being charged such fees.*

Your Reference Committee heard testimony in support of Resolution 23-201 citing electronic payment cards as an additional barrier to payment for health services. Supporters explained that these procedures are being used to the advantage of payers and to the disadvantage of practice managers, staff, and physician practice proprietors.

Your Reference Committee heard testimony generally supporting the Resolution but believed this more appropriately fell under the purview of the American Medical Association.

Online comments were received for this Resolution. Supportive testimony condemned the actions of insurance companies and cited the efforts of the Texas Medical Association on this issue.

Your Reference Committee discussed affirming the AMA policy H-190.955 cited in this Resolution. This would allow this Committee to support this policy at the state level or carry legislation pending an action plan submitted to the MSV Advocacy Summit. This Committee wanted to include clearer language for opting-in vs. opting out.

Your Committee discussed recommending two resolved clauses.

Accordingly, your Reference Committee recommends that Resolution 23-201 be Adopted as Amended.

ADOPTED AS AMENDED.

~~*RESOLVED, that the Medical Society of Virginia fully support the advocacy efforts of the AMA to require all insurers fully adhere to the ACH EFT, and be it further*~~

~~*RESOLVED, that the Medical Society of Virginia proactively sponsor and/or support legislation to ensure (A) physicians are notified by all insurers in their contracts and in separate written notice annually of their right to be paid with ACH EFT payments over VCCs; (B) that all insurer contracts contain specific language that the health insurer cannot delay or deny a transaction because of the choice of electronic funds transfer; (C) That physicians and practices must specifically “opt in” in writing to be paid by VCCs; (D) that any “value added fees must be individually itemized and declared in writing annually to each participating physician; (E) and require specific written agreement by any participating physician prior to being charged such fees.*~~

*RESOLVED, The MSV affirms AMA Policy H-190.955 Virtual Credit Card Payments, and be it further;*

*RESOLVED, the MSV supports that physicians and practices must specifically opt-in in writing to being paid by via virtual credit cards.*

**2) 23-202 SAFEHAVEN FOR MEDICAL AND PHYSICIAN ASSISTANT STUDENTS**

**RECOMMENDATION:**

Mr. Speaker, your Reference Committee recommends that **Resolution 23-202 be Adopted as Amended.**

*RESOLVED, the Medical Society of Virginia supports the adoption of SafeHaven programs at all medical schools and physician assistant programs in the state because it is imperative for improving the health and wellness of the future healthcare workforce.*

Your Reference Committee heard unanimous testimony in support of resolution 23-202. Supporters shared personal experiences using the MSV SafeHaven program and anecdotal evidence of the program's success from their perspective as students, faculty, and deans of Virginia's medical schools.

Supporters also cited the need for institutional funding to remove any barriers to programmatic access for students in these schools and programs.

Your Reference Committee heard no testimony in opposition to Resolution 23-202.

Online comments were received for this Resolution. Commenters unanimously expressed their support for the Resolution, emphasizing the importance of anonymity and external support. Testimony also addressed concerns about confidentiality and the need for a strong and productive healthcare workforce. Individuals cited the significance of making mental health support accessible and ensuring that it complements the existing counseling efforts within school settings.

Your Reference Committee discussed the healthcare providers currently codified in the SafeHaven legislation and reflected on the motivation from the student section.

Counsel advised including "physician" in identifying the statewide association to be consistent with statutory language. The word "SafeHaven" was rescinded in order to match statutory language

Accordingly, your Reference Committee recommends that Resolution 23-202 be Adopted as Amended.

**ADOPTED AS AMENDED.**

*RESOLVED, the Medical Society of Virginia supports the adoption of ~~SafeHaven~~ a statewide physician association-run program to address issues related to career fatigue and wellness in healthcare professionals at all medical schools and physician assistant programs in the state because it is imperative for improving the health and wellness of the future healthcare workforce.*

**3) 23-203 ADVANCING HEALTH EQUITY THROUGH IMPLICIT BIAS AND HEALTH LITERACY EDUCATION WITHIN VIRGINIA'S ACADEMIC MEDICAL CENTERS**

**RECOMMENDATION:**

Mr. Speaker, your Reference Committee recommends that **Resolution 23-203 be Adopted.**

107 *RESOLVED, that the MSV supports amending Policy 20.4.05 to read:*

108 "... the Medical Society of Virginia supports the necessary inclusion of implicit bias, health inequity  
109 education, and structured health literacy curricula for students, trainees, and faculty, throughout all the  
110 educational curricula and programs of the academic health centers incorporating such teachings in  
111 clinical and social courses as well as "in the field" settings. The Medical Society of Virginia believes such  
112 coursework should be influenced by historical and evidence-based research. The Medical Society of  
113 Virginia encourages the American Medical Association and the Association of American Medical Colleges  
114 to collaborate in the creation of creating health equity and health literacy education criteria for academic  
115 health center programs and health professions education to follow and implement."

116 Your Reference Committee heard testimony in support of Resolution 23-203 citing the importance of  
117 effective patient-provider communication with accessible language provided by structured health literacy  
118 curricula.

119 Your Reference Committee heard testimony in opposition of Resolution 23-203 inquiring on the intended  
120 outcome and opportunities for clearer language.

121 Online comments were not received for this Resolution.

122 Your Reference Committee discussed the national and state stakeholders involved in creating health  
123 literacy curricula.

124 Accordingly, your Reference Committee recommends that Resolution 23-203 be Adopted.

125 **4) 23-204 GME PARITY FOR OSTEOPATHIC MEDICAL STUDENTS**

126 RECOMMENDATION:

127 Mr. Speaker, your Reference Committee recommends that **Resolution 23-204 be Referred to the MSV**  
128 **Board of Directors for Report.**

129 *RESOLVED, that the MSV supports non-legislative, properly vetted legislative and regulatory and other*  
130 *public policy solutions that assure GME equity for osteopathic medical students and also assure universal*  
131 *acceptance of applications from qualified osteopathic medical students and universal acceptance of*  
132 *COMLEX when a test score is required by a GME program.*

133 Your Reference Committee heard testimony in support of resolution 23-204 as it is. Supporters are  
134 interested in reducing barriers for DO students in pursuit of residency. Supporters testified about the  
135 negative impact on DO students that is not innately discriminatory in nature, but makes the assessment of  
136 DOs students in the MATCH unequal to that of MDs. Residency programs should equally consider DO  
137 students and their COMLEX-USA test scores seeing as this rest is required by their accrediting body  
138 (COCA).

139 Your Reference Committee heard no testimony in opposition of Resolution 23-204.

140 Online comments were received for this Resolution. Unanimous support was expressed for the  
141 Resolution.

142 Your Reference Committee discussed the requirements surrounding the COMLEX-USA versus the  
143 USMLE and inquired on licensure information from counsel. Counsel advised that there are no

differences in the licensure between MDs and DOs. Your committee also discussed the Osteopathic and Allopathic programs in Virginia and the difficulty in ranking students taking different tests.

Your Reference Committee discussed how the intended outcome of this Resolution, even if passed, depends on the accreditor, the dean, and the board to accomplish. Your Reference Committee therefore asked counsel what action could be taken after supporting such a policy. Counsel and staff discussed the route of deferring to the Board to discuss this at the MSV Deans Forum for proper consideration.

Accordingly, your Reference Committee recommends that Resolution 23-204 be referred to the MSV Board of Directors for Report.

## **5) 23-205 ADDRESSING UNIQUE HEALTH NEEDS OF YOUTH IN FOSTER CARE**

### **RECOMMENDATION:**

Mr. Speaker, your Reference Committee recommends that Resolution 23-205 **be Adopted as Amended.**

*RESOLVED, that our MSV acknowledges the distinct health care needs of children in foster care and supports increased funding to improve health outcomes for this population, and be it further*

*RESOLVED, that our MSV recognizes that youth with marginalized minority identities – including, but not limited to, race, religion, age, social status, income, sexual orientation and gender identity or expression – are disproportionately represented in foster care and have unique, intersectional health needs.*

Your Reference Committee heard testimony in support of Resolution 23-205 regarding the importance of addressing vulnerable patient populations.

Your Reference Committee heard testimony in opposition of Resolution 23-205. The opposition cited existing MSV policy that was duplicative in nature and being too prescriptive to specific patient populations.

Online comments were received for this Resolution. Testimony supported the resolution but suggested the authors consider an amendment to expand the MSV policy compendium by including existing AMA policy H60.910- Addressing Healthcare Needs of Children in Foster Care.

Your Reference Committee discussed the online testimony pertaining to foster children as a piece of the larger pediatric Medicaid population. Counsel offered that in the RFP process, a specific MCO would provide coverage for foster care children. Your Reference Committee also discussed the related AMA policy (H-60.910) and the motivation of the student section authoring this resolution.

Accordingly, your Reference Committee recommends that Resolution 23-205 be Adopted as Amended.

### **ADOPTED AS AMENDED**

~~*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.*~~  
*that the Medical Society affirms AMA Policy H-60.910 Addressing Healthcare Needs of Children in Foster Care.*

**6) 23-206 COPN APPROVAL OF CERTIFIED SURGICAL SUITES LOCATED IN INDEPENDENT PHYSICIANS' OFFICES**

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that **Resolution 23-206 be Not Adopted** and that MSV Policy 30.4.04 MSV COPN Policy be **Reaffirmed**.

*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 extend a blanket COPN approval for all AAAHC O.R.'s with up to 3 surgical suites located within independent physicians' offices across the Commonwealth.*

Your Reference Committee heard testimony in support of Resolution 23-206. Supporters cited issues acquiring COPN approval in Northern Virginia for surgical centers and limitations it produces for growing physician-owned practices and centers. Supportive testimony also cited the impact COPN has on reimbursement rates, and the limitations it has on caring for Medicare patients specifically in specialties like gastroenterology.

Your Reference Committee heard no testimony in opposition of Resolution 23-206.

Online comments were received for this Resolution. The comments express the need for reform or removal of COPN, emphasizing that it's essential for controlling healthcare costs and addressing medical needs efficiently. Testimony notes the current system impedes the establishment of surgical suites in independent offices and limits hospital bed availability, particularly in areas facing critical shortages. Concerns were raised about the obstruction to COPN reform due to vested interests tied to hospital and healthcare systems, seen as protective of profits, and opposed to its abolition.

Your Reference Committee discussed the need for COPN reform, but this Resolution conflicts with the nature of existing policy. Further, it proposes agreeing to a measure that has not yet been written. Finally, MSV staff have not seen language from the referenced legislation. Your Committee discussed this Resolution not being germane to the work of the MSV House of Delegates, rather being more appropriate to the MSV Advocacy Summit.

In addition, your Reference Committee recommends that Policy 30.4.04 be Reaffirmed.

**7) 23-207 OPPOSITION TO CRIMINALIZATION OF TRANSGENDER HEALTH PROVIDERS AND OTHERS**

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 23-207 **be Adopted as Amended**.

*RESOLVED, that the MSV adds a new compendium policy stating: The Medical Society of Virginia will oppose discriminatory legislation prohibiting transgender and gender-diverse individuals and their families, from receiving needed care, and condemns harassment and criminalization of clinicians, patients and families, programs, and institutions.*

Your Reference Committee heard testimony in support of Resolution 23-207. Supporters indicated this Resolution is in keeping with prior policies favoring evidence-based care and the importance of adhering

215 to guidance from organizations specializing in this type of care. Testimony included personal, anecdotal  
216 evidence to how this benefits a vulnerable patient population disenfranchised by the broader healthcare  
217 system.

218 Supporters also testified in support of the MSV's role in protecting the patient-provider relationship that  
219 actively defends invasive policymaking. Supporters also discussed the importance of medical societies  
220 taking a proactive stance, especially when it pertains to the risk of harm to clinicians based on the  
221 services they provide.

222 Your Reference Committee heard testimony in opposition of Resolution 23-207 pertaining to the  
223 redundancy of this Resolution to existing MSV policy 25.01.02, 05.4.01, and 25.3.02. Further, opponents  
224 noted a lack of randomized control trials to verify this as an evidence-based practice or literature to  
225 suggest it is "necessary, life-saving care". Opponents also shared concern about how open-ended  
226 "discrimination" is as written.

227 Online comments were received for this Resolution. Testimony was received in support and opposition to  
228 the resolution. One commenter supports the Resolution on the condition that parents are notified, and  
229 psychiatric care is prioritized as the initial treatment option to avoid potential child abuse concerns.  
230 Additional supportive testimony emphasizes the importance of unrestricted access to necessary care for  
231 all patients and opposing criminal penalties related to medical decisions.

232 Your Reference Committee discussed the importance of receiving care that reflects that care setting or  
233 specialties standards of care, but the relative nature of "needed care" being too open-ended and left to  
234 interpretation. Your Reference Committee also discussed concern affirming an existing policy whose  
235 intent was focused more on reproductive health fails to include the intended patient population.

236 Staff and counsel discussed the recommendation to affirm two policies and addressed the issues around  
237 inclusivity. Your Reference Committee also discussed amending the title for the same reason. Your  
238 Committee asked staff if there are other references to criminalization in other existing MSV policies.

239 Accordingly, your Reference Committee recommends that Resolution 23-207 Adopted as Amended.

240 ADOPTED AS AMENDED

241 ~~RESOLVED, that the MSV adds a new compendium policy stating: The Medical Society of Virginia will~~  
242 ~~opposes discriminatory all legislation prohibiting transgender and gender diverse individuals and their~~  
243 ~~families, from receiving needed care, and condemns harassment and criminalization of clinicians, patients~~  
244 ~~and families, programs, and institutions. that criminalizes obtaining or providing healthcare to patients,~~  
245 ~~consistent with the standard of care, including transgender and gender diverse patients.~~

246 **8) 23-208 PROTECTION OF MINORS FROM SEX CHANGE TREATMENTS, THERAPIES, AND**  
247 **PROCEDURES**

248 RECOMMENDATION:

249 Mr. Speaker, your Reference Committee recommends that **Resolution 23-208 be Not Adopted.**

250 *RESOLVED, that the Medical Society of Virginia reexamine the way gender dysphoria in minors in*  
251 *Virginia is approached by the medical community with an understanding that it is important to make sure*  
252 *that the minor <18 understands the realistic potential of gender reassignment treatments to alter*  
253 *secondary sex characteristics, the reality of a lifelong commitment to medical therapy, the permanence of*

254 *the effects, and the possible physical and mental adverse effects of the treatments and that although*  
255 *patients may experience regret, after reassignment treatments, there is no going back to the non-*  
256 *reassigned body and its normal functions and that brain development continues until early adulthood –*  
257 *about age 25, which also affects young people's ability to assess the consequences of their decisions on*  
258 *their own future selves for the rest of their lives, and be it further*

259 *RESOLVED, that the Medical Society of Virginia recommends that psychological and psychiatric care*  
260 *become the first line of treatment for all gender dysphoric minors (<18) and that a focus will be placed on*  
261 *gender exploration that does not privilege any given outcome, and be it further*

262 *RESOLVED, that the Medical Society of Virginia will recommend the presence of psychiatric diagnosis be*  
263 *addressed with prolonged evaluation to ensure that these conditions are under control and that the*  
264 *diagnosis of autism spectrum disorder will warrant additional evaluation, and be it further*

265 *RESOLVED, that the Medical Society of Virginia will recommend that access to hormonal interventions*  
266 *for youth <18 must be tightly restricted and that the goal is to administer these interventions in tertiary*  
267 *care multidisciplinary research settings only, and to restrict eligibility criteria to mirror those in the "Dutch*  
268 *protocol" that is defined by the prepubertal onset of gender dysphoria persisting for at least 5 years and*  
269 *persists into adolescence and causes severe suffering and that some exceptions could apply for puberty*  
270 *blockade in extreme cases of post pubertal onset of gender dysphoria, and be it further*

271 *RESOLVED, that the Medical Society of Virginia will recommend that social transitioning be*  
272 *recommended only after considerable time is spent under therapy and that this decision should be made*  
273 *with the youth and family in accordance with the 2023 Virginia Dept. of Education guidelines and that it*  
274 *must be made clear to them that not only medical transitioning but social transitioning as well may alter*  
275 *the course of gender identity development i.e., it may consolidate a gender identity that would have*  
276 *otherwise changed in a still maturing minor, and be it further*

277 *RESOLVED, that the Medical Society of Virginia will recommend that no surgical transitioning*  
278 *should be allowed in the State of Virginia.*

279 Your Reference Committee heard testimony in support of resolution 23-208 to clarify what is within the  
280 definition of evidence-based care pertaining to "experimental" gender affirming therapies and procedures,  
281 and to properly explore the risks and benefits. Supporters also spoke to the undue political influence  
282 affecting this area of medicine.

283 Your Reference Committee heard testimony in opposition to resolution 23-208 stating the invasive nature  
284 of the policy as an arbitrator for medical practice decisions and creating policy on standards of care.  
285 Further, it risks implying or stating a position undermining the existence of a specific patient population.  
286 Opponents also stated that systemic evaluation and its corresponding evidence is positively trending with  
287 more access to funding for studies and evaluations.

288 Online comments were received. Both supporting and opposing testimony highlighted the need for  
289 psychological and psychiatric care for pediatric patients experiencing gender questions. Supportive  
290 testimony shared the belief that gender affirming care is understudied and not evidence-based—and  
291 some of the studies that do exist show such care to be hazardous. Supportive testimony also argued that  
292 existing US guidelines for gender care are poorly written and lack evidence. Opposing testimony  
293 highlighted modern gender affirming care guidelines from the American Academy of Pediatrics and the  
294 Endocrine Society, which lay out detailed standards for gender affirming care for youth and adults.  
295 Opposing testimony also argued that this resolution as written undermines parental rights by limiting care  
296 parents may support for their children. Much of the testimony—both supportive and opposed—discussed  
297 the sanctity of physician patient relationship and moral and ethical responsibilities associated with gender  
298 affirming care.



299 Your Reference Committee considered the language the author offered via testimony before the  
300 Reference Committee prior to Executive Session. Your Reference Committee discussed a lack of subject  
301 matter expertise available to appropriately consider this Resolution. Your Reference Committee ultimately  
302 found this Resolution is too prescriptive for the business of this body.

303 Accordingly, your Reference Committee recommends that Resolution 23-208 be Not Adopted.

304 **9) 23-209 SUDDEN UNEXPECTED DEATH IN EPILEPSY: INVESTIGATION, UNDERSTANDING, AND**  
305 **AWARENESS**

306 RECOMMENDATION:

307 Mr. Speaker, your Reference Committee recommends that **Resolution 23-209 be Adopted as**  
308 **Amended.**

309 *RESOLVED, that our MSV supports legislative efforts advancing the investigation, understanding, and*  
310 *awareness of SUDEP, and be it further*

311 *RESOLVED, that our MSV encourages collaboration with the Epilepsy Foundation of Virginia and other*  
312 *relevant stakeholders to promote education and support for individuals and families affected by epilepsy*  
313 *and SUDEP.*

314 Your Reference Committee heard no testimony.

315 Online comments were received for this Resolution. Supportive testimony received from the Epilepsy  
316 Foundation of Virginia cites how its passage will enable MSV to help reduce mortality from SUDEP.

317 Your Reference Committee discussed the research from the author and the work of the stakeholders in  
318 the Commonwealth of Virginia. Your Reference Committee discussed the staff recommendation language  
319 at length.

320 Accordingly, your Reference Committee recommends that Resolution 23-209 be Adopted as Amended.

321 ADOPTED AS AMENDED.

322 *RESOLVED, that the MSV supports ~~legislative efforts~~ advancing the investigation, understanding, and*  
323 *awareness of Sudden Unexpected Death from Epilepsy (SUDEP), and be it further*

324 *RESOLVED, that our MSV encourages collaboration with ~~the Epilepsy Foundation of Virginia and other~~*  
325 *relevant stakeholders to promote education and support for individuals and families affected by epilepsy*  
326 *and SUDEP.*

327 **10) 23-210 INCREASING THE NUMBER OF COLLECTION SITES FOR DONATED DRUGS**

328 RECOMMENDATION:

329 Mr. Speaker, your Reference Committee recommends that Resolution 23-210 be **Referred to the Board**  
330 **for Report.**

331 *RESOLVED, that the Medical Society of Virginia support increasing the number of collection*  
332 *sites for donated drugs*

333 Your Reference Committee heard no testimony.

334 Online comments were not received for this Resolution.

335 Your Reference Committee discussed the ability to distribute unused medications to free and reduced  
336 cost clinics to mitigate prescription loss. Your committee discussed existing collection sites for donated  
337 drugs and the access issues for patients.

338 The staff discussed directing the Board of Directors and staff on outreach to the Board of Pharmacy to  
339 increase the number of collection sites consistent with state and federal law.

340 Accordingly, your Reference Committee recommends that Resolution 23-210 be Referred to the Board  
341 for Report.

342 **11) 23-211 CURBING GREEN HOUSE GAS EMISSIONS**

343 RECOMMENDATION:

344 Mr. Speaker, your Reference Committee recommends that **MSV Policy 40.8.03 – Protecting Human**  
345 **Health in a Changing Climate be Amended in Lieu of Resolution 23-211.**

346 *RESOLVED, that MSV encourages all Virginia Hospitals and health systems to track and report their*  
347 *environmental impacts by using, for example, the HEALTH CARE EMISSIONS IMPACT CALCULATOR*  
348 *([Health Care Emissions Impact Calculator | Practice Greenhealth](#)), and be it further*

349 *RESOLVED, that MSV encourage Virginia Hospitals and health systems to take steps toward achieving*  
350 *net zero emissions related to health care.*

351 Your Reference Committee heard testimony in support of Resolution 23-211 speaking to the importance  
352 of proactively passing policy rather than waiting until it's a mandate from the federal government.  
353 Supporters also spoke to the role of clinicians to be part of the solution to public health issues.

354 Your Reference Committee heard testimony in opposition of Resolution 23-211 pertaining to the purview  
355 of the MSV with respect to the existing policy pertaining to environmental protections.

356 Online comments were received for this Resolution. Testimony was received in support and opposition to  
357 the resolution. Supportive testimony cited the reduction in emissions caused by the pandemic and the  
358 increased utilization of telemedicine. Critical testimony emphasized that healthcare professionals have  
359 more impactful actions to take and that other pressing issues facing the organization warrant more  
360 attention. Testimony raised concerns about achieving net-zero emissions and highlighted the need to  
361 weigh the benefits and drawbacks of various energy sources.

362 Your Reference Committee discussed the staff recommendation at length.

363 Accordingly, your Reference Committee recommends that Policy 40.8.03 be Amended in Lieu of Adoption  
364 of Resolution 23-211.

365 ADOPTED AS AMENDED.

366 40.8.03- Protecting Human Health in a Changing Climate

367 The Medical Society of Virginia notes the findings of leading U.S. and international scientific bodies that  
368 the Earth is undergoing adverse changes in the global climate and recognizes climate change as an  
369 urgent public health threat.

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

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

376 *The Medical Society of Virginia provide information on the MSV website about governmental and*  
377 *nongovernmental resources on climate change available for members to work within the Commonwealth.*

378 *The Medical Society of Virginia encourages hospitals and health systems to take steps to reduce*  
379 *emissions related to healthcare.*