DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2025 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. Bobbie Sperry, Chair

Present Members: Dr. Alexandra Leader, Dr. Razi Ali, Dr. Marie Sankaran-Raval, Dr. Bhushan Pandya, Dr. Adegbenga Bankole, Dr. David Fosnocht, Dr. Larry Mitchell, Dr. Stuart Henochowicz, Dr. Mark Kleiner, Rohan Rathi

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The Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION
25-101: MSV Proposed 2025 Budget
25-103: Amending MSV Bylaws to Provide Further Clarity on Membership Types, Voting Privileges, and Lifetime Membership
25-105: Protect Immigrants From Discrimination
25-115: Resolution to Amend MSV Policy 40.22.02 - State Funding for Childhood Vaccines

RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED
25-102: MSV 2025 Policy Compendium Ten Year Review
25-104: Protecting Patients' Access to Safe and Effective Vaccines
25-109: Regulating Private Equity in the Healthcare Market
25-111: Prioritizing Child Safety in Custody Decisions
25-112: Incorporating Critical Medical Treatment Planning into Emergency/Disaster Preparedness

RECOMMENDED FOR NOT ADOPTION
25-107: Resolution to Transition Virginia Medicaid from a Managed Care Organizations to a Managed Fee for Service Program

RECOMMENDED FOR AMENDMENT TO CURRENT POLICY IN LIEU OF
25-114: Achieving Parity in Reimbursement for Emergency Department on Call Coverage for Specialty Physicians/Practices

REAFFIRMIRMATION OF EXISTING POLICY IN LIEU OF
25-106: Resolution Condemning Forced Organ Harvesting in China – Reaffirm MSV Policy *5.4.04 - Organ Harvesting Without Consent*
25-108: Medical Society of Virginia Endorsement of the 2025 Medicare for All Act – Reaffirm MSV Policy *10.3.17 - Guidelines for Health Care System Reform*
25-110: A Resolution on Self Defense for Domestic Violence Victims – Reaffirm MSV Policy *40.23.01 - Anti-Domestic Violence Statement*
25-113: Adopting the Definition of Anti-Palestinian Racism and Recognizing its Impact on Mental and Physical Health – Reaffirm *MSV Policy 5.4.01 - Access without Discrimination*

1) 25-101 MSV PROPOSED 2026 BUDGET

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends that **Resolution 25-101 be Adopted.**

This resolution presents the 2026 budget for the Medical Society of Virginia as approved by the MSV Finance Committee, the MSV Executive Committee, and the MSV Board of Directors.

No testimony was heard by your Reference Committee.

Your Reference Committee discussed their content with the MSV's fiscal prudence and the excellent presentation by the Secretary-Treasurer.

Accordingly, your Reference Committee recommends that Resolution 25-101 be Adopted.

2) 25-102 2025 MSV POLICY COMPENDIUM 10-YEAR REVIEW

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends that **Resolution 25-102 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 suggesting archiving policy number 40.20.06 - Sales/Smoking in Health Care Facilities.

Online comments were received for this resolution. Comments suggested amending policies 40.15.05 and 40.21.03, and archiving policy 40.20.06.

Your Reference Committee discussed the amendment of the 10-year review to include archiving 40.20.06.

Accordingly, your Reference Committee recommends that Resolution 25-102 be Adopted as Amended.

Policy for Archive

40.20.06 - Sales/Smoking in Health Care Facilities

Date: 11/4/1995

The Medical Society of Virginia recommends that hospitals and health care facilities in the Commonwealth of Virginia prohibit the sale of tobacco products through gift shops, vending machines or other patient and visitor services, and that smoking in hospitals by employees, medical staff, patients, and visitors be prohibited and/or regulated in a manner consistent with the health care mission of the provider.

3) 25-103 AMEDNING MSV BYLAWS TO PROVIDE FURTHER CLARITY ON MEMBERSHIP TYPES, VOTING PRIVELEDGES, AND LIFETIME MEMBERSHIP

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends that **Resolution 25-103 be Adopted.**

RESOLVED, that the Medical Society of Virginia House of Delegates amend current bylaws as specified in the provided draft to provide further clarity on membership types, voting privileges, and lifetime membership.

Your Reference Committee heard testimony from the Chair of the Bylaws Committee concerning the need for these administrative bylaws changes.

Your Reference Committee heard supportive testimony regarding the bylaw's changes, and the history of such changes.

Your Reference Committee heard testimony regarding the Board membership makeup and categories of membership, specifically out of state membership.

No oppositional testimony was heard by your Reference Committee.

There was no discussion by your Reference Committee.

Accordingly, your Reference Committee recommends that Resolution 25-103 be Adopted.

4) 25-104 PROTECTING PATIENTS' ACCESS TO SAFE AND EFFECTIVE VACCINES

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends that **Resolution 25-104 be Adopted as Amended.**

RESOLVED, that the Medical Society of Virginia endorses the use of vaccines to prevent communicable disease in appropriate population groups as recommended by national specialty societies including the American Academy of Pediatrics, the American College of Obstetrics and Gynecology, the Infectious Diseases Society of America, and the American College of Physicians, and the American Academy of Family Physicians; and be it further

RESOLVED, that the Medical Society of Virginia (MSV) urges the State of Virginia to adopt regulations allowing pharmacies to provide vaccines "off label" without prescription, provided such vaccinations are administered in accordance with evidence-based guidelines or recommendations published by one of the above national specialty societies; and be it further,

RESOLVED, that the Medical Society of Virginia encourage all other Virginia health professionals and their societies to join the MSV in endorsing the use of vaccines to prevent communicable disease in appropriate population groups as recommended by the above-listed national specialty societies.

Your Reference Committee heard supportive testimony regarding the importance of ensuring vaccine access and removing barriers to that access. Your Reference Committee heard supportive testimony regarding the physician-patient relationship and how vaccine access is part of that relationship.

Your Reference Committee heard oppositional testimony regarding the duplicity of resolutions being considered. Your Reference Committee heard oppositional testimony regarding the safety and efficacy of vaccines. Your Reference Committee heard oppositional testimony regarding the resolution and how such resolution may infringe on the physician-patient relationship.

Your Reference Committee heard testimony suggesting technical amendments.

Online comments were received for this resolution. One comment suggested clarifying the "vaccines "off label"" language. Comments discussed concerns over the potential varying vaccine recommendations, and the importance of preserving vaccine access. One comment also recommended added a resolved clause stating that all vaccine providers are required to report all vaccines to the state vaccine registry.

Your Reference Committee discussed the similarities between resolution 25-104 and 25-115. Your Reference Committee considered whether separate vaccine policies were necessary for patient populations based on age and concluded that having separate policies for adults and children is prudent. Your Reference Committee considered the merits of the inclusion of external bodies, such as AAP and AAFP, within the resolution language. Your Reference Committee discussed the importance of vaccine access and vocalized concerns with the reference to pharmacists and “off-label” use within the language.

Accordingly, your Reference Committee recommends that Resolution 25-104 be Adopted as Amended.

RESOLVED, that the Medical Society of Virginia endorses the ~~use of vaccines to prevent communicable disease in appropriate population groups as recommended by~~ evidence-based recommendations of national specialty societies including the American Academy of Pediatrics, the American College of Obstetrics and Gynecologists, the Infectious Diseases Society of America, the American College of Physicians, and the American Academy of Family Physicians for the use of vaccines to prevent communicable disease in appropriate population groups.; ~~and be it further~~

~~RESOLVED, that the Medical Society of Virginia (MSV) urges the State of Virginia to adopt regulations allowing pharmacies to provide vaccines “off label” without prescription, provided such vaccinations are administered in accordance with evidence-based guidelines or recommendations published by one of the above national specialty societies; and be it further,~~

~~RESOLVED, that the Medical Society of Virginia encourage all other Virginia health professionals and their societies to join the MSV in endorsing the use of vaccines to prevent communicable disease in appropriate population groups as recommended by the above-listed national specialty societies.~~

5) 25-105 PROTECTING IMMIGRANTS FROM DISCRIMINATION

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends that **Resolution 25-105 be Adopted.**

RESOLVED, that our MSV amend Policy 05.4.01 as follows:

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, income, sexual orientation, ~~or~~ gender identity or expression, or immigration status.

Your Reference Committee heard supportive testimony regarding immigration status and the effect that status has on health care access. Your Reference Committee heard supportive testimony regarding the

importance of preserving access to healthcare. Your Reference Committee heard supportive testimony regarding federal immigration reform and how that reform relates to the protected rights of immigrants.

Your Reference Committee heard oppositional testimony regarding the legal status of patients and how this resolution may complicate the billing requirements related to legal status. Your Reference Committee heard oppositional testimony regarding the numerous amendments already made to the current MSV policy and how those amendments may contradict the original goal of the resolution. Your Reference Committee heard oppositional testimony regarding immigration healthcare laws in other countries.

Online comments were received for this resolution. One comment suggested that the current MSV policy is already sufficiently achieving the resolution's goals. Another comment also raised concerns regarding the administrative issues related to not collecting immigration status.

Your Reference Committee discussed the current political environment and how this necessitates the need to add immigration status as an additional patient demographic identifier within existing MSV policy.

Accordingly, your Reference Committee recommends that Resolution 25-105 be Adopted.

6) 25-106 RESOLUTION CONDEMNING FORCED ORGAN HARVESTING IN CHINA

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends **Reaffirmation of Policy 05.4.04 in Lieu of Resolution 25-106.**

RESOLVED, that the Medical Society of Virginia (MSV) condemns the practice of forced organ harvesting in China and elsewhere as an egregious violation of medical ethics and human rights; and be it further

RESOLVED, that the MSV delegation to the American Medical Association (AMA) submit a resolution urging the AMA to (1) adopt policy explicitly condemning forced organ harvesting in China, (2) support U.S. and international efforts to hold perpetrators accountable, including H.R. 1154 and H.R. 1540, and (3) discourage cooperation with Chinese transplant professionals and institutions until verifiable transparency and ethical standards are established; and be it further

RESOLVED, that MSV encourage Virginia physicians to educate patients on the ethical risks of seeking overseas transplants, particularly in China, and to support human rights–based medical practices globally.

Your Reference Committee heard oppositional testimony citing the fact that the AMA has already acted on this issue. Your Reference Committee heard oppositional testimony suggesting the resolution be amended and updated to be more applicable to a broader scope.

No supportive testimony was heard by your Reference Committee.

An online comment was received for this resolution. The comment expressed that current MSV policy is already sufficient to address the goal of the resolution, and that the AMA has already adopted a report condemning forced organ harvesting in China.

Your Reference Committee discussed the impetus of the resolution and the applicability of the current MSV Policy 05.4.04. Additionally, your Reference Committee discussed the unnecessarily narrow scope of the resolution language as proposed, specifically identifying a single country.

Accordingly, your Reference Committee recommends that MSV Policy 05.4.04 be Reaffirmed In Lieu Of Resolution 25-106.

MSV Policy 05.4.04 - Organ Harvesting Without Consent

The Medical Society of Virginia opposes unethical organ harvesting practices and fully supports prosecution of those found to have committed such offenses or assisted in procurement and transportation of human tissues or organs that were obtained without consent.

7) 25-107 RESOLUTION TO TRANSITION VIRGINIA MEDICAID FROM MANAGED CARE ORGANIZATIONS TO A MANAGED FEE FOR SERVICE PROGRAM

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends that **Resolution 25-107 be Not Adopted.**

RESOLVED, that the Medical Society of Virginia supports legislation to transition Virginia Medicaid from Managed Care Organizations to a state-administered managed fee-for-service program; and be it further,

RESOLVED, that the Medical Society of Virginia urges the Virginia General Assembly to enact legislation ending MCO contracting, implementing direct state payments to providers, and establishing primary care–based care coordination, modeled after successful reforms in Connecticut; and be it further,

RESOLVED, that the Medical Society of Virginia shall advocate for this transition to reduce costs, improve transparency, strengthen physician participation, and enhance health outcomes for Medicaid beneficiaries in the Commonwealth.

Your Reference Committee heard supportive testimony regarding the need to address administrative costs and burdens faced by physicians and their patients, and the potential saving moving to a managed fee-for-service model may introduce. Your Reference Committee heard supportive testimony regarding proposed amendments.

Your Reference Committee heard oppositional testimony regarding the administrative burdens faced by MCOs and how MCOs help to relieve that stress from states in a positive manner.

Online comments were received for this resolution. Comments suggested this resolution may be a step towards ending Medicare Advantage, and that moving away from MCO plans may be too resource-heavy for Virginia to manage. One comment also suggested an alternative resolved clause aimed at exploring potential costs, savings, and administrative processes to transition Virginia Medicaid from managed care to a single payor.

Your Reference Committee discussed the mechanisms of fee-for-service models and the associated cost burdens. Your Reference Committee discussed the possibilities of the authors proposing that the MSV pursue a study to review transitioning from an MCO model to a managed fee-for-service model. Staff and counsel advised the Reference Committee on the decades-long transition from a fee-for-service model to an MCO model in Virginia and the possibility that reverting back to fee for service may result in additional Medicaid expenditures on the administration of the program as opposed to the benefits for patients.

Accordingly, your Reference Committee recommends that Resolution 25-107 be Not Adopted.

8) 25-108 MEDICAL SOCIETY OF VIRGINIA ENDORSEMENT OF THE 2025 MEDICARE FOR ALL ACT

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends **Reaffirmation of Policy 10.3.17 in Lieu of Resolution 25-108.**

RESOLVED, by the House of Delegates of the Medical Society of Virginia: 1. That the General Assembly of Virginia endorses the enactment of comprehensive, universal health care coverage for all residents of the United States and specifically supports the Medicare for All Act of 2025 (H.R. 3421 & S. 1506). 2. That the General Assembly respectfully calls upon the United States Congress to adopt this legislation and ensure that Virginians, along with all Americans, have access to guaranteed, comprehensive, and affordable health care. 3. That the General Assembly acknowledges and thanks the Medical Society of Virginia for its support of this resolution and its ongoing advocacy for universal health care access. 4. That the Clerk of the House of Delegates transmit copies of this resolution to the President of the United States, the Speaker of the U.S. House of Representatives, the Majority Leader of the U.S. Senate, and the members of Virginia's Congressional delegation, so that they may be apprised of the sense of the General Assembly of Virginia in this matter.

Your Reference Committee heard supportive testimony regarding the importance of Medicare for all due to the increasing costs of care faced by patients and the need for equity in that space. Your Reference Committee heard supportive testimony regarding private insurance and the importance of physicians advocating for greater healthcare access for their patients.

Your Reference Committee heard oppositional testimony regarding the issues compelling an external body to act may cause and the associated burdens. Your Reference Committee heard oppositional testimony regarding the potential risks to a physician's autonomy and decision making that Medicare for all may create. Your Reference Committee heard oppositional testimony regarding the risks of citing specific legislation within the resolution. Your Reference Committee heard oppositional testimony regarding how federal legislation has contributed to cost increases to patients.

Online comments were received for this resolution. One comment suggested that MSV already has sufficient policy supporting universal healthcare, and that blanket endorsement of legislation may be problematic due to future amendments. The comment also pointed out that resolved clause 1 exceeds the purview of the Virginia General Assembly. Your Reference Committee heard oppositional testimony regarding the narrow scope of the resolution.

Your Reference Committee discussed the AMA's current policies relating to universal healthcare. Additionally, you Reference Committee reviewed the extensive existing MSV policy concerning the principles and guidelines for health care system reform and how the resolution as introduced concurs with current policy in some aspects, while directly conflicting with it in other aspects. The Reference Committee thought a future resolution amending MSV Policy 10.3.17 may be a more appropriate vehicle for achieving the intentions of the author.

Accordingly, your Reference Committee recommends that MSV Policy 10.3.17 be Reaffirmed In Lieu Of Resolution 25-108.

MSV Policy 10.3.17 - Guidelines for Health Care System Reform

The Medical Society of Virginia adopts the following guidelines for health care system reform:

1. Every individual should be required to have an insurance policy that meets individual and family needs. The health care system should be structured so as to encourage the individual purchase of insurance, which may include public, private and/or employer-based incentives.

2. All Virginians should be granted access to essential health care through a defined minimum benefit package.

3. Universal health care should be provided that encourages and emphasizes the responsibility of the individual.

4. Government programs should provide assistance to those unable to provide coverage for themselves or their families. Public financial support for the indigent should be provided through appropriate patient vouchers, incentives and tax credits for the purchase of health insurance.

5. All reform should include Medicare, Medicaid and federal employee health benefits programs. The Medicaid program should be reformed and/or replaced with an alternative system designed to provide benefits to persons at or below the poverty level.

6. The health insurance market should be reformed to increase availability of affordable health insurance options. These reforms should include:

• community based rating

• creation of state risk pools

• elimination of waiting periods and pre-existing condition clauses

• approved health benefit insurance options

• greater emphasis on providing coverage for catastrophic, long term and preventive care

• portability of coverage

7. The health care system should place increased emphasis upon the patient's responsibility for his/her health and insurance premiums should be structured to encourage healthy lifestyles and preventive care. Individuals should be encouraged and rewarded for healthy behaviors (e.g., reduced consumption of alcohol and tobacco, use of seat belts, healthy eating habits and body weight, consistent exercise).

8. Costs and quality should be controlled in part by ensuring that appropriate medical procedures are delivered in a cost effective manner. This can be accomplished through:

• the development and appropriate use of professionally developed practice parameters

• enactment of meaningful tort reform to reduce costs associated with the defensive practice of medicine

• providing immunity to physicians who withdraw or withhold care appropriately deemed to be medically futile by an interdisciplinary ethics committee • administrative efficiencies

• regulatory reform.

9. Quality of care is paramount in the doctor/patient relationship and should be promoted by:

• appropriate initial and continuing physician education programs

• credentialing of physicians subject to any willing provider provisions • encouraging the ethical practice of medicine

• eliminating economic disincentives to provide appropriate care

• appropriate quality assurance mechanisms

10. The patient should be encouraged to base health care decisions on value considerations. Value competition in the health care marketplace should be enhanced by:

• creating easily accessible sources (public and/or private) of information regarding the fees and qualifications of physicians and other health care providers

• requiring physicians and other health care providers to release price information upon request prior to treatment

• encouraging the voluntary release of fee information when feasible

11. Administrative costs should be reduced, and the fairness and appropriateness of coverage decisions should be improved by:

• requiring all third-party payers to use a uniform claims form

• requiring professional development and universal use of one set of medical necessity and utilization review screening criteria by all third-party payers

• eliminating unnecessary regulation and/or streamlining cumbersome regulation of physicians and other health care providers.

9) 25-109 REGULATING PRIVATE EQUITY IN THE HEALTHCARE MARKET

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends that **Resolution 25-109 be Adopted as Amended.**

RESOLVED, that the Medical Society of Virginia support legislation to regulate the acquisition of physician practices, hospitals, and other healthcare facilities by private equity entities, including increased transaction transparency and investor liability, and

RESOLVED, that the Medical Society of Virginia support legislation to restrict the sale of healthcare facilities to real estate investment trusts or other entities that directly threaten the financial solvency and accessibility of those healthcare institutions.

Your Reference Committee heard supportive testimony regarding the need to address the threats private equity poses to physicians and patients. Your Reference Committee heard supportive testimony regarding corporate practice of medicine laws.

Your Reference Committee heard testimony regarding potential amendments.

No oppositional testimony was heard by your Reference Committee.

Your Reference Committee discussed the meaning of the word “regulating” and the scope of that term, and whether any regulatory bodies already exist within the state that regulate private equity acquisition in healthcare. Your Reference Committee discussed the types of healthcare entities that would be affected by the resolution, and the potential negative externalities associated with private equity acquisition of such facilities. Your Reference Committee discussed the potential consequence of regulating acquisitions, specifically as it may open the door for the licensure and regulation of physician practices. Your Reference Committee considered potential amendments to broaden the scope of the resolution to address the corporate practice of medicine.

Accordingly, your Reference Committee recommends that Resolution 25-109 be Adopted as Amended.

RESOLVED, that the Medical Society of Virginia supports regulating the corporate practice of medicine. ~~*support legislation to regulate the acquisition of physician practices. Hospitals, and other healthcare facilities by private equity entities, including increased transparency and investor liability, and*~~

~~*Resolved, that the Medical Society of Virginia support legislation to restrict the sale of healthcare facilities to real estate investment trusts or other entities that directly threaten the financial solvency and accessibility of those healthcare institutions.*~~

10) 25-110 A RESOLUTION ON SELF DEFENSE FOR DOMESTIC VIOLENCE VICTIMS

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends **Reaffirmation of MSV Policy 40.23.01 in Lieu of Resolution 25-110.**

RESOLVED, that the Medical Society of Virginia supports supplying victims of domestic violence, who are granted domestic violence restraining orders, weapons and training for self-defense. The type of weapons or self defense will, of course, be subject to the victim's preferences and comfort level.

Your Reference Committee heard supportive testimony regarding the applicability of the resolution to a wide range of solutions to address domestic violence and current MSV policy on domestic violence.

Your Reference Committee heard oppositional testimony regarding the risks to women that this resolution may create and suggested potential amendments. Your Reference Committee heard oppositional testimony regarding the dangers that firearms and weapons pose in domestic violence situations.

An online comment was received for this resolution. The comment suggested amending the resolved clause to mitigate any potential misinterpretation of the resolution by adding additional clarifying language.

Your Reference Committee discussed the current MSV policies applicable to the resolution. Your Reference Committee discussed the benefits of increasing the resources available to those affected by domestic violence, but felt that the solution suggested by the resolution as submitted may not be the most efficacious in the interest of public health and public safety.

Accordingly, your Reference Committee recommends that MSV Policy 40.23.01 be Reaffirmed In Lieu Of Resolution 25-110.

MSV Policy 40.23.01 - Anti-Domestic Violence Statement

The Medical Society of Virginia opposes any type of domestic violence and supports the inclusion of educational material regarding resources, criminal laws, and prevention in government publications related to marriage and families.

11) 25-111 PRIORITIZING CHILD SAFETY IN CUSTODY DECISIONS

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends that **Resolution 25-111 be Adopted as Amended.**

RESOLVED, that MSV support legislative efforts to strengthen child custody laws in a manner that prioritizes child safety in cases of family violence, including but not limited to the use of qualified expertise, evidence-based practices, trauma-informed training, and consideration of prior abuse in child custody cases.

Your Reference Committee heard supportive testimony regarding the need for evidence-based standards to protect children from abuse.

No oppositional testimony was heard by your Reference Committee

Your Reference Committee discussed a friendly amendment to broaden the scope of the resolution and not needlessly restrict the MSVs support solely to the vehicle of legislation, as regulations may also be an appropriate vehicle for change in this policy space.

Accordingly, your Reference Committee recommends that Resolution 25-111 be Adopted as Amended.

RESOLVED, ~~that~~ the MSV support~~s~~ ~~legislative efforts to~~ strengthen~~ing~~ child custody laws in a manner that prioritizes child safety in cases of family violence, including but not limited to the use of qualified expertise, evidence-based practices, trauma-informed training, and consideration of prior abuse in child custody cases.

12) 25-112 INCORPORATING CRITICAL MEDICAL TREATMENT PLANNING INTO EMERGENCY / DISASTER PREPAREDNESS

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends that **Resolution 25-112 be Adopted as Amended**

RESOLVED, that the Medical Society of Virginia (MSV) advocate for the Virginia Delegation to the American Medical Association (AMA) to introduce a resolution urging the AMA to develop model state legislation and guidelines for incorporating critical medical treatment planning into emergency/disaster preparedness plans, including but not limited to dialysis treatments, chronic oxygen therapy, chemotherapy, and radiation therapy, and be it further

RESOLVED, that the MSV support interdisciplinary cooperative planning agreements involving city/regional authorities, hospitals, physicians, medical equipment providers, and transportation companies to ensure continuity of critical medical treatments during emergencies.

Your Reference Committee heard supportive testimony regarding the importance of having specific MSV policy and how that supports the work of the Virginia AMA delegation. Your Reference Committee heard supportive testimony regarding the necessity of disaster planning and preparedness and how that planning and preparedness positively impacts patients. Your Reference Committee heard supportive testimony regarding incorporating disability considerations into disaster planning.

No oppositional testimony was heard by your Reference Committee.

Your Reference Committee discussed amending the resolution to broaden the scope and applicability and not needlessly limit the MSV's support to specific treatment modalities and / or facility type. Your Reference Committee discussed testimony that mentioned that the resolution didn't include services for the disabled and remarked that this is further evidence of the need to amend the resolution to not needlessly limit its scope.

Accordingly, your Reference Committee recommends that Resolution 25-112 be Adopted as Amended.

RESOLVED, that the Medical Society of Virginia (MSV) advocate for the Virginia Delegation to the American Medical Association (AMA) to introduce a resolution urging the AMA to develop model state legislation and guidelines for incorporating critical medical treatment planning into emergency/disaster preparedness plans~~, including but not limited to dialysis treatments, chronic oxygen therapy, chemotherapy, and radiation therapy~~, and be it further

RESOLVED, that the MSV support interdisciplinary cooperative planning agreements ~~involving city/regional authorities, hospitals, physicians, medical equipment providers, and transportation companies~~ to ensure continuity of critical medical treatments during emergencies.

13) 25-113 ADOPTING THE DEFINITION OF ANTI-PALESTINIAN RACISM AND RECOGNIZING ITS IMPACT ON MENTAL AND PHYSICAL HEALTH

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends **Reaffirmation of Policy 05.4.01 in Lieu of Resolution 25-113.**

RESOLVED, that the Society add the issue of opposing anti-Arab racism, anti-Muslim hate (Islamophobia), and anti-Palestinian racism in all its forms in all our medical organizations and educational institutions, and that additional resources be provided to make this a priority in this current environment, and be it further

RESOLVED, that the Society actively promote and support research on the impact of anti-Palestinian racism, anti-Arab racism, anti-Muslim hate (Islamophobia), and on health outcomes and healthcare disparities.

Your Reference Committee heard oppositional testimony regarding the potential duplicity this resolution presents. Your Reference Committee heard oppositional testimony regarding the language used within the resolution.

No supportive testimony was heard by your Reference Committee.

Online comments were received for this resolution. One comment suggested that MSV already has current policy supporting access to healthcare without discrimination.

Your Reference Committee discussed how current policy regarding access to care without discrimination is inclusive of both ethnicity and religion, and was thus satisfactory to meet the spirit of the resolution.

Accordingly, your Reference Committee recommends that MSV Policy 05.4.01 be Reaffirmed in Lieu of Resolution 25-213.

MSV Policy 5.4.01 - 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, income, sexual orientation or 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.

14) 25-114 ACHIEVING PARITY IN REIMBURSEMENT FOR EMERGENCY DEPARTMENT ON CALL COVERAGE BY SPECIALTY PHYSICIANS / PRACTICES

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends **Amending MSV Policies 30.2.03 and 40.1.13 in Lieu of Resolution 25-114.**

RESOLVED, The Medical Society of Virginia supports parity in reimbursement for physicians and/or practices who provide on-call specialist coverage for emergency departments, especially for unassigned/service patients, and be it further

RESOLVED, The Medical Society of Virginia opposes any linkage of a physician's hospital privileges to the physician and/or practice providing hospital emergency department on-call coverage.

Your Reference Committee heard supportive testimony regarding the current discrepancies in payment parity faced by providers and the need to alleviate the burdens these discrepancies create. Your Reference Committee heard supportive testimony regarding the need to address reimbursement issues.

Your Reference Committee heard oppositional testimony regarding the payment issues this resolution may produce.

Your Reference Committee heard testimony regarding amendments.

An online comment was received for this resolution. The comment requested clarity regarding the resolution's use of "pay parity", and provided examples of why the resolution may be problematic.

Your Reference Committee discussed whether the Medical Society has the ability to advocate for a change to hospital bylaws to remove the requirements related to privileging. They identified current policies that could be amended to meet the spirit of the resolution without creating brand new policy.

Accordingly, your Reference Committee recommends Amending MSV Policies 30.2.03 and 40.1.13 in Lieu of Adoption of Resolution 25-114.

30.2.03 - Medical License Linkage to Hospital ER Call

The Medical Society of Virginia opposes any linkage of a physician's medical license or hospital privileges to providing hospital emergency department on call coverage.

40.1.13 - Emergency Department On-Call Physicians

The Medical Society of Virginia supports and encourages health care organizations and governmental agencies to assure adequate emergency department on-call specialist access. The Medical Society encourages physicians and hospitals to work collaboratively to develop solutions based on adequate compensation or other appropriate incentives as the preferred method of ensuring on-call coverage.

15) 25-115 RESOLUTION TO AMEND MSV POLICY 40.22.01 – STATE FUNDING FOR CHILDHOOD VACCINES

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends that Resolution 25-115 be Adopted.

RESOLVED, that MSV Policy 40.22.02 be amended to read,

"The Medical Society of Virginia supports the evidence-based ~~immunization~~ recommendations of the American Academy of Pediatrics and the American Academy of Family Physicians ~~and the Centers for Disease Control~~ as the required schedule for immunizations for infants and for school entry, including higher education, in the Commonwealth of Virginia. The Medical Society of Virginia supports the elimination of all non-medical vaccine exemptions in Virginia."

Your Reference Committee heard supportive testimony regarding the importance of preserving vaccine access and the benefits of vaccines. Your Reference Committee heard supportive testimony suggesting technical amendments. Your Reference Committee heard supportive testimony regarding the reduction in the number of external bodies listed within MSV policies.

Your Reference Committee heard oppositional testimony regarding the vaccine requirements of other countries and the efficacy and safety of vaccinations. Your Reference Committee heard oppositional testimony regarding the naming of external bodies within MSV policy.

Online comments were received for this resolution. One comment suggested that the incorrect MSV policy was cited and suggested amending the resolution to only include the "evidence-based" piece of the offered amendments. Additional comments discussed the potential issues regarding varying vaccine requirements, and the MSV's history of vaccine policy. A comment also suggested amending the resolved clause to require the MSV to work with their constituents and the AMA to engage the recommendations of the CDC.

Your Reference Committee discussed expanding the scope of the resolution by including adults in this resolution; however, they ultimately decided to keep the scope of the current policy, as amended, limited to children. Your Reference Committee discussed which bodies determine the definition of “evidence-based” care and which specialty societies should be included in policy language. Your Reference Committee discussed the growing anti-vaccine movement and the significance of having immunization policy specific to children in addition to policy specific to adults. Additionally, your Reference Committee discussed how the resolution as submitted references the correct policy language, but the wrong policy number, citing Policy 40.22.01 instead of Policy 40.22.02. After consultation with yourself and the Vice Speaker, you made it clear that you wish to exercise your privilege as Speaker to allow a friendly typographical change to the resolution as submitted to reflect the correct policy number.

Accordingly, your Reference Committee recommends that Resolution 25-115 be Adopted.

40.22.02 Childhood Immunizations

The Medical Society of Virginia supports the ~~immunization~~ evidence-based recommendations of the American Academy of Pediatrics and the American Academy of Family Physicians ~~and the Centers for Disease Control~~ as the required schedule for immunizations for infants and for the school entry, including higher education, in the Commonwealth of Virginia. The Medical Society of Virginia supports the elimination of all non-medical vaccine exemptions in Virginia.

Finally, the Medical Society of Virginia supports the efforts by the Commonwealth of Virginia to fund the purchase of necessary vaccines and their provision to all healthcare practitioners.

Madame Speaker, Your Reference Committee Chair has certified this Report by signature as follows:

I, Dr. Bobbie Sperry, as Chair of Reference Committee #1, offer my signature to confirm that I have verified the attached draft of this report for accuracy of our Committee's discussion and proceedings.

October 24th, 2025

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