

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 2

Dr. Bobbie Sperry, Chair

Present Members: Dr. John Sweeney, Dr. Razi Ali, Dr. Gary Miller, Dr. Daniel Pauly Dr. Peter Netland, Dr. Andrea Giacometti, Vignesh Senthilkumar, Dr. Larry Michell

The Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

24-207: Stop the Bleed Training in Medical Schools

RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED

24-205: Resolution on Expansion of Medicare Open Enrollment

24-206: Healthcare for People Who Are Incarcerated

24-211: Saving Resources in the Perioperative Arena

RECOMMENDED FOR NOT ADOPTION

24-208: Move the Profession of Medicine from its Present Location in an Economic Free Market to the Code of Virginia

24-210: Transgender Hormonal Treatment and Surgeries for Minors

RECOMMENDED FOR AMENDMENT TO CURRENT POLICY IN LIEU OF

24-201: Access to Healthcare for People Experiencing Homelessness (Amend MSV Policy 05.4.01)

24-203: Resolution on Early Prescription Eye Drop Refills in Virginia (Amend MSV Policy 10.1.18)

24-209: Removal of Certificate of Need Laws in Virginia (Amend MSV Policy 30.4.04)

24-213: Healthcare Protections for In Vitro Fertilization (Amend MSV Policy 25.1.04)

REAFFIRMATION OF EXISTING POLICY IN LIEU OF

24-202: Coverage of Human Milk Products by Commercial and Public Insurance

24-212: Supporting Innovative Models of Primary Care

REFER TO THE MSV BOARD OF DIRECTORS FOR ACTION

24-204: Equitable Access to Care for Individuals with Disabilities

1) 24-201 ACCESS TO HEALTHCARE FOR PEOPLE EXPERIENCING HOMELESSNESS

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends that **MSV Policy 05.4.01 Be Amended In Lieu Of Adoption Of Resolution 24-201.**

RESOLVED, that our Medical Society of Virginia supports evidence based and cost-effective efforts to eradicate homelessness and supports initiatives to enhance healthcare access for individuals experiencing housing insecurity.

Your Reference Committee heard supportive testimony regarding the existing health disparities present for those individuals experiencing homelessness and MSV's role in addressing those disparities. Your Reference Committee heard supportive testimony commending the medical student section. Your Reference Committee heard testimony in support of additional resources for state mental health hospitals regarding their role on the issue.

Online comments were not received on this resolution.

Your Reference Committee did not receive opposing testimony.

Your Reference Committee discussed amending existing policy language to reflect the interest of the House of Delegates to incorporate housing insecurity as a social determinant of health and related health outcomes within the purview of the MSV's existing position.

Accordingly, your Reference Committee recommends that MSV Policy 05.4.01 be Amended in Lieu of Adoption of Resolution 24-201.

05.4.01- Access without Discrimination

The Medical Society of Virginia believes that all persons in Virginia should have access to medical services without discrimination based on race, religion, age, social status, housing insecurity, income, sexual orientation, gender identity, or expression.

The MSV recognizes health disparities as a major public health problem and that bias is a barrier to effective medical diagnosis and treatment. The Medical Society of Virginia will support policies and strategic interventions that decrease health disparities in medicine.

2) 24-202 COVERAGE OF HUMAN MILK PRODUCTS BY COMMERCIAL AND PUBLIC INSURANCE

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends that **MSV Policy 10.1.18 Be Reaffirmed In Lieu Of Resolution 24-202.**

RESOLVED, that the Medical Society of Virginia supports and advocates for the inclusion of pasteurized donor human milk and human milk products in the coverage plans of both commercial and government insurance providers; and will work with healthcare providers, insurance companies, and policymakers to promote the implementation of policies that ensure reimbursement for PDHM and human milk products, ensuring all infants in need have access to these essential nutritional resources.

66 Your Reference Committee heard supportive testimony from the Virginia Chapter of the American
67 Academy of Pediatrics regarding the clinical value of donated breast milk, the financial limitations of
68 acquisition, and support for insurance coverage for human breast milk.

69 Your Reference Committee heard supportive testimony for separating the Resolved into two clauses.

70 Your Reference Committee discussed the testimony in relation to the associated costs and commercial
71 insurance coverage. Your Reference Committee discussed how current policy (MSV Policy 10.1.18)
72 would already allow the MSV to advocate in favor of insurance coverage for human milk products.

73 Accordingly, your Reference Committee recommends that MSV Policy 10.1.18 be Reaffirmed in Lieu of
74 Adoption of Resolution 24-202.

75 10.1.18- Insurance Coverage for Medical Conditions

76 The Medical Society of Virginia affirms the need for government and commercial insurance plans to refer
77 to a nationally recognized medical association or organization, such as the American Academy of
78 Dermatology, in defining what is a medical condition versus a cosmetic condition, and be it further,

79 The Medical Society of Virginia affirms the need for government and commercial coverage for diagnostic
80 evaluation and treatment of all conditions which have been recognized by a national medical association
81 or organization as a medical condition.

82 **3) 24-203 RESOLUTION ON EARLY PRESCRIPTION EYE DROP REFILLS IN VIRGINIA**

83 RECOMMENDATION:

84 Madame Speaker, your Reference Committee recommends **Amending MSV Policy 10.1.18 In Lieu Of**
85 **Adoption Of Resolution 24-203.**

86 *RESOLVED, that the Medical Society of Virginia supports legislation requiring insurance reimbursements*
87 *for early refills of prescription eye drops.*

88 Your Reference Committee heard supportive testimony regarding rising rates of glaucoma and the
89 implications faced by those who require access to eyedrops prior to their prescription refill date. Your
90 Reference Committee heard supportive testimony and remarks regarding the resolution aligning with the
91 standards of care for this specialty and the broader standard physicians follow for prescribing and
92 dispensing.

93 Your Reference Committee heard no opposing testimony.

94 Your Reference Committee discussed the protocol for dispensing drops, care delays caused by refill
95 dispensing, and the potential concerns of stakeholders in the pharmaceutical and health insurance
96 industries. Your Committee also discussed how this specialty issue can be more generalized to broader
97 prescribing and dispensing issues. Your Committee discussed medical decision-making requiring nuance
98 rather than standardized protocols and how to incorporate appropriate language.

99 Your Reference Committee considered the testimony and including additional language past amending
100 existing policy to address the specificity of this example without overly narrowing the language to specific
101 treatments or conditions.

102 Accordingly, your Reference Committee recommends Amending MSV Policy 10.1.18 In Lieu Of Adoption
103 Of Resolution 24-203.

104 10.1.18- Insurance Coverage for Medical Conditions

105 The Medical Society of Virginia affirms the need for government and commercial insurance plans to refer
106 to a nationally recognized medical association or organization, such as the American Academy of
107 Dermatology, in defining what is a medical condition, and be it further,

108 The Medical Society of Virginia affirms the need for government and commercial coverage for diagnostic
109 evaluation and treatment of all conditions which have been recognized by a national medical association
110 or organization as a medical condition, and further,

111 The Medical Society of Virginia supports insurance coverage for early prescription refills of eyedrops and
112 other essential medications when deemed medically appropriate.

113 **4) 24-204 EQUITABLE ACCESS TO CARE FOR INDIVIDUALS WITH DISABILITIES**

114 RECOMMENDATION:

115 Madame Speaker, your Reference Committee recommends that **Resolution 24-204 be Referred To The**
116 **Board For Action As Amended.**

117 *RESOLVED, that the Medical Society of Virginia Board of Directors do research and produce a report on*
118 *the disparities in access to healthcare faced by individuals with disabilities in the state of Virginia.*

119 Your Reference Committee heard supportive testimony regarding the disparities faced by the disabled
120 population and how those disparities adversely affect their health outcomes. Your Reference Committee
121 heard supportive testimony regarding a language change to require the study be done by an applicable
122 state agency.

123 An online comment was received for this resolution. The comment expressed support and offered a
124 friendly amendment suggesting removing the Board of Directors as the acting party and instead citing
125 "the MSV and appropriate partners."

126 Your Reference Committee discussed wanting to provide the Board with more clarifying direction for
127 either report or action. Your Reference Committee considered the commitment and associated cost of
128 staff time and incorporating appropriate stakeholders.

129 Accordingly, your Reference Committee recommends that Resolution 24-204 be Referred to the
130 Board for Action as Amended.

131 RESOLVED, that the Medical Society of Virginia Board of Directors advocate to the appropriate
132 stakeholders to ~~do~~ research and produce a report on the disparities in access to healthcare faced by
133 individuals with disabilities in the ~~state~~ Commonwealth of Virginia.

134 **5) 24-205 EXPANSION OF MEDICARE OPEN ENROLLMENT**

135 RECOMMENDATION:

136 Madame Speaker, your Reference Committee recommends that **Resolution 24-205 be Adopted As**
137 **Amended.**

138 *RESOLVED, that MSV supports legislation and regulations that would identify a transition back to*
139 *Traditional Medicare and Medicare Supplement and away from Medicare Advantage.*

140 Your Reference Committee heard supportive testimony regarding the negative impact of Medicare
141 Advantage on patients.

142 Your Reference Committee received no opposing testimony.

143 Your Reference Committee discussed the shortened enrollment period and the impact on patient
144 coverage, care, and supplemental payment options, and anecdotal evidence on the enrollment
145 experience.

146 Accordingly, your Reference Committee recommends that Resolution 24-205 be Adopted As Amended:

147 ~~RESOLVED, the MSV supports legislation and regulations that would identify a transition back to~~
148 ~~Traditional Medicare and Medicare Supplement and away from Medicare Advantage, allow for year-round~~
149 ~~open enrollment and guaranteed issue clauses for traditional Medigap plans.~~

150 **6) 24-206 HEALTHCARE FOR PEOPLE WHO ARE INCARCERATED**

151 RECOMMENDATION:

152 Madame Speaker, your Reference Committee recommends that **Resolution 24-206 be Adopted As**
153 **Amended.**

154 *RESOLVED, that the Medical Society of Virginia supports efforts to provide high quality, routine,*
155 *protective and accessible healthcare to people who are and have previously been incarcerated, and be it*
156 *further*

157 *RESOLVED, that the Medical Society of Virginia is against the cruel and unusual punishment of people*
158 *who are incarcerated and supports livable and safe conditions for all those who are incarcerated, and be*
159 *it further*

160 *RESOLVED, that the Medical Society of Virginia supports providing medical students with access to*
161 *specialized training focused on healthcare for individuals who are currently or formerly have been*
162 *incarcerated.*

163 Your Reference Committee heard supportive testimony for policies to address the lack of medical care
164 received by incarcerated persons in Virginia. Your Reference Committee discussed whether medical
165 students in Virginia are exposed to supervised clinical training. Your Reference Committee heard
166 testimony in support of the efforts of the MSS on this Resolution.

167 Your Reference Committee discussed ongoing litigation against state correctional institutions. Your
168 Reference Committee commended the work of the medical student section on identifying and addressing
169 the issue, solution, and policy language. Your reference committee discussed an amendment offered
170 during testimony and further discussed the relevance of maintaining the second Resolved Clause as
171 submitted. Your Reference Committee discussed that cruel and unusual punishment includes, but is not
172 limited to, the denial of healthcare, but narrowing the language would not capture the original intent of the
173 Resolution. Your Reference Committee considered the constitutional implications of failing to provide
174 required healthcare to incarcerated persons. Your Committee also discussed the didactic learning for
175 students experiencing care management of incarcerated individuals.

176 Accordingly, your Reference Committee recommends that Resolution 24-206 be Adopted as Amended:

177 RESOLVED, that the Medical Society of Virginia supports efforts to provide access to high quality,
178 ~~routine, protective and accessible~~ healthcare ~~to~~ for people who experience incarceration or have
179 experienced incarceration ~~are and have previously been incarcerated~~, and be it further

180 RESOLVED, that the Medical Society of Virginia opposes ~~is against~~ the cruel and unusual punishment of
181 people who are incarcerated and supports livable and safe conditions for all those who are incarcerated,
182 and be it further,

183 RESOLVED, that the Medical Society of Virginia supports providing medical students with access to
184 specialized training focused on healthcare for individuals who are currently or formerly experiencing
185 incarceration, ~~have been incarcerated~~.

186 **7) 24-207 STOP THE BLEED TRAINING IN MEDICAL SCHOOLS**

187 RECOMMENDATION:

188 Madame Speaker, your Reference Committee recommends that Resolution 24-207 **be Adopted**

189 *RESOLVED, that the MSV supports implementation of Stop the Bleed Training in Virginia medical school*
190 *curricula.*

191 Your Reference Committee heard supportive testimony regarding the necessity for medical students to
192 participate in Stop the Bleed training that evidence suggests reduces the number of fatal hemorrhages in
193 the event of trauma. Your Reference Committee heard testimony in support of a language change from
194 mandating the training to supporting adoption at individual institutions with the support of the MSV. Your
195 Reference Committee also discussed potential training equivalencies that currently exist in medical
196 education.

197 Online comments were received for this resolution. One comment expressed support for adding high
198 school curricula requirements to the resolution. Other comments opposed a mandate on medical schools
199 citing that medical schools recognize the importance of disaster and emergency preparedness currently
200 and without a mandate. Another comment suggested that the training should be “strongly encouraged” in
201 medical schools.

202 Your Reference Committee discussed the current interest of the leadership of the institutions of medical
203 education to incorporate Stop the Bleed into their curriculum, the nature of the trainings, and the learning
204 outcome. Your Reference Committee discussed the potential need for additional review by the Board
205 before adopting policy endorsing a mandate for training integrated into medical education before
206 considering the testimony encouraging permissive language instead of mandatory direction.

207 Accordingly, your Reference Committee recommends that Resolution 24-207 be Adopted.

208 **8) 24-208 PROFESSION OF MEDICINE**

209 RECOMMENDATION:

210 Madame Speaker, your Reference Committee recommends that **Resolution 24-208 be Not Adopted.**

211 *RESOLVED, that the profession of medicine be moved to the Code of Virginia where rules, regulations,*
212 *with penalties and exceptions can be described.*

213 Your Reference Committee heard no testimony in support of the resolution.

214 Your Reference Committee heard testimony in opposition to this resolution regarding potential issues
215 providers may face if the practice of medicine is codified.

216 An online comment was received for this resolution. The comment expressed opposition for the resolution
217 on the grounds that moving the practice of medicine to the Virginia Code would result in complete
218 legislative control of the practice.

219 Your Reference Committee discussed the precedent for the resolution, the well-intentioned spirit, and its
220 history in the MSV House of Delegates.

221 Accordingly, your Reference Committee recommends that Resolution 24-208 be Not Adopted.

222 **9) 24-209 PROPOSAL FOR REMOVAL OF COPN LAWS IN VIRGINIA**

223 RECOMMENDATION:

224 Madame Speaker, your Reference Committee recommends that **MSV Policy 30.4.04 Be Amended In**
225 **Lieu Of Resolution 24-209.**

226 *RESOLVED, that MSV strongly supports and encourages legislation to completely repeal Virginia's*
227 *Certificate of Public Need laws which restrict access to patient care, increase healthcare costs and serve*
228 *no useful purpose for the betterment of healthcare.*

229 Your Reference Committee heard supportive testimony regarding evidence-based care and the dangers
230 that COPN laws introduce to patients through the restriction of the free market system, as this results in
231 increased costs for patients. Your reference committee heard comments regarding the current work of
232 the State Health Services Plan Task Force and the necessity of its work in Virginia, with the
233 understanding of the political difficulties surrounding COPN laws

234 Your reference committee heard testimony in opposition requesting reaffirmation of current MSV policy

235 Your Reference Committee discussed free market economic principles. Your Reference Committee
236 considered testimony that supports COPN reform and charity care requirements. Your Committee
237 discussed the history of the issue before the General Assembly and what MSV's current position would

238 be to different legislative scenarios without amending the policy. Your Committee discussed the
239 practicality of other states COPN reform and repeal measures. Your Committee discussed the concerns
240 and position of Virginia's hospital systems.

241 Accordingly, your Reference Committee recommends that Resolution 24-209 be Amend MSV Policy
242 30.4.04 In Lieu Of Adoption

243 30.4.04- MSV COPN Policy

244 The Medical Society of Virginia supports the deregulation of COPN. The Medical Society of Virginia will
245 consider supporting individual COPN legislation on a case-by-case basis, including repeal, with decision
246 for approval derived from previously adopted principles of patient safety and access to quality, affordable
247 healthcare. The Medical Society of Virginia continues to support the economic viability of Virginia's
248 academic health centers. Newly deregulated services should be required to meet a charity care
249 commitment as well as recognized standards of accreditation or quality.

250 **10) 24-210 TRANSGENDER HORMONAL TREATMENT AND SURGERIES FOR MINORS**

251 RECOMMENDATION:

252 Madame Speaker, your Reference Committee recommends that **Resolution 24-210 be Not Adopted.**

253 *RESOLVED, that the MSV opposes transgender both hormonal and surgical procedures on persons 18*
254 *years of age and younger.*

255 Your Reference Committee heard supportive testimony regarding MSV's commitment to safe, evidence-
256 based care within a larger discussion of the evidence and citations brought before the committee. Your
257 reference Committee heard supportive testimony regarding the current therapies and interventions that
258 exist specific to youth experiencing gender dysphoria and protections against discrimination for patients
259 seeking gender-affirming care. Your reference committee heard supportive testimony regarding a request
260 to the staff or the Board of Directors to conduct further research on this topic with respect to the
261 Hippocratic oath. Your Reference Committee also heard opposing testimony aligning concerns to do no
262 harm, and that not offering gender-affirming care may result in that harm to patients.

263 Your Reference Committee heard concerns on the capacity of minors to give informed consent and the
264 need for legal protections for persons under 18 years of age.

265 Your Reference Committee heard evidence on the standard of care that incorporates extensive
266 consultations and evaluations with respect to the provider-patient relationship. Testimony was supportive
267 of physicians being equipped to make necessary decisions agreed upon by physicians, their patients, and
268 those families.

269 Your Reference Committee heard extensive comments regarding potential physiological and
270 psychological risks, unintended consequences, and long-term effects and heard discussion on the claims
271 of patients de-transitioning after undergoing gender affirming therapies.

272 Your Reference Committee discussed the role of the Medical Society as a professional association and
273 how the policy as written conflicts with existing MSV policies 05.4.01, 25.1.04, 25.3.01, and 25.3.02. Your
274 Reference Committee discussed the data presented before the Committee. Your Reference Committee

275 discussed the extensive testimony before the Committee and gave great consideration on the impact to
276 the medical specialties incorporated in the discussion due to the nature of the policy.

277 Your Reference Committee discussed the potential actions that could be taken by the Committee at
278 length. Your Reference Committee considered the potential involvement of the staff and the Board of
279 Directors if Referred.

280 Your Reference Committee discussed how recommending Not to Adopt is neither a position of support or
281 opposition, but rather a decision based on extensive discussion on the role of the Medical Society and the
282 direct conflict with existing policies.

283 Accordingly, your Reference Committee recommends that Resolution 24-210 be Not Adopted.

284 **11) 24-211 RESOLUTION TO SAVE RESOURCES IN THE PERIOPERATIVE ARENA**

285 RECOMMENDATION:

286 Madame Speaker, your Reference Committee recommends that **Resolution 24-211 be Adopted As**
287 **Amended.**

288 *RESOLVED, that the MSV supports patient retention of any unused medication administered during a*
289 *surgical procedure or appointment upon discharge when the medication is required for continued*
290 *treatment.*

291 Your Reference Committee heard supportive testimony regarding medical waste produced in hospitals,
292 OSHs, and physician's offices, will save money and reduce waste

293 Your Reference Committee considered what non-surgical procedures would be excluded with the
294 language as submitted. Your Committee discussed potential language amendments with consideration to
295 the broader issue around medical waste.

296 Accordingly, your Reference Committee recommends that Resolution 24-211 be Adopted As Amended.

297 RESOLVED, that the MSV supports patient retention, when appropriate, of any unused medication
298 administered during a ~~surgical procedure~~ medical encounter or appointment ~~upon discharge~~ when the
299 medication is required for that patient's continued treatment.

300 **12) 24-212 RESOLUTION SUPPORTING INNOVATIVE MODELS OF PRIMARY CARE**

301 RECOMMENDATION:

302 Madame Speaker, your Reference Committee recommends **Reaffirmation Of Policy 10.3.08 In Lieu Of**
303 **Resolution 24-212.**

304 *RESOLVED, that the MSV supports the growth and development of innovative models of primary care*
305 *delivery and payment with the potential to re-establish the direct relationship between patients and their*

306 *physician while providing affordable, accessible, quality care and maintaining physician autonomy, and be*
307 *it further*

308 *RESOLVED, that the MSV supports legislation to enable the growth and development of physician-led*
309 *innovative primary care practice models as part of the overall solution to the healthcare system problems*
310 *in the US, and be it further*

311 *RESOLVED, that the MSV supports the efforts of physician-led innovative primary care practice models*
312 *to create financial independence for primary care practices from the third-party payer system.*

313 Your Reference Committee heard supportive testimony regarding the innovative primary care practice
314 models and the necessity of supporting innovation to fix the primary care issues faced by physicians.

315 Your Reference Committee heard no opposing testimony.

316 Your Reference Committee discussed the support and provisions of existing policy that captures the
317 background presented in this Resolution.

318 Accordingly, your Reference Committee recommends that MSV Policy 10.3.08 be Reaffirmed In Lieu Of
319 Adoption of Resolution 24-212.

320 10.3.08- Free-Market

321 The Medical Society of Virginia endorses a plurality of health care delivery and financing systems in a
322 free market setting.

323 **13) 24-213 HEALTHCARE PROTECTIONS FOR IN VITRO FERTILIZATION**

324 RECOMMENDATION:

325 Madame Speaker, your Reference Committee recommends that **MSV Policy 25.1.04 Be Amended In**
326 **Lieu Of Resolution 24-213.**

327 *RESOLVED, that MSV opposes legislative or regulatory restrictions on access to IVF.*

328 Your reference committee heard supportive testimony regarding IVF and its impact for those individuals
329 facing infertility.

330 Your Reference Committee received no opposing testimony.

331 Your Reference Committee discussed broadening the language to other reproductive technologies in
332 addition to IVF as written in the resolution.

333 Accordingly, your Reference Committee recommends Amending MSV Policy 25.1.04 In Lieu Of Adoption.

334 25.1.04- Opposing Legislative Efforts to Restrict the Provision of Reproductive Health Services

335 The Medical Society of Virginia opposes any government mandated efforts to restrict the provision of
336 medically appropriate care, as decided by the physician and patient, in the management of reproductive
337 health.

338 Comprehensive reproductive health services ~~include~~ include including assisted reproductive technology such as
339 in vitro fertilization (IVF), the provision of contraception, or abortion.

340 The Medical Society of Virginia further opposes efforts which criminalize or impose civil penalties for
341 obtaining or providing evidence-based reproductive health services or enforce medically unnecessary
342 standards on healthcare providers and clinics that in turn make it economically or physically difficult for
343 healthcare providers and clinics to provide services.