

DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2024 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. Richard Szucs, Chair

Present Members: Dr. Barbara Allison-Bryan, Dr. Duane Lawrence, Dr. Richard Szucs, Dr. Jaqueline Fogarty, Dr. Joseph Johnson, Dr. Kurt Elward, Dr. Art Vayer, Russell Hawes, Dr. Marc Alembik

The Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

24-101: MSV Proposed 2025 Budget
24-106: MSV Right of Conscience Resolution

RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED

24-102: 2024 MSV Policy Compendium 10-Year Review
24-104: Defining Exceptions for Information Blocking
24-105: Expanded and Standardized Advanced Practice Registered Nurses' Education
24-109: Reducing Stigma Through Modernizing the Accessibility Sign
24-112: Resolution on Workplace Safety

RECOMMENDED FOR NOT ADOPTION

24-107: Physician Opinion of Readiness of Non-Physician Providers for Independent Practice

RECOMMENDED FOR AMENDMENT TO CURRENT POLICY IN LIEU OF

24-103: Ban Non-Compete Employment Covenants (Amend MSV Policy 30.4.06)
24-113: Resolution on Secondhand Marijuana Smoke (Amend MSV Policy 40.20.10)

RECOMMENDED FOR REFERRAL TO THE BOARD OF DIRECTORS FOR ACTION

24-111: Resolution Supporting Independent Practices

REAFFIRMATION OF EXISTING POLICY IN LIEU OF

24-108: Proposal for Psychiatric Initiatives (Reaffirm MSV Policy 40.18.01)

1) 24-101 MSV PROPOSED 2025 BUDGET

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends that **Resolution 24-101 be Adopted.**

This resolution presents the 2025 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 informative remarks from Mr. Secretary-Treasurer and no questions were presented.

Your Reference Committee discussed whether the HOD had full knowledge regarding the budget. The committee discussed including the budget one pager in this Reference Committee's report alongside the recommendation to Adopt.

Your Reference Committee consulted staff to affirm including the budget with this report. It is the final page of the report.

Accordingly, your Reference Committee recommends that Resolution 24-101 be Adopted.

2) 24-102 2024 MSV POLICY COMPENDIUM 10-YEAR REVIEW

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends that **Resolution 24-102 be Adopted As Amended.**

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

Your Reference Committee heard remarks from Madame Speaker introducing the 10-Year Review.

Your Reference Committee heard testimony supporting the archiving of 45.1.02, 40.15.02, 40.7.02, and 45.1.01.

Your Reference Committee discussed testimony to adopt the policy compendium with the aforementioned policies archived.

Accordingly, your Reference Committee recommends that Resolution 24-102 be Adopted as Amended:

Recommended to be archived:

45.1.02- Diagnosis by Optometrists

The Medical Society of Virginia opposes the use of optometrists and inadequately trained nonmedical personnel for the diagnosis of eye disease and eye injury.

40.7.02 - Regulation of Tattoo Parlors

The Medical Society of Virginia supports legislation and/or regulation to require that all commercial tattoo parlors and those individuals applying the tattoos be registered with an appropriate state regulatory board and that all methods employed in the application of tattoos be certified as free of potential contamination.

40.15.02- Agency Jurisdiction

The Medical Society of Virginia believes that the jurisdiction over Day Care Centers lies with the Department of Social Services which should continue to study existing laws and regulations and make them applicable to all Day Care Centers.

45.1.01- Determination of Fitness to Return to Work

The Medical Society of Virginia opposes the use of persons other than doctors of medicine or osteopathy, or agents under their supervision, to attest to an employee's fitness to return to work.

3) 24-103 BAN NON-COMPETE EMPLOYMENT COVENANTS

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends that **MSV Policy 30.4.06 Be Amended in Lieu of Resolution 24-103.**

RESOLVED, the Medical Society of Virginia should establish policy supporting the ban of noncompete covenants in employment contracts for healthcare providers.

Your Reference Committee heard testimony in support of the resolution on behalf of the American College of Cardiology regarding the contractual obligations and limitations that produce discrepancies between physicians employed by health systems and self-employed clinicians. Your Reference Committee also heard supportive testimony favoring a language change to reflect simplifying the resolved clause to opposing non-competes rather than banning the practice. Your Committee also heard supportive testimony positioning the MSV as the best stakeholder to represent the interests of physicians as a profession regardless of practice setting to empower employed physicians within their systems. Your Committee also heard supportive testimony from the Virginia Chapter of the American Academy of Pediatrics regarding the importance of this issue in addressing health professional shortages in rural areas. Your Reference Committee heard supportive testimony discussing the inclusion of language extending this to non-profit organizations.

Your Committee did not receive testimony in opposition to the resolution.

Online comments were received for this resolution. Comments suggested removing language supporting a ban on noncompete agreements and instead simply saying that the MSV opposes non-compete agreements.

Your Reference Committee discussed the possibility to amend and support this resolution. Your Reference Committee discussed staff recommendations from AMA policy, to include nonprofit settings. Reference Committee members also discussed the amendment to state "non-compete for all healthcare providers." Your Committee discussed whether this policy would adversely affect private practices and whether to distinguish between hospital settings. This Reference Committee affirmed to amend the policy by substitution of MSV policy 30.4.06 to read "*The Medical Society of Virginia supports policies, regulations, and legislation, that prohibit covenants not-to-compete for healthcare providers.*"

Your Reference Committee discussed allowing not-to-compete clauses in clinical settings. Your Reference Committee discussed how employed physicians cannot necessarily join private groups because they are subject to not-to-compete agreements.

Your Reference Committee heard staff input regarding past legislation on this topic.

101 Accordingly, your Reference Committee recommends that Policy 30.4.06 be Amended by Substitution in
102 Lieu of Adoption.

103 30.4.06- Remove Restrictive Covenants for Healthcare Providers in Virginia

104 The Medical Society of Virginia supports policies, regulations, and legislation, that prohibit covenants not-
105 to-compete for healthcare providers. will publish a study that provides a legal summary of the tests the
106 court uses for covenants and summaries of several decisions so to inform members on how the court has
107 ruled. The study will be made available for members by December 31, 2019.

108 **4) 24-104 DEFINING EXCEPTIONS FOR INFORMATION BLOCKING**

109 RECOMMENDATION:

110 Madame Speaker, your Reference Committee recommends that **Resolution 24-104 Be Adopted as**
111 **Amended.**

112 *RESOLVED, that the Medical Society of Virginia supports exceptions to patient's immediate access to*
113 *electronic health record information when delaying notification would improve patient outcomes by*
114 *allowing thorough provider review and personal patient notification. Further, such exceptions should not*
115 *be categorized as "information locking."*

116 Your Reference Committee heard supportive testimony from the Virginia Chapter of the American
117 Academy of Pediatrics on the clinical background of the Cures Act and opportunities for the MSV to
118 favorably advocate for physician involvement and oversight in managing patient information.

119 Testimony was also heard concerning the optics of the Resolutions and asked if the author would
120 consider referring the matter to the Board of Directors for consideration of existing state precedents in
121 Lieu of Adoption.

122 Your Reference Committee did not receive opposing testimony.

123 Online comments were received for this resolution. Online comments expressed universal support for the
124 resolution and cites Kentucky and California as precedents for state-level reform. Online commentary
125 also cites several AMA publications expressing support for this type of reform.

126 Your Reference Committee discussed that the Code of Virginia includes an exception for mental health
127 records.

128 Accordingly, your Reference Committee recommends that Resolution 24-104 be Adopted as Amended:

129 "RESOLVED, that the Medical Society of Virginia supports exceptions to patients' immediate access to
130 electronic health record information when delaying notification would improve patient outcomes by
131 allowing thorough provider review and personal patient notification. Further, such exceptions should not
132 be categorized as "information locking blocking."

5) 24-105 EXPANDED AND STANDARDIZED ADVANCED PRACTICE REGISTERED NURSES' EDUCATION

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends that Resolution 24-105 **Be Adopted as Substituted.**

RESOLVED, that the Medical Society of Virginia will advocate with the Joint Board of Medicine and Nursing and the Department of Health Professions to expand and standardize the education of Advanced Practice Registered Nurses in Virginia so that they can be functioning at their highest capacity upon graduation from their studies, and be it further

RESOLVED, that the Medical Society of Virginia, will support and advocate for its AMA Delegation to advance policy at the AMA to expand and standardize the education of Advanced Practice Registered Nurses, nationwide, so that they can be functioning at their highest capacity upon graduation from their studies.

Your Reference Committee heard supportive testimony for standardization of the nursing profession to align with the standardization required of physicians in response to legislative and regulatory changes allowing APRNs to practice autonomously. Supportive testimony was heard for the resolution to correct misrepresentation of the term “doctor” that cause confusion for the public and a desire to include clarifying language of the qualifications and requirements for the use of the title. Supportive testimony was heard for defining educational standards and this resolution being in the spirit of the MSV’s principles to support evidence-based physician-led teaching.

Opposing testimony was heard regarding this policy being beyond the scope of the MSV and the governance of education standards being reflected at the level of national stakeholders, Boards, and specialty affiliates rather than the state legislature or professional society. Opposing testimony was also heard against the resolution’s pursuit to govern and regulate other health professions, as such actions would leave the MSV vulnerable to similar pursuits from other health professional associations.

Your Reference Committee posed a question to Counsel regarding the model for national accreditation for health professions and licensing categories for APRNs.

An online comment was received for this resolution. The comment noted that the AMA does not issue educational mandates, especially to other professions, as it opens physicians up to outside scrutiny and similar mandates.

Your Reference Committee discussed whether nursing education is standardized across online and in person courses. Your Reference Committee discussed the need to standardize nationally but noted that is out of scope for the MSV. Your Reference Committee discussed “the Medical Society of Virginia supports the standardization of training for advanced practice providers”

Accordingly, your Reference Committee recommends that Resolution 24-105 be Adopt as Substituted:

The Medical Society of Virginia supports the standardization of the education and training for advanced practice providers.

170 **6) 24-106 RIGHT OF CONSCIENCE RESOLUTION**

171 RECOMMENDATION:

172 Madame Speaker, your Reference Committee recommends that Resolution 24-106 **be Adopted.**

173 *RESOLVED, that the Medical Society of Virginia supports the AMA Code of Medical Ethics Opinion 1.1.7*
174 *“Physician Exercise of Conscience.”*

175 Your Reference Committee heard supportive testimony for the vetting process at the AMA Committee on
176 Medical Ethics and recommended including the text of the AMA Opinion language in lieu of the AMA
177 Opinion Paper reference number.

178 Your Committee heard supportive testimony on behalf of the AMA Delegation regarding discussions on
179 physicians’ right of conscience citing related topics and medical circumstance such as medical aid in
180 dying / physician assisted suicide (MAID/PAS). Supportive testimony discussed stakeholders such as
181 insurance companies imposing directives on physicians based on their financial interests that affect
182 patient care as a parallel to a physician’s need for autonomous ethical decision-making. Your Reference
183 Committee heard supportive testimony favoring the diversity of opinion and ethical interpretation in the
184 medical profession and a right to dissent as a person first. Your Reference Committee heard supportive
185 testimony favoring a physician’s right not to enter a physician-patient relationship. Your Reference
186 Committee heard supportive testimony regarding serving as a physician in a faith-based setting working
187 through moral injury and external pressures.

188 Your Committee heard supportive testimony to include language supporting referral care in a timely
189 manner if a provider refuses care citing religious, moral, or ethical concern. Your Committee also heard
190 testimony in support of adding a resolved clause to reflect that the MSV affirms support for physicians
191 who choose to affirmatively provide care to patients based on their ethical beliefs and that if a physician
192 determines they are unable to provide care based on their personal beliefs, they provide appropriate
193 referral for medically necessary care.

194 Your Reference Committee heard opposing testimony regarding fiduciary responsibility, professional
195 authority to provide care, and not allowing the provider’s beliefs from infringing on a patient’s right to care
196 access. Opposing testimony discussed how ethical decision-making in medicine is subjective and
197 encouraged amending the Resolution to include clarifying language. Your Reference Committee heard
198 opposing testimony from the Virginia Chapter of the American College of Obstetrics and Gynecology on
199 the relation to patient harm, moral injury related to their personal medical decision making, and limitations
200 on patient access. The testimony also addressed the confusing and vague nature of emergency
201 exceptions based on moral objection.

202 An online comment was received for this resolution. The comment expressed that members of the
203 Virginia Delegation had a hand in crafting the AMA Medical Code of Ethics opinion and that said opinion
204 was used to uphold AMA policy opposing what the author referred to as physician assisted suicide.

205 Your Reference Committee discussed whether to write an MSV policy on this topic as opposed to
206 referring to AMA policy. Your Reference Committee discussed the range of perspectives in the House of
207 Medicine and the intention that this effort protect all convictions.

208 Accordingly, your Reference Committee recommends that Resolution 24-106 be Adopted.

209 **7) 24-107 PHYSICIAN OPINION OF READINESS OF NON-PHYSICIAN PROVIDERS FOR**
210 **INDEPENDENT PRACTICE**

211 RECOMMENDATION:

212 Madame Speaker, your Reference Committee recommends that Resolution 24-107 **be Not Adopted.**

213 *RESOLVED, the Medical Society of Virginia supports that a physician's autonomy to rely on their*
214 *professional opinion as final determining factor in whether a non-physician provider can practice*
215 *independently. No physician should be forced to sign off on such an affidavit if, in their professional*
216 *opinion, the non-physician provider does not have the appropriate level of training. MSV shall oppose*
217 *legislation, regulation, hospital or business policy that forces a physician to sign off when, in their*
218 *professional opinion, they do not believe the right level of training has been achieved.*

219 Your Reference Committee heard supportive testimony on behalf of the Virginia College of Emergency
220 Physicians regarding the specialty's concern in signing off on the supervision requirements for APRNs in
221 their attestation for autonomous practice when that NP has not exhibited the clinical competencies
222 required of independent providers. Supportive testimony expressed concern with the national trend
223 expanding the independent practice of non-physician health professionals, and the legislative and
224 regulatory environment that undermines physician-lead team-based care. Your Reference Committee
225 heard supportive testimony for physician accountability for direct supervision to provide quality clinical
226 education and oversight.

227 Your Reference Committee heard supportive testimony that recommended separating the two resolved
228 clauses into a position statement and call-to-action. Your Reference Committee also heard supportive
229 testimony recommending language be incorporated to reflect that supporting physician autonomy to rely
230 on their professional opinion as the final determinant in whether a non-physician provider can practice
231 independently would strengthen the resolution.

232 Your Reference Committee did not receive opposing testimony.

233 Your Reference Committee discussed the testimony they heard and consulted staff on the staff analysis
234 enclosed in the Ref Com packet. Staff advised your reference committee of component societies'
235 concerns about physician autonomy.

236 Your Reference Committee consulted Counsel on the relevant regulations. Counsel shared that staff had
237 reached out to the Joint Boards of Medicine and Nursing, and that there was no record of a physician
238 being forced into this implied situation. Per Counsel, physicians are already allowed to refuse signing an
239 attestation for an APRN if they so choose. Your Reference Committee discussed while this may be an
240 issue in the future—there was no evidence of this issue at present given current legal requirements. To
241 add, MSV policy 45.1.07 adequately accounts for some of this issue.

242 Accordingly, your Reference Committee recommends that Resolution 24-107 be Not Adopted.

243 **8) 24-108 PROPOSAL FOR PSYCHIATRIC INITIATIVES**

244 RECOMMENDATION:

245 Madame Speaker, your Reference Committee recommends that **MSV Policy 40.18. 01 be Reaffirmed in**
246 **Lieu of Resolution 24-108.**

- 247 *RESOLVED, that commitment laws should be changed to eliminate “danger” as a criterion. Instead,*
248 *“seriously mentally ill” should be the determining factor, and be it further*
- 249 *RESOLVED, that “prescreeners” be eliminated, but preserve current laws governing patients’ rights, and*
250 *be it further*
- 251 *RESOLVED, that more psychiatric beds be developed to avoid clogging of emergency rooms and jails. In*
252 *order to accomplish this, we must increase state mental hospital beds and psychiatrists (MDs) and use*
253 *any available space in private hospitals.*
- 254 Your Reference Committee heard supportive testimony for the Resolution to reduce ER utilization and
255 support specialized care in psychiatric facilities.
- 256 Your Reference Committee did not receive opposing testimony.
- 257 Online comments were received for this resolution. One comments expressed support for the resolution
258 and suggested adding in support for removal of physician liability when their patient commits suicide.
259 Another comments supported the spirit of the resolution but suggested some friendly amendments to help
260 each resolved clause stand on its own.
- 261 Your Reference Committee discussed existing MSV Policy 40.18.01 and the staff recommendation to
262 reaffirm existing policy. Your reference committee also discussed the current process to detain an
263 individual for involuntary hospitalization.
- 264 Accordingly, your Reference Committee recommends Policy 40.18. 01 be Reaffirmed in Lieu of Adopting
265 Resolution 24-108.
- 266 40.18.01- Changes in Commitment Law; Funding
- 267 The Medical Society of Virginia supports the civil commitment of a patient to a private or a public hospital
268 for psychiatric care with a view to the highest quality medical care and adequate funding be provided for
269 the process established by law.
- 270 **9) 24-109 REDUCING STIGMA THROUGH MODERNIZING THE ACCESSABILITY SIGN**
- 271 **RECOMMENDATION:**
- 272 Madame Speaker, your Reference Committee recommends that Resolution 24-109 **Be Adopted as**
273 **Amended.**
- 274 *RESOLVED, the Medical Society of Virginia (MSV) supports the replacement of any signs with the current*
275 *International Symbol of Access with the New York Dynamic Wheelchair Symbol Sign when placards are*
276 *set to expire.*
- 277 Your Reference Committee heard supportive testimony for the resolution changing the stigma and the
278 societal impact associated with the depiction of persons with disabilities. Your Committee heard
279 supportive testimony for the resolution’s inclusivity of changes within the emergency medical profession.
- 280 Your Reference Committee did not receive opposing testimony.

281 An online comment was received for this resolution. The comment expressed support for the resolution
282 as a reasonable addition to MSV's Policy Compendium.

283 Your Reference Committee discussed that the New York Dynamic Wheelchair Symbol Sign is subject to
284 building codes and would require being adopted by the Virginia legislature. Counsel advised to amend the
285 resolution to be permissive, "the MSV supports the use of the New York dynamic wheelchair sign."

286 Accordingly, your Reference Committee recommends that Resolution 24-109 be Adopted as Amended:

287 RESOLVED, the Medical Society of Virginia (MSV) supports ~~the replacement of any signs with the current~~
288 ~~International Symbol of Access with the use of New York Dynamic Wheelchair Symbol Sign when~~
289 ~~placards are set to expire.~~

290 **11) 24-111 RESOLUTION SUPPORTING INDEPENDENT PRACTICES**

291 RECOMMENDATION:

292 Madame Speaker, your Reference Committee recommends that Resolution 24-111 be **Referred to the**
293 **MSV Board of Directors for Action.**

294 *RESOLVED, that the Medical Society of Virginia (MSV) draft and publish a statement in support of*
295 *independent physicians in private practice, and be it further*

296 *RESOLVED, that the MSV research and make available educational materials to support independent*
297 *physicians in private practice and educate early physicians about options for developing or joining a*
298 *viable private practice, and be it further*

299 *RESOLVED, that the MSV delegates encourage the American Medical Association (AMA) to draft and*
300 *publish a statement in support of independent physicians in private practice, and to continue developing*
301 *and updating educational materials to support independent physicians in private practice and educate*
302 *early physicians about options for developing or joining a viable private practice.*

303 Your Reference Committee heard supportive testimony aligning this resolution with the comments made
304 during Resolution 24-103 on non-compete clauses and the role of the MSV in advocating for physicians in
305 all care settings.

306 In response to the online comments, your Reference Committee heard supportive testimony for striking
307 the third Resolved clause as it is duplicative of existing AMA policy.

308 An online comment was received for this resolution. The comment supported the spirit of the resolution
309 but objected to the third resolved clause, citing the existence of AMA Policy D-405.988, The Preservation
310 of the Private Practice of Medicine.

311 Your Reference Committee discussed the possibility of referring the resolutions to the MSV Board of
312 Directors for Action.

313 Accordingly, your Reference Committee recommends that Resolution 24-111 be Referred to the MSV
314 Board of Directors for Action.

315 **12) 24-112 RESOLUTION ON WORKPLACE SAFETY**

316 RECOMMENDATION:

317 Madame Speaker, your Reference Committee recommends that Resolution 24-112 **Be Adopted as**
318 **Substituted.**

319 *RESOLVED, that the Medical Society of Virginia support legislation that would allow an employer to file a*
320 *request seeking a protective order on behalf of the employee (with their consent), for protective orders*
321 *that would otherwise be available to individuals under Virginia law. These protective orders would shield*
322 *an employer's employees from threats by patients, visitors and/or co-workers in appropriate cases, and*
323 *be it further*

324 *RESOLVED, that the legislation also include language providing immunity for employers acting in good*
325 *faith, both if an employer declines to seek a protective order on an employee's behalf, and if they seek a*
326 *protective order in good faith.*

327 Your Reference Committee heard no testimony on Resolution 24-112.

328 Your Reference Committee discussed amending to “supports allowing an employer to seek a protective
329 order on behalf of an employee with their consent.”

330 Accordingly, your Reference Committee recommends that Resolution 24-112 be Adopted as Substituted.

331 RESOLVED, the Medical Society of Virginia supports allowing an employer to seek a protective order on
332 behalf of an employee with their consent.

333 **12) 24-113 RESOLUTION ON SECONDHAND MARIJUANA SMOKE**

334 RECOMMENDATION:

335 Madame Speaker, your Reference Committee recommends that **MSV Policy 40.20.10 be Amended in**
336 **Lieu of Resolution 24-113.** In addition, the Reference Committee recommends that **MSV Policy**
337 **40.20.09 be Archived.**

338 *RESOLVED, The Medical Society of Virginia supports legislation that limits the exposure of minors to*
339 *second-hand marijuana smoke, including but not limited to: prohibiting the use of marijuana in rooms*
340 *where minors are present, banning the use of marijuana in vehicles when minors are passengers, and*
341 *implementing public awareness campaigns to educate the public about the risks of second-hand*
342 *marijuana smoke to minors.*

343 *RESOLVED, The Medical Society of Virginia encourages collaboration with public health organizations,*
344 *lawmakers, and community leaders to advocate for policies and practices that protect minors from the*
345 *harmful effects of second-hand marijuana smoke.*

346 *RESOLVED, The Medical Society of Virginia supports ongoing research into the effects of second-hand*
347 *marijuana smoke on minors to continually inform and update public health recommendations and*
348 *legislative efforts.*

349 Your Reference Committee heard supportive testimony for the Resolution in response to a need for public
350 awareness of the effects, especially among pediatric patients, of second-hand marijuana smoke.

351 Your Reference Committee did not receive opposing testimony.

352 Your Reference Committee discussed the staff recommendation to include “supports effort to make it
353 illegal for anyone to smoke in a vehicle including tobacco or marijuana smoking” and combining MSV
354 policies 40.20.09 and 40.20.10.

355 Accordingly, your Reference Committee recommends that MSV Policy 40.20.10 be Amended in Lieu of
356 Adopting Resolution 24-113. In addition, your Reference Committee recommends Archiving MSV Policy
357 40.20.09.

358 40.20.10 Secondhand Smoke

359 The Medical Society of Virginia supports access to clean smoke-free air for all citizens in the
360 Commonwealth, especially children. The Society supports efforts to eliminate tobacco and marijuana
361 smoke in public places and places of employment in order to protect Virginians from the hazards of
362 passive smoke inhalation. Further, the Medical Society of Virginia supports efforts to make it illegal to
363 smoke in a car with a minor present. The Medical Society of Virginia opposes efforts to repeal protections
364 for the public from secondhand smoke.

365 40.20.09- Tobacco use in Cars with Minors

366 The Medical Society of Virginia supports statewide legislative efforts to make it illegal for anyone to
367 smoke tobacco in a car with a minor inside of the car.

| CONSOLIDATED MEDICAL SOCIETY OF VIRGINIA | | | | |
|--|--------------------|-------------------|---------------|---------------|
| PROPOSED BUDGET | | | | |
| | 2025 | 2024 | | |
| | Proposed | Annual | | |
| | Budget | Budget | 25b v proj | 25b v 24b |
| Revenues | | | | |
| Dues | \$1,360,000 | \$1,580,000 | -8.4% | -13.9% |
| Advertising | 6,600 | 20,000 | -66.2% | -67.0% |
| Commissions & Royalties | 3,392,200 | 3,077,500 | 3.4% | 10.2% |
| Contributions | 158,500 | 93,000 | 31.8% | 70.4% |
| CME Income | 62,700 | 55,900 | 12.2% | 12.2% |
| Annual Meeting/Gala Revenue | 255,000 | 255,000 | 0.0% | 0.0% |
| Programs | 17,722,800 | 10,669,800 | 19.8% | 66.1% |
| Building Rent Revenue | 263,000 | 273,400 | 0.3% | -3.8% |
| Other Revenue | - | 100 | -100.0% | -100.0% |
| Total Revenue | 23,220,800 | 16,024,700 | 14.4% | 44.9% |
| Expenses | | | | |
| Personnel | 8,142,200 | 6,543,500 | -16.4% | -24.4% |
| Rent/Mortgage | 70,600 | 86,600 | -2.6% | 18.5% |
| Vendor Services | 10,301,800 | 6,492,500 | -29.5% | -58.7% |
| Equipment and software | 1,086,000 | 696,000 | -69.1% | -56.0% |
| Utilities | 149,500 | 131,400 | -6.8% | -13.8% |
| Repairs and Maintenance | 284,000 | 140,700 | -23.5% | -101.8% |
| Supplies | 45,500 | 27,900 | 19.8% | -63.1% |
| Advertising and Marketing | 86,300 | 130,500 | 28.3% | 33.9% |
| Dues, Meetings, Training | 874,600 | 768,500 | -2.2% | -13.8% |
| Travel | 83,900 | 77,000 | 40.1% | -9.0% |
| Miscellaneous | 132,300 | 188,500 | 20.9% | 29.8% |
| Interest Expense | 200,000 | 127,400 | -57.0% | -57.0% |
| Depreciation | 213,200 | 222,000 | -1.9% | 4.0% |
| Total Expenses | 21,669,900 | 15,632,500 | -22.4% | -38.6% |
| Net Operating Results | \$1,550,900 | \$392,200 | | |