DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2026 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. Karina Parr, Dr. Cee Ann Davis, Dr. Gary Miller, Dr. Daniel Pauly, Dr. Viknesh Kasthuri, Dr. Marc Alembik, Dr. Larry Mitchell, Dr. John Paul Verderese, Dr. William Hutchens, Nikita Schroll-McLaughlin

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The Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED
26-203: Protections for Physicians and Patients Regarding Surgical Procedural Data
26-205: Establishing Public Health Standards for Recreational Cannabis Product Potency in Virginia
26-208: Data Transparency for Emergency Care Access
26-209: Practitioner Responsibility and Liability in the Use of Artificial Intelligence in Medicine
26-211: Ensuring Virginia-Licensed Physician Oversight of AI-Enabled Clinical Care

RECOMMENDED FOR NOT ADOPTION
26-206: A Resolution on Self Defense for Domestic Violence Victims
26-213: Condemning Unethical Forced Organ Harvesting Abroad
26-216: MSV Involvement in the Electoral Process
26-217: Supporting Advocacy Activities and Physician Involvement in Health Policy Public Debates

RECOMMENDED FOR AMENDMENT TO CURRENT POLICY IN LIEU OF
26-201: Treating Traumatic Injury Survivorship as A Chronic Disease
26-210: Support for Physicians Confronting the Corporate Practice of Medicine

RECOMMENDED FOR REFERRAL TO THE BOARD OF DIRECTORS FOR REPORT
26-204: Establishing Proactive Academic Support for Neurodivergent Medical Students
26-212: Resolution to Transition Virginia Medicaid from Managed Care Organizations to a Managed Fee-for-Service Program

REAFFIRMIRMATION OF EXISTING POLICY IN LIEU OF
26-202: Prioritizing Palliative Care Access for Geriatric Trauma Patients - Reaffirm MSV Policy *45.1.01 - Referrals from Physicians*
26-207: Virginia Participation in the Interstate Medical Licensure Compact - Reaffirm MSV Policy *30.2.04 - Interstate Licensure Compact in Virginia*

1) 26-201 TREATING TRAUMATIC INJURY SURVIVORSHIP AS A CHRONIC DISEASE

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends **Amending MSV Policy 40.15.03 in Lieu Of Resolution 26-201.**

RESOLVED, that the MSV collaborates with appropriate stakeholders to advocate for comprehensive care and improved quality of life strategies and interventions for traumatic injury survivors in Virginia, and be it further

RESOLVED, that the MSV recognizes (1) the incidence and prevalence of traumatic injury survivorship and its impact on our healthcare and social resources in Virginia, (2) the chronicity of comprehensive rehabilitation following traumatic injury.

Your Reference Committee heard supportive testimony regarding the evidence showing multidisciplinary frameworks for geriatric trauma patients as beneficial in both the outpatient and inpatient settings.

No opposing testimony was heard by your Reference Committee.

Your Reference Committee discussed whether existing policy would allow for supporting trauma care. Your Reference Committee also discussed the impetus of the resolution and reaffirmed how current MSV policy could suffice.

Accordingly, your Reference Committee recommends amending MSV Policy 40.15.03 in Lieu of Resolution 26-201:

40.15.03- Trauma Research/Development of Systems

The Medical Society of Virginia supports ~~a proactive stance in both~~ the development of trauma research, including interventions for traumatic injury survivors, and ~~the development of~~ trauma systems across the State.

2) 26-202 PRIORITIZING PALLIATIVE CARE ACCESS FOR GERIATRIC TRAUMA PATIENTS

RECOMMENDATION

Madame Speaker, your Reference Committee recommends **Reaffirmation of MSV Policy 45.1.01 in Lieu of Resolution 26-202.**

RESOLVED, that our MSV recognizes (1) the benefit of incorporating palliative care early in geriatric trauma for both the patient and healthcare system, and (2) incorporation of prompt palliative care greatly improves comprehensive rehabilitation following traumatic injury, and be it further

RESOLVED, that our MSV supports (1) the utilization of palliative care in the trauma setting to provide quality patient-centered care, and (2) research investigating the benefits and barriers of palliative care use in geriatric trauma patients.

Your Reference Committee heard supportive testimony regarding the benefits of bringing palliative care resources to trauma patients, citing evidence that these resources are beneficial and important in appropriately tailoring healthcare services for geriatric trauma care.

No opposing testimony was heard by your Reference Committee.

Your Reference Committee discussed the benefits of having in-house palliative care services involved for patient and patient family support. Your Reference Committee discussed amending language to clarify palliative care as an option among many to determine a care plan for such patients. Your Reference Committee discussed balancing this resolution with the long standing MSV practice of not codifying standards of care into code and regulations. Your Reference Committee discussed the importance of including all patient populations to affirm the importance of inclusive care.

Accordingly, your Reference Committee recommends Reaffirmation of MSV Policy 45.1.01 in Lieu of Resolution 26-202:

45.1.01- Referrals from Physicians

The Medical Society of Virginia believes that a physician should at all times practice a method of healing founded on a scientific basis. A physician may refer a patient for diagnostic or therapeutic services to another physician, a licensed limited practitioner, or any other provider of health care services permitted by law to furnish such services, whenever the physician believes that this will benefit the patient. As in the case of referrals to physician specialists, referrals to allied health practitioners should be based on their individual competence and ability to perform the services needed by the patient.

3) 26-203 PROTECTIONS FOR PHYSICIANS AND PATIENTS REGARDING SURGICAL PROCEDURAL DATA

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends that **Resolution 26-203 be Adopted as Amended.**

RESOLVED, that the MSV supports the future of technology and surgical recordings in the operating room while ensuring physicians remain at the center of state policy discussions to promote ethical, patient-centered recommendations, and be it further

RESOLVED, that the MSV supports the use of operative data for research, quality improvement, and teaching purposes while protecting physicians from out-of-context use of surgical data in legal proceedings without adequate consideration of surgical complexity and operative decision-making.

Your Reference Committee heard supportive testimony regarding the importance of surgical recordings as a learning tool, while being intentional about how that data is used.

No opposing testimony was heard by your Reference Committee.

Your Reference Committee discussed the concerns of limiting the scope of the MSV in writing and how that may restrict policy options for action as well as the need for consistency with federal regulations regarding health data privacy. Your Reference Committee also discussed striking the second resolved clause for succinctness.

Accordingly, your Reference Committee recommends that Resolution 26-203 be Adopted as Amended:

RESOLVED, that the MSV supports the use of de-identified operative data for research, quality improvement, and teaching purposes ~~supports the future of technology and surgical recordings in~~

~~*the operating room while ensuring physicians remain at the center of state policy discussions to*~~ *and promote*~~*s*~~ *ethical, patient-centered recommendations, with appropriate physician and PA protections.* ~~*and be it further*~~

~~*RESOLVED, that the MSV supports the use of operative data for research, quality improvement, and teaching purposes while protecting physicians from out-of context use of surgical data in legal proceedings without adequate consideration of surgical complexity and operative decision-making.*~~

4) 26-204 ESTABLISHING PROACTIVE ACADEMIC SUPPORT FOR NEURODIVERGENT MEDICAL STUDENTS

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends that **Resolution 26-204 be Referred to the Board for Report.**

RESOLVED, that the Medical Society of Virginia support collaboration with Virginia medical schools and relevant stakeholders, including neurodivergent medical learners, academic support personnel, accessibility professionals, and medical education experts, to identify and disseminate adaptable, evidence-informed best practices for neurodiversity-informed academic support, and be it further

RESOLVED, that the Medical Society of Virginia encourage medical schools in Virginia to implement adaptable, neurodiversity-informed support practices, including individualized, strength-based academic coaching, peer mentorship, tailored clinical transition support, and neurodiversity-informed professional development for personnel involved in student support, to help learners meet established academic, clinical, and professional expectations.

Your Reference Committee heard supportive testimony regarding the existing gaps in disability policies and supports for neurodivergent medical students, the importance of supporting informed best practices and policies to help neurodivergent medical students thrive, and the importance of collaboration to support the diverse needs of patients. Your Reference Committee also heard testimony requesting that the scope of the resolution be expanded to all medical students to cover a broader range of educational needs.

Your Reference Committee also heard a request for more data regarding the number of individuals this policy would impact.

Your Reference Committee discussed the value neurodivergent individuals contribute to medicine and demonstrating support for neurodivergent and disabled individuals. Your Reference Committee discussed amending language to specify reasonable accommodations for educational needs. Your Reference Committee discussed the importance of including neurodiversity language without excluding many other relevant conditions. Your Reference Committee discussed reaffirming existing policy as an alternative to adopting as amended. Your Reference Committee discussed the difficulty with accommodating such a variety of students, and the complexity of the numerous potential options.

Accordingly, your Reference Committee recommends that Resolution 26-204 be Referred to the Board for Report No Later than the 2027 Annual Meeting.

5) 26-205 ESTABLISHING PUBLIC HEALTH STANDARDS FOR RECREATIONAL CANNABIS PRODUCT POTENCY IN VIRGINIA

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends that **Resolution 26-205 be Adopted as Amended.**

RESOLVED, that the Medical Society of Virginia urges the Commonwealth of Virginia to establish and enforce evidence-informed standards governing the manufacture, distribution, marketing, and sale of recreational cannabis products, with particular attention to THC potency and total THC dose, and be it further

RESOLVED, that the Medical Society of Virginia urges the Commonwealth to establish reasonable limits on THC concentration and total THC content for recreational cannabis products, including cannabis concentrates, vape products, edibles, beverages, and other manufactured products, and be it further

RESOLVED, that the Medical Society of Virginia urges the Commonwealth to require independent laboratory testing and accurate, standardized labeling of THC concentration, total THC per package, THC per serving, cannabinoid content, ingredients, contaminants, and recommended serving size, and be it further

RESOLVED, that the Medical Society of Virginia urges the Commonwealth to adopt purchase limits based on total THC content rather than product weight alone, and be it further

RESOLVED, that the Medical Society of Virginia urges the Commonwealth to require prominent health and safety warnings regarding intoxication, delayed effects of edible products, impaired driving, risks of unintentional pediatric ingestion, risks during pregnancy, and potential risks for individuals with psychiatric illness or substance use disorder, and be it further

RESOLVED, that the Medical Society of Virginia urges the Commonwealth to restrict the manufacture and sale of products designed or packaged in a manner likely to appeal to children or facilitate unintentional overconsumption, and be it further

RESOLVED, that the Medical Society of Virginia urges the Commonwealth to establish a statewide surveillance and reporting system to monitor cannabis product potency, poison center calls, emergency department visits, hospitalizations, impaired-driving events, pediatric exposures, cannabis use disorder treatment needs, and other cannabis-related public health outcomes, and be it further

RESOLVED, that the Medical Society of Virginia shall advocate with the Governor, the General Assembly, and appropriate state agencies for the timely development, implementation, and periodic review of these public health safeguards.

Your Reference Committee heard supportive testimony regarding the importance of putting guardrails around recreational cannabis use, public health concerns regarding the impacts of secondhand smoke and potency, the opportunities to collect data on the issue to bridge gaps in current public health statistics, and the importance of MSV support of this issue due to recent legislative actions.

No opposing testimony was heard by your Reference Committee.

Your Reference Committee discussed if the policy should be cannabis specific. Your Reference Committee discussed the prescriptiveness of the original resolution and that eliminating certain language allows for flexibility.

Accordingly, your Reference Committee recommends that Resolution 26-205 be Adopted as Amended:

~~*RESOLVED, that the Medical Society of Virginia urges the Commonwealth of Virginia to establish and enforce evidence-informed standards governing the manufacture, distribution, marketing, and sale of recreational cannabis products, with particular attention to THC potency and total THC dose, and be it further*~~

~~*RESOLVED, that the Medical Society of Virginia urges the Commonwealth to establish reasonable limits on THC concentration and total THC content for recreational cannabis products, including cannabis concentrates, vape products, edibles, beverages, and other manufactured products, and be it further*~~

~~*RESOLVED, that the Medical Society of Virginia urges the Commonwealth to require independent laboratory testing and accurate, standardized labeling of THC concentration, total THC per package, THC per serving, cannabinoid content, ingredients, contaminants, and recommended serving size, and be it further*~~

~~*RESOLVED, that the Medical Society of Virginia urges the Commonwealth to adopt purchase limits based on total THC content rather than product weight alone, and be it further*~~

~~*RESOLVED, that the Medical Society of Virginia urges the Commonwealth to require prominent health and safety warnings regarding intoxication, delayed effects of edible products, impaired driving, risks of unintentional pediatric ingestion, risks during pregnancy, and potential risks for individuals with psychiatric illness or substance use disorder, and be it further*~~

~~*RESOLVED, that the Medical Society of Virginia urges the Commonwealth to restrict the manufacture and sale of products designed or packaged in a manner likely to appeal to children or facilitate unintentional overconsumption, and be it further*~~

~~*RESOLVED, that the Medical Society of Virginia urges the Commonwealth to establish a statewide surveillance and reporting system to monitor cannabis product potency, poison center calls, emergency department visits, hospitalizations, impaired-driving events, pediatric exposures, cannabis use disorder treatment needs, and other cannabis-related public health outcomes, and be it further*~~

Resolved, that the Medical Society of Virginia supports ~~shall advocate with the Governor, General Assembly, and appropriate state agencies for~~ the timely development, implementation, and periodic review of ~~these~~ public health safeguards~~.~~ for all recreational cannabis products in Virginia, including but not limited to concentration limits, purchasing limits, appropriate and informative product labeling and packaging, and independent standardized laboratory testing.

6) 26-206 A RESOLUTION ON SELF DEFENSE FOR DOMESTIC VIOLENCE VICTIMS

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends that **Resolution 26-206 be Not Adopted.**

RESOLVED, that MSV policy 40.23.01 be amended to read,

"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.

The Medical Society of Virginia supports the individual right of self-defense and self-preservation."

Your Reference Committee heard supportive testimony regarding the current gaps in MSV's domestic violence policy and the importance of greater protection for domestic violence victims.

Your Reference Committee heard a request to clarify the intended regulatory and advocacy efforts.

An online comment was received for this resolution. The comment expressed opposition to the resolution because of its association with the right to bear arms in self-defense, and therefore, believes a better resolved should support training at-risk domestic violence victims to escape their perpetrator.

Your Reference Committee discussed the resolution and its extension outside of the MSV's scope.

Accordingly, your Reference Committee recommends that Resolution 26-206 be Not Adopted.

7) 26-207 VIRGINIA PARTICIPATION IN THE INTERSTATE MEDICAL LICENSURE COMPACT

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends **Reaffirmation of Policy 30.2.04 in Lieu of Resolution 26-207.**

RESOLVED, that the Medical Society of Virginia Policy 30.2.04, Interstate Licensure Compact in Virginia, be amended by substitution to read,

"The Medical Society of Virginia supports the Commonwealth of Virginia joining and participating in the Interstate Medical Licensure Compact (IMLC) and supports the legislative and regulatory efforts necessary to implement the Compact in Virginia."

Your Reference Committee heard supportive testimony regarding the removal of duplicative paperwork, the value the IMLC brings to providers especially in rural areas, and the positive impacts the IMLC has on expanded access for patients. Supportive testimony was also heard regarding Virginia being one of the few states that has not opted into this compact.

Your Reference Committee heard oppositional testimony regarding concern with non-physician practitioners and the unintended consequences it may bring, as well as how this resolution may conflict with what the MSV has done in the past. Your Reference Committee heard testimony regarding the IMLC and how such compact specifically applies to physicians only and has no bearing on non-physician compacts.

Your Reference Committee discussed the current practice of licensure by endorsement. Your Reference Committee discussed the staff analysis, current MSV policy, and whether it suffices for effective MSV advocacy. Your Reference Committee also discussed the variety of testimony heard.

Accordingly, your Reference Committee recommends Reaffirmation of Policy 30.2.04 in Lieu of Resolution 26-207:

30.2.04- Interstate Licensure Compact in Virginia

The Medical Society of Virginia supports the development and implementation of an Interstate Medical Compact in Virginia and supports the required legislative and regulatory efforts necessary to adopt the Interstate Licensure Compact in Virginia.

8) 26-208 DATA TRANSPARENCY FOR EMERGENCY CARE ACCESS

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends that **Resolution 26-208 be Adopted as Amended.**

RESOLVED, that the Medical Society of Virginia supports and advocates for legislation or regulation requiring hospitals in the Commonwealth to maintain a public facing accurate, up-to-date list of medical specialties and subspecialties available on-site or on-call, and be it further

RESOLVED, that the Medical Society of Virginia supports making such information publicly accessible in a clear, standardized, and regularly updated format to assist patients, EMS systems, and referring providers in making informed decisions during emergencies, and be it further

RESOLVED, that the Medical Society of Virginia supports aligning these reporting requirements with existing EMS destination protocols and regional trauma system planning to improve coordination of emergency and trauma care, and be it further

RESOLVED, that the Medical Society of Virginia advocates for legislative and regulatory efforts framing these requirements as a patient safety, emergency care access, and public information initiative designed to improve outcomes and system efficiency across the Commonwealth.

Your Reference Committee heard supportive testimony regarding the patient cost burdens associated with inappropriate ER utilization.

Your Reference Committee heard oppositional testimony about the dependencies in second, third, and fourth resolved clauses.

Your Reference Committee discussed that the second, third, and fourth resolves do not stand alone on their own and would need stronger wording to capture the purpose of the resolution. Your Reference Committee also discussed how to amend the resolution to capture the spirit of the author while ensuring the position's language is operable for effective advocacy.

Accordingly, your Reference Committee recommends that Resolution 26-208 be Adopted as Amended:

RESOLVED, that the Medical Society of Virginia supports ~~and advocates for legislation or regulation requiring hospitals in the Commonwealth to maintain~~ a public facing accurate, up-to-date list of medical specialties and subspecialties available on-site or on-call, ~~and be it further~~

~~*RESOLVED, that the Medical Society of Virginia supports making such information publicly accessible in a clear, standardized, and regularly updated format to assist patients, EMS systems, and referring providers in making informed decisions during emergencies, and be it further*~~

~~*RESOLVED, that the Medical Society of Virginia supports aligning these reporting requirements with existing EMS destination protocols and regional trauma system planning to improve coordination of emergency and trauma care, and be it further*~~

~~*RESOLVED, that the Medical Society of Virginia advocates for legislative and regulatory efforts framing these requirements as a patient safety, emergency care access, and public information initiative designed to improve outcomes and system efficiency across the Commonwealth.*~~

9) 26-209 PRACTITIONER RESPONSIBILITY AND LIABILITY IN THE USE OF ARTIFICIAL INTELLIGENCE IN MEDICINE

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends that **Resolution 26-211 as Substituted be Adopted in Lieu of Adopting 26-209.**

RESOLVED, that the Medical Society of Virginia affirms that artificial intelligence technologies used in medical practice are clinical tools intended to support, but not replace, the professional judgement of licensed practitioners, and be it further

RESOLVED, that the Medical Society of Virginia holds that the responsibility and liability for clinical decisions made with the assistance of artificial intelligence rest with the licensed practitioner who uses such tools, consistent with existing standards of care and principles of medical malpractice, and be it further

RESOLVED, that the Medical Society of Virginia supports policies, education, and guidance that emphasize practitioner oversight, informed use, and accountability when artificial intelligence technologies are employed in the delivery of medical care.

Your Reference Committee heard supportive testimony regarding the impacts of new technologies and tools, and the liability associated with them.

Your Reference Committee heard oppositional testimony regarding the negative impacts of assigning liability to physicians in cases where the physician is using the tools correctly and the potential road bumps associated with regulatory oversight of AI as it continues to rapidly evolve.

An online comment was received for this resolution. Concerns were shared for the second resolved clause placing full blame on physicians for several reasons. First, there is a likely chance AI use in health care will become the standard of care, and in that case, it is not fair for full blame to be placed on the provider. In addition, the issue may be due to the AI vendor and its implementation, giving another reason as to why it is unfair for the provider to take full responsibility.

Your Reference Committee discussed the similarities between Resolution 26-209 and Resolution 26-211 and the preferred language in 26-211. Your Reference Committee discussed that while similar, it was ultimately decided that Resolution 26-211 as substituted would be recommended for adoption in lieu of adopting 26-209.

Accordingly, your Reference Committee recommends that Resolution 26-211 as Substituted be Adopted in Lieu of Adopting 26-209.

10) 26-210 SUPPORT FOR PHYSICIANS CONFRONTING THE CORPORATE PRACTICE OF MEDICINE

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends **Amending MSV Policy 30.4.09 in Lieu of Resolution 26-210.**

RESOLVED, that the Medical Society of Virginia commits to providing educational resources to help physicians understand the Corporate Practice of Medicine, including applicable laws, regulations, and common contractual or operational structures used to exert improper control over medical practice, and be it further

RESOLVED, that the Medical Society of Virginia will develop and promote resources, guidance, or referral mechanisms to assist physicians in responding to and pushing back against the Corporate Practice of Medicine, and be it further

RESOLVED, that the Medical Society of Virginia will advocate for policies and initiatives that support and protect physician autonomy and reinforce the primary of independent medical judgement in the delivery of patient care.

Your Reference Committee heard supportive testimony regarding the need for MSV to guide how to approach this issue in the legislative arena, the impacts of corporate entities on physician decision making and patient quality of care while physicians remain liable for decisions made by non-physician entities, and the potential for the MSV to align with the AMA on this issue.

No opposing testimony was heard by your Reference Committee.

Your Reference Committee discussed supporting the existing policy and with the additions to ensure clinician autonomy is highlighted.

Accordingly, your Reference Committee recommends that Amending MSV policy 30.4.09 in lieu of Resolution 26-210:

30.4.09- Corporate Practice and Private Equity Regulation

The Medical Society of Virginia supports regulating the corporate practice of medicine, including the acquisition of healthcare practices and facilities by private equity firms.

The Medical Society of Virginia supports policies and initiatives that protect physician and PA autonomy and reinforce the importance of independent medical judgement in the delivery of patient care.

11) 26-211 ENSURING VIRGINIA-LICENSED PHYSICIAN OVERSIGHT OF AI-ENABLED CLINICAL CARE

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends that **Resolution 26-211 be Adopted as Substituted.**

RESOLVED, that the Medical Society of Virginia supports legislation and regulation requiring that when an artificial intelligence system directly provides or materially determines individualized clinical care for a patient located in Virginia, including diagnosis, treatment, prescribing, or prescription renewal, such care shall be provided under the clinical oversight and final authority of a physician licensed to practice medicine in Virginia, with meaningful authority and ability to review, intervene in, or override the artificial intelligence system's clinical decisions, and be it further,

RESOLVED, that this requirement shall not apply to artificial intelligence used solely for administrative, documentation, or physician-facing clinical decision-support functions when an appropriately licensed health care professional independently makes the final clinical decision.

Your Reference Committee heard supportive testimony regarding the rapid development of AI models and the need for state-level oversight to prevent companies from causing harm to Virginia patients, and the need for model state legislation a policy. Your Reference Committee also heard supportive testimony regarding the merits of the resolution, with a suggestion to amend the second resolved clause to allow it to stand on its own.

No opposing testimony was heard by your Reference Committee.

An online comment was received for this resolution. It suggested for the second resolved clause to not stand alone and explicitly state "this requirement" written in the second resolved clause as well.

Your Reference Committee discussed the position on AI supporting, not replacing, provider judgement and care and ensuring the provider has oversight to monitor. Your Reference Committee discussed liability related to AI use, particularly when the provider is using the tool responsibly.

Accordingly, your Reference Committee recommends that Resolution 26-211 be Adopted as Substituted:

The Medical Society of Virginia believes that artificial intelligence should support, not replace, physician and PA judgement, and that when an artificial intelligence system directly provides or materially determines individualized clinical care for a patient in Virginia such care should be subject to the oversight and final authority of a Virginia-licensed physician and PA with meaningful ability to review, intervene in, and override the system's decisions.

12) 26-212 RESOLUTION TO TRANSITION VIRGINIA MEDICAID FROM MANAGED CARE ORGANIZATION TO A MANAGED FEE-FOR-SERVICE PROGRAM

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends that **Resolution 26-212 be Referred to the Board for Report.**

RESOLVED, that the Medical Society of Virginia jointly support and endorse legislation to transition Virginia Medicaid from its current Managed Care Organization model to a state-administered managed fee-for-service program with a single, unified statewide provider network, and be it further

RESOLVED, that the Medical Society of Virginia shall actively advocate to the Virginia Congressional delegation for federal waivers or legislative changes needed to facilitate Virginia's transition, and shall coordination with physician organizations in Connecticut, Minnesota, Maryland, and Washington to share implementation best practices, and be it further

RESOLVED, that this resolution shall be transmitted to the Governor of Virginia, all members of the Virginia General Assembly, the Director of the Virginia Department of Medical Assistance Services, and the Virginia Congressional delegation.

Your Reference Committee heard supportive testimony regarding the necessity for public tax dollars to support patients, the need to improve the operational state model used in Virginia to increase cost savings for patients, data showing the administrative burdens created by MCOs, and the need to work towards MSV's goal of making Virginia the best state to practice medicine and receive care.

Your Reference Committee heard oppositional testimony regarding the third resolved clause and the use of MCOs by other states. Your Reference Committee also heard oppositional testimony for third resolved clause, stating it is accomplished by the first two resolved clauses.

An online comment was received for this resolution. There was opposition to the third resolved clause, expressing the need for a campaign, information distribution, or coordinated interaction as a better vehicle for external communication than distributing the resolution to the General Assembly, state departments, and Governor's office.

Your Reference Committee discussed a proposed bill for the upcoming session and potential impacts to nursing homes. Your Reference Committee discussed the testimony heard in committee, as well as previous proposed resolutions to the MSV House of Delegates. Your Reference Committee discussed the testimony offered and which option might be most cost-effective. Your Reference Committee discussed how to balance needing more information with the short-term and long-term advocacy efforts.

Accordingly, your Reference Committee recommends that Resolution 26-212 be Referred to the Board for Report No Later Than the 2027 Annual Meeting.

12) 26-213 CONDEMNING UNETHICAL AND FORCED ORGAN HARVESTING ABROAD

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends that **Resolution 26-213 be Not Adopted.**

RESOLVED, that MSV Policy 05.4.04 be amended to read,

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

Furthermore, the Medical Society of Virginia (MSV) urges the Virginia Delegation to the American Medical Association (AMA) to introduce a resolution supporting federal legislation to prosecute and sanction

individuals and institutions engaged in the procurement or transportation of human organs or tissue obtained without consent and to track data regarding organ transplants abroad and their outcomes.

Furthermore, the MSV encourage Virginia physicians to counsel patients on the ethical and medical risks of seeking organ transplants abroad in regions lacking transparency.

Your Reference Committee heard supportive testimony regarding the federal and worldwide interest in this issue, and the risks of seeking care in other countries due to organ harvesting concerns.

Your Reference Committee heard oppositional testimony regarding the repetition of AMA efforts, which could be a waste of political capital.

An online comment was received for this resolution. There was expressed opposition to the first added paragraph of the resolution because of its enforcement mechanism towards the AMA, which may not be a good use of the MSV's political capital with the AMA delegation.

Your Reference Committee discussed the federal implications of this resolution and AMA's existing policy on this issue, reaffirming testimony heard in committee.

Accordingly, your Reference Committee recommends that Resolution 26-213 be Not Adopted.

12) 26-216 MSV INVOLVEMENT IN THE ELECTORAL PROCESS

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends that **Resolution 26-216 be Not Adopted.**

RESOLVED, that the Medical Society of Virginia supports physician involvement in state level advocacy and encourages members to participate in the electoral process. Such encouragement shall be non-partisan in a manner consistent with MSV tax status.

Your Reference Committee heard supportive testimony echoing the fundamental right to vote and how as leaders, physicians should have a role in supporting each other in voter participation and education.

No opposing testimony was heard by your Reference Committee.

Several online comments were received for this resolution. There was no direct opposition to the general principle of the resolution, but members expressed that the MSV is not the most appropriate vehicle to patrol this issue given staff and resource constraints. Additionally, there were concerns that the data regarding physician voter participation may be dated and not reflective on Virginia's physicians.

Your Reference Committee discussed the difference between the resolution being adopted or reaffirming current MSV policy, as well as the similarities between Resolution 26-216 and 26-217. Your Reference Committee also expressed concerns about the wording and if unintended consequences could arise.

Accordingly, your Reference Committee recommends that Resolution 26-216 be Not Adopted.

12) 26-217 SUPPORTING ADVOCACY ACTIVITIES AND PHYSICIAN INVOLVEMENT IN HEALTH POLICY PUBLIC DEBATES

RECOMMENDATION:

Madame Speaker, your Reference Committee recommends that **Resolution 26-217 be Not Adopted.**

RESOLVED, that the Medical Society of Virginia shall support advocacy activities to include physician involvement in health policy public debates for the purpose of educating the voting public regarding health implications of decisions made by the voting public and the legislators they elect. Such education activities must be non-partisan, in accordance with MSV tax status, and consistent with existing MSV policy. These activities may include but are not limited to press releases, position statements, op-eds in major outlets, press conferences and lobbying as well as working with, but not limited to, state medical societies, specialty societies, patient advocacy groups, hospital systems and safety net organizations.

Your Reference Committee heard supportive testimony about the resolution's language explaining the different vehicles of advocacy and how physicians can participate.

No opposing testimony was heard by your Reference Committee.

An online comment was received for this resolution. The comment expressed need for this resolution just to affirm the existing MSV policy, 55.2.05 - Physician Involvement in State Legislative Advocacy, versus a new resolution.

Your Reference Committee discussed given the similarities between 26-216 and 26-217 and potential unintended consequences that may occur from proposed resolution.

Accordingly, your Reference Committee recommends that Resolution 26-217 be Not Adopted.

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 16th, 2026

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