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 2

Dr. Lee Ouyang, Chair

Present Members: Dr. Jason Wilson, Dr. Wendy Klein, Dr. Gary Miller, Dr. Daniel Pauly, Dr. Kurt Elward, Dr. Marc Alembik, Dr. Charles Schade, Dr. Barbara Boardman, Dr. Jan Willcox, Aashri Aggarwal

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The Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION
25-207 Exploration Of Social Prescribing Programs
25-208 Protecting Mental Health Treatment Privacy In Legal Proceedings
25-212 Support for Medicaid Coverage for Hearing Devices and Related Services

RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED
25-203 Guidance For Healthcare Facilities Regarding Immigrant Detention
25-209 Reducing DPC Patient Burden
25-213 Evidence-Based Care

RECOMMENDED FOR NOT ADOPTION
25-202 Fairness And Funding In The Virginia Birth-related Neurological Injury Compensation Program
25-211 Physician Assisted Suicide (PAS)

RECOMMENDED FOR AMENDMENT TO CURRENT POLICY IN LIEU OF
25-201 Ensuring Appropriate Transparency And Appropriate Disclosures To Limit Patient Harm From Physician And Institutional Conscience Clauses
25-206 Resolution To Support The Patient's Right To Save Act
25-205 Resolution Opposing Legislative Efforts To Restrict The Provision Of Reproductive Health Services

RECOMMENDED FOR REFERRAL TO THE BOARD OF DIRECTORS FOR ACTION
25-204 Guidance For Physician Education Regarding Immigrant Detention

REAFFIRMIRMATION OF EXISTING POLICY IN LIEU OF
25-210 Resolution in Support of Tardive Dyskinesia Screening in Alignment with APA Clinical Guidelines – Reaffirm *MSV Policy 25.3.02 - Legislation, Standards of Care, and the Patient/Physician Relationship*

REAFFIRMIRMATION OF EXISTING POLICY
25.3.02 - Legislation, Standards of Care, and the Patient/Physician Relationship

1) 25-201 ENSURING APPROPRIATE TRANSPARENCY AND APPROPRIATE DISCLOSURES TO LIMIT PATIENT HARM FROM PHYSICIAN AND INSTITUTIONAL CONSCIENCE CLAUSES

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends that **MSV Policy 30.3.07 be Amended in Lieu of Resolution 25-201.**

RESOLVED, that the Medical Society of Virginia supports requirements that obligate physicians and institutions disclose to the patient requesting services, refusal or limitations on care based on 'conscience' such that patients can make informed decisions about their health care, and be it further

RESOLVED, that the Medical Society of Virginia supports the duty of physicians to refer a patient to another clinician or institution in a timely manner to provide treatment that the physician has declined to offer.

Your Reference Committee heard testimony in support of the resolution regarding the importance of ensuring access to patient care.

Your Reference Committee heard testimony in opposition to the resolution, arguing that MSV Policy 30.3.07, which references existing AMA policy, already addresses the intent of the resolution.

Online comments were received for this resolution. Comments raised concerns regarding the referral requirement of the resolution. Another comment raised concerns regarding the potential negative impacts this resolution may create.

Your Reference Committee discussed the importance of provider disclosure, but expressed concern related to mandating patient referrals.

Accordingly, your Reference Committee recommends that MSV Policy 30.3.07 be Amended in Lieu of Resolution 25-201.

MSV Policy 30.3.07 – Physician's Exercise of Conscience

The Medical Society of Virginia supports the AMA Code of Medical Ethics Opinion 1.1.7 "Physician Exercise of Conscience," and emphasizes the importance of provider disclosure and patient referral.

2) 25-202 FAIRNESS AND FUNDING IN THE VIRGINIA BIRTH-RELATED NEUROLOGICAL INJURY COMPENSATION PROGRAM

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends that **Resolution 25-202 be Not Adopted.**

RESOLVED, that the Medical Society of Virginia hereby petitions the Virginia House of Delegates to undertake a study of the current need for and the equitable nature of mandatory funding of a Commonwealth program providing for birth-related neurologically injured persons.

Your Reference Committee heard testimony outlining the Birth Injury Fund's origin as a mechanism to reduce medical malpractice premiums and support access to obstetric care.

The Reference Committee heard testimony expressing concern regarding the language directing the "Virginia House of Delegates" to study the issue, noting that the General Assembly more often assigns specific committees or agencies to undertake studies.

Your Reference Committee heard testimony expressing concern about overemphasizing the Birth Injury Fund as a solution, noting that the Fund is designed to serve as a payer of last resort, with insurance as the primary source of coverage for affected children.

Your Reference Committee discussed the existing investigations by JLARC and legal proceedings related to the Birth Injury Fund. Your Committee discussed that many of the aims of the resolution have been addressed by existing actions of the General Assembly. Your Committee discussed existing MSV staff efforts related to ongoing tracking and monitoring the Fund as a component of medical malpractice policy landscape in Virginia.

Accordingly, your Reference Committee recommends that Resolution 25-202 be Not Adopted.

3) 25-203 GUIDANCE FOR HEALTHCARE FACILITIES REGARDING IMMIGRANT DETENTION

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends that **Resolution 25-203 be Adopted as Amended.**

RESOLVED, that the Medical Society of Virginia oppose legislation which seeks to require healthcare facilities to ask the immigration status of a patient.

Your Reference Committee heard testimony affirming that the role of healthcare professionals is to provide patient care and not to enforce immigration law. The Committee also heard testimony arguing that national policy discussions and recent federal actions have heightened concerns across the country regarding the potential encroachment of enforcement responsibilities into clinical settings.

Your Reference Committee heard testimony in opposition to the resolution, questioning the appropriateness of the Medical Society of Virginia adopting a policy of this nature. The Committee also noted that current law requires all individuals, regardless of immigration status, to receive emergency medical care.

An online comment was received for this resolution. The comment raised concerns related to a patient's immigration status, and how not gathering such information may create potential administrative and cost-related burdens.

Your Reference Committee discussed concerns related to language in the policy directing the MSV to oppose legislation, believing that legislative priorities should be made through the MSV Advocacy Committee process.

Accordingly, your Reference Committee recommends that Resolution 25-203 be Adopted as Amended.

RESOLVED, that the Medical Society of Virginia ~~oppose~~ ~~legislation which seeks to require~~ opposes requiring healthcare facilities to ask the immigration status of a patient.

4) 25-204 GUIDANCE FOR PHYSICIAN EDUCATION REGARDING IMMIGRANT DETENTION

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends that **Resolution 25-204 be Referred to the Board for Action.**

RESOLVED, that the Medical Society of Virginia distribute already extant educational materials to MSV Members, such as those published by Physicians for Human Rights and the National Immigration Law Center, via the MSV website and newsletter related to the rights and responsibilities of healthcare providers in the presence of immigration agents.

Your Reference Committee heard testimony in support of the resolution, noting increased federal immigration enforcement in nontraditional settings and a desire among medical professionals for clarity regarding their legal obligations and rights in such situations.

Your Reference Committee heard testimony in opposition, arguing the resolution is political in nature and outside MSV's medical focus.

An online comment was received for this resolution. The comment requested to know whether or not materials related to the resolution have already been distributed.

Your Reference Committee discussed concerns regarding the distribution of materials without clarity on their content or source. Testimony also noted that individual hospital systems may already provide guidance and require providers to follow their internal policies, creating an unclear alignment between institutional policy and any MSV position.

The Committee concluded that referring this matter to the Board would allow for a comprehensive legal review and, if appropriate, the development of clear guidance for members. This review should include consideration of which entities may be involved in such situations (state law enforcement, federal immigration authorities, or employer-based requirements). The Committee requests that the Board and Executive Committee take action by the January Board meeting.

Accordingly, your Reference Committee recommends that Resolution 25-204 be Referred to the Board for Action.

5) 25-205 RESOLUTION OPPOSING LEGISLATIVE EFFORTS TO RESTRICT THE PROVISION OF REPRODUCTIVE HEALTH SERVICES

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends that **MSV Policy 25.1.04 be Reaffirmed in Lieu of Resolution 25-205.**

RESOLVED, that the Medical Society of Virginia opposes any government mandated efforts to restrict the provision of medically appropriate care, as decided by the physician and patient, in the management of reproductive health. Comprehensive reproductive health services including assisted reproductive technology such as in vitro fertilization (IVF), the provision of contraception or abortion and the management of pregnancy loss, obstetric hemorrhage, and other obstetric emergencies, and further be it

RESOLVED, that the Medical Society of Virginia further opposes efforts which criminalize or impose civil penalties for obtaining or providing evidence-based reproductive health services, or enforce medically

unnecessary standards on healthcare providers and clinics that in turn make it economically or physically difficult for healthcare providers and clinics to provide services.

Your Reference Committee heard testimony in support of the resolution noting legislation in other states that restricted access to misoprostol, limiting its use in both reproductive and non-reproductive care and criminalizing possession of the drug.

Your Reference Committee heard testimony in opposition to the resolution, noting that existing MSV policy already addresses its intended purpose.

Online comments were received for this resolution. One comment raised concerns regarding the scope of the resolved clause, and whether that clause was sufficient in addressing the issues discussed. Another comment suggested that MSV policy is already sufficient in opposing government mandated efforts to restrict the provision of medically appropriate care, and the jeopardization of the physician-patient relationship. Comments also discussed whether there were current restrictions regarding the use of misoprostol.

Your Reference Committee discussed the breadth of the existing MSV policy and its ability to provide coverage for the MSV to make a position on legislation that has been seen in other states.

Accordingly, your Reference Committee recommends that MSV Policy 25.1.04 Be Reaffirmed In Lieu of Resolution 25-205.

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

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

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

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

6) 25-206 RESOLUTION TO SUPPORT THE PATIENT'S RIGHT TO SAVE ACT

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends **MSV Policy 30.7.10 be Amended in Lieu of Resolution 25-206.**

RESOLVED, that the Medical Society of Virginia advocate for the enactment of legislation in Virginia similar to the Patient's Right to Save Act which includes the following components: Letting patients ask providers to disclose their cash prices for services; Allowing patients to apply lower cash prices toward their deductible;

Providing savings incentives for patients who choose lower-cost care options after meeting their deductible (The Patient's Right to Save Act, Model Bill. Cicero Institute,) to empower patients, lower healthcare costs, and improve the functioning of the healthcare market.

Your Reference Committee heard testimony in support of the resolution, emphasizing that greater transparency can empower patients, improve efficiency and affordability, and strengthen trust in the patient–provider relationship. Further testimony recommended adding a requirement for truthful communication with patients about service costs, while noting that PBM contracts may limit providers' ability to disclose pricing information.

Your Reference Committee heard testimony requesting that MSV legal counsel provide guidance on the feasibility of this resolution, given the insurance and PBM contractual obligations to which many providers are bound.

An online comment was received for this resolution. The comment suggested laws already existed regarding the overcharging of Medicare patients.

Your Reference Committee discussed existing policy 30.7.10 as providing broad alignment with the for the resolution, but noted the component of cash prices as not being specifically covered by the resolution. Expressed confusion related to the fees being disclosed because of physician component vs hospital component.

Accordingly, your Reference Committee recommends that MSV Policy 30.7.10 be amended in lieu of Resolution 25-206.

MSV Policy 30.7.10 Physician Participation in Efforts to Control Healthcare Costs Date

The Medical Society of Virginia supports efforts to increase transparency for charges <u>or cash prices</u> related to the provision of health care <u>consistent with state and federal law.</u>

7) 25-207 EXPLORATION OF SOCIAL PRESCRIBING PROGRAMS

<u>RECOMMENDATION:</u>

Madame Speaker, your Reference Committee recommends that **<u>Resolution 25-207 be Adopted.</u>**

RESOLVED, that our MSV supports health institutions in the Commonwealth of Virginia in establishing social prescribing pilot programs and assessing their benefits, limitations, methods, and effectiveness.

Your Reference Committee heard testimony in support, citing the recognized benefits of addressing patients' social needs and pointing to successful pilot programs in the United Kingdom and elsewhere.

No testimony was heard in opposition.

An online comment was received for this resolution. The comment raised potential language concerns and offered an alternative organization to support.

Your Reference Committee discussed the value of alternative approaches and pilot programs in advancing healthcare practice.

Accordingly, your Reference Committee recommends that Resolution 25-207 be Adopted.

8) 25-208 PROTECTING MENTAL HEALTH TREATMENT PRIVACY IN LEGAL PROCEEDINGS

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends that **Resolution 25-208 be Adopted.**

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 ensuring that mental health treatment records are protected from discoverability in civil and criminal trials, thereby fostering a safe and supportive environment for healthcare professionals to seek necessary mental health care.

Your Reference Committee heard testimony in support of the resolution, noting the risks of burnout and other mental health conditions that negatively affect clinicians and may contribute to workforce attrition.

Your Reference Committee heard testimony in opposition to the bill noting concerns related to providers suffering from serious mental health conditions, suggesting a risk to patient safety.

Your Reference Committee discussed the complexity of Virginia's SafeHaven legislation related to the number of code sections involved and uniqueness of legislative structures for similar legislation in other states. The Committee also expressed interest in a broader national conversation related to privacy in mental health care treatment in legal proceedings.

Accordingly, your Reference Committee recommends that Resolution 25-208 be Adopted.

9) 25-209 REDUCING DPC PATIENT BURDEN

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends that **Resolution 25-209 be Adopted as Amended.**

RESOLVED, that the Medical Society of Virginia supports legislation to ensure that patients enrolled in HMO insurance plans who choose to receive primary care through a Direct Primary Care (DPC) practice shall have access to in-network referrals and covered ancillary services based on referrals from their DPC physician, without requiring the DPC physician to participate in the plan's provider network.

Your Reference Committee heard testimony in support of the resolution, noting the administrative burdens faced by DPC providers and broader system inefficiencies associated with managing multiple referrals.

No testimony was heard in opposition.

An online comment was received for this resolution. The comment supported improving patient access and reduced barriers to care, stating that the DPC model has been successful in both commercial populations and those served by Medicaid.

Accordingly, your Reference Committee recommends that Resolution 25-209 be Adopted as Amended.

RESOLVED, The Medical Society of Virginia supports ~~legislation to ensure that~~ patients ~~enrolled in HMO insurance plans~~ who choose to receive primary care through a Direct Primary Care (DPC) practice ~~shall~~

to have access to in-network referrals and covered ancillary services ~~based on referrals from their DPC physician, without requiring the DPC physician to participate in the plan's provider network.~~

10) 25-210 RESOLUTION IN SUPPORT FOR ROUTINE TARDIVE DYSKENESIA SCREENING IN ALIGNMENT WITH APA CLNICAL GUIDANCE

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends that **MSV Policy 25.3.02 be Reaffirmed in Lieu of Resolution 25-210.**

RESOLVED, that the Medical Society of Virginia supports routine screening for tardive dyskinesia in accordance with APA guidelines and encourages Virginia physicians prescribing antipsychotics to implement standard screening practices as part of comprehensive patient care.

Your Reference Committee heard testimony in support of the resolution noting the importance of following appropriate protocol for patient safety.

Your Reference Committee heard testimony in opposition, arguing that resolutions affirming the standard of care are not appropriate for MSV policy, and could lead to extensive policy.

Your Reference Committee discussed recent instances of the use of Abilify. Your Reference Committee noted the importance of following specialty guidelines and discussed issues relating to screening patients. Your Reference Committee debated about the sustainability of having a specific policy for specific diseases, versus a more general policy relating to the standard of care.

Accordingly, your Reference Committee recommends that MSV Policy 25.3.02 be Reaffirmed in Lieu of Resolution 25-210.

MSV Policy 25.3.02 - Legislation, Standards of Care, and the Patient/Physician Relationship

The Medical Society of Virginia opposes efforts to interfere with or jeopardize the sanctity of the patient/physician relationship.

The MSV supports broadly accepted, evidence-based standards of care identified by credible medical organizations such as the American Medical Association or the specialties and sub-specialties recognized by the American Board of Medical Specialties.

The MSV further opposes all criminal penalties against physicians and the other healthcare providers who deliver, and the patients who receive care that is evidence-based.

11) 25-211 PHYSICIAN ASSISTED SUICIDE (PAS)

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends that **Resolution 25-211 be Not Adopted.**

RESOLVED, that the MSV establish in its Policy Compendium a position of opposition to PAS consistent with the AMA Code of Ethics to read "In accordance with the above statements, the Medical Society of Virginia adopts a position of ~~as~~ opposed to ~~engaged neutrality~~ ~~toward~~ medical aid in dying…" Policy Compendium Page 69, 25.2.04- Medical Care for the Terminally Ill, and be it

RESOLVED, that the MSV adopt the AMA use of PAS and MAiD as follows:

Physician Assisted Suicide – refers to "the practice of facilitating a patient's death by providing the necessary means and/or information to enable the patient to perform the life-ending act" 2

Medical Assistance in Dying – "Terms such as 'aid in dying,' 'medical aid in dying (MAiD),' 'assisted death,' or 'death with dignity' "could be used to describe either euthanasia or palliative/hospice care at the end of life and this degree of ambiguity is unacceptable for providing ethical guidance."2, and be it

RESOLVED, that the MSV advocate for the improvement of hospice and palliative care reimbursement.

Your Reference Committee heard testimony in support of the resolution, arguing against MSV's current position of neutrality on medical aid in dying. Testimony highlighted that the American Medical Association has considered this issue extensively over many years with the input of medical ethicists and maintains opposition to physician-assisted suicide. Speakers emphasized a distinction between physician-assisted suicide and palliative practices intended to relieve suffering at the end of life.

Testimony suggested that neutrality provides little value in policy discussions and may limit MSV's ability to speak clearly on the issue. Concerns were raised regarding emerging evidence of possible coercion and complications associated with physician-assisted suicide, as well as historical and ethical issues tied to the practice. Reference was made to experiences in other countries, including concerns about "mission creep" and the potential for expanding eligibility beyond its original intent.

Speakers noted that palliative care already offers comprehensive options to manage symptoms and support patients at the end of life, and that individuals currently can decline treatment, pursue comfort-focused care, and die in their preferred setting. Testimony also suggested considering an amendment to clearly state opposition to physician-assisted suicide.

Your Reference Committee heard testimony in opposition to the resolution emphasizing the importance of patient autonomy and the right of individuals to make informed decisions about their own end-of-life care. Testimony highlighted that, while palliative care can address many symptoms, there are cases of severe pain and suffering that cannot be fully controlled despite best efforts. In these circumstances, medical aid in dying was described as a compassionate option for patients facing intolerable and unrelievable symptoms. Opponents of the resolution argued that prohibiting discussion of medical aid in dying removes meaningful choice from patients and undermines their ability to direct their care at the end of life. They noted that patient empowerment and respect for individual values are essential components of the patient–physician relationship, and that allowing the conversation supports, rather than compromises, patient-led decision-making.

Online comments were received for this resolution. Comments expressed universal support for the resolution, with numerous comments suggesting physician assisted suicide is incompatible with the Hippocratic Oath and the physician-patient relationship.

Your Reference Committee engaged in considerable discussion regarding the differing perspectives presented. Testimony opposing medical aid in dying cited concerns about patient vulnerability, the potential for coercion or misuse, and the belief that the practice may cause harm. In response, others noted that these concerns have not been borne out in the collective experience of the eleven states where medical aid in dying is currently permitted. They emphasized the extensive safeguards in place, including multiple physician evaluations to assess decision-making capacity, mandatory waiting periods, documentation requirements, and opportunities to withdraw consent at any point. Some committee members noted the testimony that these protections are designed to prevent misuse while preserving patient autonomy in situations of profound suffering.

Additional testimony raised concerns about terminology and public understanding, noting that confusion can arise between “medical aid in dying” and hospice or other forms of palliative care. The Committee also discussed MSV’s current policy of neutrality and the organization’s existing practice at the General Assembly.

Your Reference Committee further noted the American Medical Association’s longstanding opposition to physician-assisted suicide, while acknowledging the ongoing ethical discussion within the profession and the evolving legal landscape in states where medical aid in dying is permitted.

Accordingly, your Reference Committee recommends that Resolution 25-211 be Not Adopted.

12) 25-212 SUPPORT FOR MEDICAID COVERAGE FOR HEARING DEVICES AND RELATED SERVICES

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends that **Resolution 25-212 be Adopted.**

RESOLVED, that our Medical Society of Virginia support Medicaid coverage of hearing services and devices, including digital hearing aids, for hearing-impaired patients of all ages.

Your Reference Committee heard testimony in support of the resolution, citing gaps in access to hearing care and the long-term cost implications of untreated hearing loss, which can lead to more complex and expensive conditions in the future. Testimony also noted that while the cost of hearing aids is decreasing, the impact of going without them remains profound and is associated with significant negative health and social outcomes.

Your Reference Committee heard testimony requesting clarification of the phrase “all ages,” particularly regarding individuals covered under Medicare versus Medicaid. The testimony also raised concerns about the cost of hearing aids and the potential impact on Medicaid spending.

Your Reference Committee discussed MSV Policy 10.1.18 and the extent to which the policy already provides policy that covers the intent of this resolution. The Committee noted that while a discretionary coverage pathway exists through the DMAS-352 Certificate of Medical Necessity (CMN), it can be difficult to navigate, particularly for hearing-related durable medical equipment. The Committee also considered whether to revise the specificity of current policy language but ultimately determined that the resolution was not germane.

Accordingly, your Reference Committee recommends that Resolution 25-212 be Adopted.

2) 25-213 RESOLUTION FOR EVIDENCE-BASED CARE

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends that **Resolution 25-213 be Adopted as Amended and MSV Policy 25.3.02 be Reaffirmed.**

RESOLVED, The Medical Society of Virginia’s policy will assess, fact check, consult with its member societies and the AMA and, when appropriate publicly inform our membership and all Virginians about the appropriate medical recommendations when they conflict with any federal agency recommendations that are not supported by or are contradicted by the scientific evidence, standard medical practice or expert guidelines/recommendations, and further

RESOLVED, That the Medical Society of Virginia will work with all appropriate Virginia state agencies and health care organizations to promote evidence-based medical care, even when it conflicts with federal recommendations and that this care is covered by all insurance carriers, public and private, and further

RESOLVED, That the Medical Society of Virginia will work with all Virginia elected officials to put in place guardrails against public health recommendations that are not supported by scientific evidence, standard medical practice or expert guidelines/recommendations.

Your Reference Committee heard testimony in support of the resolution, citing concerns about the proliferation of medical misinformation in political and public administrative settings.

Your Reference Committee heard testimony expressing a desire for clarification on how cooperation with state agencies would occur, as well as specificity on what "guardrails" would be created and how they would be administered.

Your Reference Committee discussed existing Policy 25.3.02, Legislation, Standards of Care, and the Patient–Physician Relationship, specifically provisions related to evidence based care identified by credible medical organizations. Your Reference Committee also discussed recent challenges related to the Centers for Disease Control and Prevention Advisory Committee on Immunization Practices recommendations and the proliferation of medical misinformation.

Accordingly, your Reference Committee recommends that Resolution 25-213 be Adopted as Amended below and that MSV Policy 25.3.02 be Reaffirmed.

~~*RESOLVED, The Medical Society of Virginia's policy will assess, fact check, consult with its member societies and the AMA and, when appropriate publicly inform our membership and all Virginians about the appropriate medical recommendations when they conflict with any federal agency recommendations that are not supported by or are contradicted by the scientific evidence, standard medical practice or expert guidelines/recommendations, and further*~~

~~*RESOLVED, That the Medical Society of Virginia will work with all appropriate Virginia state agencies and health care organizations to promote evidence-based medical care, even when it conflicts with federal recommendations and that this care is covered by all insurance carriers, public and private, and further*~~

RESOLVED, ~~That~~ the Medical Society of Virginia <u>opposes</u> ~~will work with all Virginia elected officials to put in place guardrails against~~ public health recommendations that are not supported by scientific evidence, standard medical practice, or expert guidelines/recommendations.

MSV Policy 25.3.02 - Legislation, Standards of Care, and the Patient/Physician Relationship

The Medical Society of Virginia opposes efforts to interfere with or jeopardize the sanctity of the patient/physician relationship.

The MSV supports broadly accepted, evidence-based standards of care identified by credible medical organizations such as the American Medical Association or the specialties and sub-specialties recognized by the American Board of Medical Specialties.

The MSV further opposes all criminal penalties against physicians and the other healthcare providers who deliver, and the patients who receive care that is evidence-based.

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

I, Dr. Lee Ouyang, as Chair of Reference Committee #2, 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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