



**FINAL ACTIONS OF THE 2016 ANNUAL MEETING OF THE MEDICAL SOCIETY OF VIRGINIA
HOUSE OF DELEGATES**

SUMMARY OF ACTION

ADOPTED

- 16-101 Medical Society of Virginia Proposed 2017 Budget
- 16-106 A Resolution to Support the AMA's Recently Amended Policy Calling for an End to Re-Certification Examinations
- 16-209 Associate Physician

ADOPTED AS AMENDED

- 16-102 MSV 2016 Policy Compendium Update
- 16-104 Burnout and Suicide Prevention
- 16-107 Updating MSV Bylaws to Increase Physician Participation
- 16-108L Peer Review
- 16-201 Protecting Human Health in a Changing Climate
- 16-202 Medical Practitioner Drug Addiction Guidelines
- 16-203 Treatment of Dying Patients
- 16-206 Resolution for Physician Participation in Efforts to Control Increased Health Care Costs
- 16-207 Resolution to Provide Education to Patients Regarding Ionizing Radiation from Medical Procedures
- 16-210 Evaluating the Effectiveness of Step 2 Clinical Skills Exam
- 16-211 Medical Marijuana
- 16-212L Telemedicine

REFERRED TO BOARD OF DIRECTORS

- 16-103 Prohibit the Use of MOC as a Means to Limit Physicians' Scope of Practice
- 16-208L MSV-NRA School Gun Violence Deterrence Initiative

NOT ADOPTED

- 16-105 To Ask The University Of Virginia Medical School to Collaborate with the University Of Virginia Law School to Present a Plan for an Entity within the State to be Responsible for and Deliver Medical Care
- 16-204 Physician Oversight of Medical Services in the School Setting
- 16-205 Registered Professional Nurse Care in the School Setting
- 16-213L Supporting the Interstate Medical Licensure Compact



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HOUSE OF DELEGATES**

16-101: MEDICAL SOCIETY OF VIRGINIA PROPOSED 2017 BUDGET (ADOPTED)

RESOLVED, that the Medical Society of Virginia approve, as presented, the proposed budget for 2017.

16-102: MSV 2016 POLICY COMPENDIUM UPDATE (ADOPTED AS AMENDED)

RESOLVED, that the Medical Society of Virginia adopt the recommendations in the previously enclosed report with the following amendments.

55.002 –~~Diagnostic~~-Screening for Breast Cancer

~~The Medical Society of Virginia advises third-party payers that diagnostic imaging for breast cancer in asymptomatic women is considered appropriate for women at risk on the basis of a family history of breast cancer and/or personal history of prior breast disease.~~

~~The Medical Society of Virginia endorses diagnostic screening for women past the age of 35 consistent with the American College of Radiology, American College of Obstetrics and Gynecology and Society of Breast Imaging guidelines. Diagnostic Imaging of the breast for women patients at risk should be interpreted as a medically appropriate service and should be covered by third party payers.~~

~~The Medical Society of Virginia advises third-party payers that screening mammography for asymptomatic women by age 40 (baseline) and annually thereafter is appropriate.~~

~~The Medical Society further advises third-party payers that diagnostic imaging for breast cancer in asymptomatic women, at an earlier age and more frequently, is considered appropriate for those with a family history of breast cancer and/or personal history of prior breast disease.~~

440.009 - Immunizations for all Students Entering College

~~The Medical Society of Virginia supports the Code of Virginia requirement immunization recommendations of the American Academy of Pediatrics, the American Academy of Family Physicians and the Centers for Disease Control that immunizations for students entering institutions of higher education be immunized by vaccine against diphtheria, tetanus, poliomyelitis, measles (rubeola), German measles (rubella), and mumps.~~

440.005 - Establishment of Adult Fatality Review Team - *This policy has been archived*

205.001 - COPN Policy - *This policy was referred to the Board of Directors.*



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HOUSE OF DELEGATES**

**16-103: PROHIBIT THE USE OF MOC AS A MEANS TO LIMIT PHYSICIANS' SCOPE OF PRACTICE
(REFERRED TO BOARD OF DIRECTORS AND REPORT TO 2017 HOUSE OF DELEGATES)**

RESOLVED, that the Medical Society of Virginia continues to support and advocate lifelong continuing medical education and lifelong Specialty Board Certification as determined by the physician him/herself, to advocate against time-limited specialty medical board certificates, and advocate against discrimination against physicians who are not certified or are certified and choose NOT to engage in corporate re-certification programs labeled as "voluntary" by the specialty medical boards, and be it further

RESOLVED, that the Medical Society of Virginia support legislation in Virginia that will prohibit discrimination by hospitals and any employer, insurer, Medicare, Medicaid, or other entity, which might restrict a physician's right to practice medicine without interference (including economic discrimination by varying fee schedules) due to lack of certification, lack of participation in ABMS-prescribed corporate programs including Maintenance of Certification or expiration of time limited Board Certification, and be it further

RESOLVED, that the Medical Society of Virginia promote and/or implement a policy forbidding discrimination by hospitals or employers, insurers, Medicare, Medicaid, and other entities, which might restrict a physician's right to practice medicine without interference (including economic discrimination by varying fee schedules) due to lack of certification or participation in ABMS-prescribed corporate programs including Maintenance of Certification or time limited Board certification, and be it further

RESOLVED, that the Medical Society of Virginia urge the AMA to adopt as policy this resolution forbidding discrimination by hospitals or employers, insurers, Medicare, Medicaid, and other entities, which might restrict a physician's right to practice medicine without interference (including economic discrimination by varying fee schedules) due to lack of certification or participation in ABMS-prescribed corporate programs including Maintenance of Certification or time limited Board certification, in accordance with the letter and spirit of AMA House of Delegates Resolution 309.

16-104: BURNOUT AND SUICIDE PREVENTION (ADOPTED AS AMENDED)

RESOLVED, the Medical Society of Virginia will support efforts to address the mental health of medical students, residents, and physicians, and be it further

RESOLVED, the Medical Society of Virginia will work cooperatively with state and national stakeholders to develop and promote strategies for comprehensive education, screening and treatment of mental health issues including burnout and suicide prevention.

**16-105: TO ASK THE UNIVERSITY OF VIRGINIA MEDICAL SCHOOL TO COLLABORATE WITH THE
UNIVERSITY OF VIRGINIA LAW SCHOOL TO PRESENT A PLAN FOR AN ENTITY WITHIN THE
STATE TO BE RESPONSIBLE FOR AND DELIVER MEDICAL CARE (NOT ADOPTED)**



**FINAL ACTIONS OF THE 2016 ANNUAL MEETING OF THE MEDICAL SOCIETY OF VIRGINIA
HOUSE OF DELEGATES**

RESOLVED, that the Medical Society of Virginia (MSV) ask the Dean of the University of Virginia Medical School to initiate the creation of a liaison committee with the University of Virginia Law School whose purpose is to create an entity within the State of Virginia to deliver and be responsible for health care delivery and to present it to MSV for approval in order that MSV can, if approved, present it to the House of Delegates of the State of Virginia.

**16-106: A RESOLUTION TO SUPPORT THE AMA'S RECENTLY AMENDED POLICY CALLING FOR AN
END TO RE-CERTIFICATION EXAMINATIONS (ADOPTED)**

RESOLVED, that the Medical Society of Virginia support the AMA's recently adopted policy on re-certification (AMA Resolution 309) which does the following:

- 1. Calls for the immediate end of any mandatory, secured recertifying examination by the ABMS or other certifying organizations as part of the recertification process for all those specialties that still require a secure, high-stakes recertification examination;*
- 2. Calls for the AMA to support a recertification process based on high quality, appropriate Continuing Medical Education (CME) material directed by the AMA recognized specialty societies covering the physician's practice area, in cooperation with other willing stakeholders, that would be completed on a regular basis as determined by the individual medical specialty, to ensure lifelong learning;*
- 3. Calls for the AMA to continue to work with the ABMS to encourage the development by and the sharing between specialty boards of alternative ways to assess medical knowledge other than by a secure high-stakes exam;*
- 4. Calls for the AMA to continue to support the requirement of Continuing Medical Education (CME) and ongoing, quality assessments of physicians, where such CME is proven to be cost-effective and shown by evidence to improve quality of care for patients.*

**16-107: UPDATING MSV BYLAWS TO INCREASE PHYSICIAN PARTICIPATION (ADOPTED AS
AMENDED)**

Please see enclosed bylaws.

16-108L: PEER REVIEW (ADOPTED AS AMENDED)

RESOLVED, it is the policy of the Medical Society of Virginia that in absence of a court order the proceedings, minutes, records and reports of the committees set forth in Virginia Code Section 8.01-581.17.B are privileged and confidential and shall only be disclosed as necessary for such committees to carry out official duties or as required by state or federal law.

RESOLVED, that the Medical Society of Virginia pursue legislation to amend Virginia Code Section 8.01-581.17 consistent with MSV policy.



**FINAL ACTIONS OF THE 2016 ANNUAL MEETING OF THE MEDICAL SOCIETY OF VIRGINIA
HOUSE OF DELEGATES**

16-201: PROTECTING HUMAN HEALTH IN A CHANGING CLIMATE (ADOPTED AS AMENDED)

~~RESOLVED, that the Medical Society of Virginia supports notes the findings of leading U.S. and international scientific bodies that the Earth is undergoing adverse changes in the global climate and that anthropogenic contributions are the primary driver. These climate changes create conditions that affect public health, with disproportionate impacts on vulnerable populations, including children, the elderly, and the poor, and be it further~~

~~RESOLVED, supports educating the medical community on the adverse public health effects of global climate change and incorporating the health implications of climate change into the spectrum of medical education, including topics such as sea level rise, population displacement, heat waves and drought, flooding, infectious and vector borne diseases, and policymaking, and be it further~~

~~RESOLVED, recognizes the importance of physician involvement in policymaking at the state, national, and global level and supports efforts to search for novel, comprehensive, and economically sensitive approaches to mitigating climate change through reduced greenhouse gas emissions to protect the health of the public and encourages physicians to assist in educating patients and the public on environmentally sustainable practices, and to serve as role models for promoting environmental sustainability, and be it further~~

~~RESOLVED, encourages physicians to work with local and state health departments to strengthen the public health infrastructure to ensure that the global health effects of climate change can be anticipated and responded to more efficiently effectively, and that the AMA's Center for Public Health Preparedness and Disaster Response assist in this effort, and be it further~~

~~RESOLVED, supports epidemiological, translational, clinical and basic science research necessary for evidence based global climate change policy decisions related to health care and treatment.~~

16-202: MEDICAL PRACTITIONER DRUG ADDICTION GUIDELINES (ADOPTED AS AMENDED)

~~RESOLVED, that the MSV create a study group/subcommittee to study this problem of drug/opioid abuse among physicians and healthcare provider, gathering more information, and be it further~~

~~RESOLVED, that the MSV recommend guidelines for its members and the medical community on how to handle respond to the issue of suspected or known medical practitioner drug addiction and/or impairment. and be it further~~

~~RESOLVED, that the MSV coordinate with the Virginia Board of Medicine and the state legal system on therapeutic interventions, rehabilitation and medical licensure/practice restrictions to help addicted practitioners.~~

16-203: TREATMENT OF DYING PATIENTS (ADOPTED AS AMENDED)

~~RESOLVED, that the MSV encourage medical schools, post-graduate specialty programs, and all Virginia physicians of Virginia to improve advance and promote their "at end of life" training, and be it further~~



**FINAL ACTIONS OF THE 2016 ANNUAL MEETING OF THE MEDICAL SOCIETY OF VIRGINIA
HOUSE OF DELEGATES**

RESOLVED, that the MSV encourage universal use of 'Advance Care Plans' such as "Living Wills" in Virginia so that every patient expresses his or her wishes for care in end of life decisions.

16-204: PHYSICIAN OVERSIGHT OF MEDICAL SERVICES IN THE SCHOOL SETTING (NOT ADOPTED)

RESOLVED, the Medical Society of Virginia recognizes it is within the scope of practice of a licensed physician to oversee health programs in school divisions, and further advocates that the Commonwealth of Virginia require that each school division has a licensed, registered physician (MD or DO), ideally a board certified pediatrician or family practitioner, to oversee all health and safety aspects of all school health services programs.

16-205: REGISTERED PROFESSIONAL NURSE CARE IN THE SCHOOL SETTING (NOT ADOPTED)

RESOLVED, the Medical Society of Virginia recognizes it is within the scope of practice of a registered professional nurse to serve as a school nurse, and further advocates that the Commonwealth of Virginia require that each school division has sufficient nursing coverage to ensure the health and safety aspects of children and adolescents attending schools in the Commonwealth of Virginia in every school at ratios consistent with the recommendations of the National Association of School Nurses.

16-206: RESOLUTION FOR PHYSICIAN PARTICIPATION IN EFFORTS TO CONTROL INCREASED HEALTHCARE COSTS (ADOPTED AS AMENDED)

RESOLVED, the Medical Society of Virginia will support legislative efforts to increase transparency for charges ~~that do not relate directly~~ related to the provision of health care.

16-207: RESOLUTION TO PROVIDE EDUCATION TO PATIENTS REGARDING IONIZING RADIATION FROM MEDICAL PROCEDURES (ADOPTED AS AMENDED)

RESOLVED, that the MSV encourage and facilitate the voluntary distribution of information from the American College of Radiology on radiation safety concerns to patients in ~~radiology~~ waiting areas of facilities in Virginia where radiologic or nuclear medicine procedures are ordered or performed using educational media brochures similar to or the same as those now being employed by the VCU Health System.

16-208L: MSV-NRA SCHOOL GUN VIOLENCE DETERRENCE INITIATIVE (REFERRED TO THE BOARD OF DIRECTORS)

RESOLVED, therefore the MSV and NRA shall engage in an exploratory discussion on the enhancement of protective measures for child safety and the deterrence of gun violence in the Virginia public school system, and be it further

RESOLVED, the MSV and NRA establish a representative committee of MSV medical representatives and NRA policy experts to explore our mutual areas of overlap and utilize these areas of overlap to enhance the safety of children matriculating in the Virginia public school system, and be it further



FINAL ACTIONS OF THE 2016 ANNUAL MEETING OF THE MEDICAL SOCIETY OF VIRGINIA HOUSE OF DELEGATES

RESOLVED, that the coalition formed by the MSV and NRA will provide a model for collaborative leadership nationally in our mutual desire to deter gun violence in our nation's schools.

16-209: ASSOCIATE PHYSICIAN (ADOPTED)

RESOLVED, that our MSV oppose special licensing pathways for physicians who are not currently enrolled in an Accreditation Council for Graduate Medical Education or American Osteopathic Association training program, or have not completed at least one year of accredited post-graduate U.S. medical education.

16-210: EVALUATING THE EFFECTIVENESS OF STEP 2 CLINICAL SKILLS EXAM (ADOPTED AS AMENDED)

RESOLVED, the Medical Society of Virginia will establish a workgroup to evaluate the USMLE Step 2 Clinical Skills Exam, including relative value, cost, and accessibility, and be it further

RESOLVED, that the workgroup shall be comprised of students from the Medical Student Section, physician members, including International Medical Graduates, academic representation medical school faculty, and residency directors, and be it further

RESOLVED, the Medical Society of Virginia will work with the AMA to address issues of cost and accessibility of the USMLE Step 2 Clinical Skills Exam.

16-211: MEDICAL MARIJUANA (ADOPTED AS AMENDED)

RESOLVED, that the Medical Society of Virginia amend 120.008 - Cannabis for Medicinal Use and adopt the recommended policy changes in the enclosed report.

Expanding Research on Medicinal Cannabis

The Medical Society of Virginia calls for further adequate and well-designed studies of marijuana and related cannabinoids in patients who have serious conditions for which evidence suggests possible efficacy and a reasonable likelihood that application of such research findings would improve the understanding and treatment of specific disease states.

MSV supports down-scheduling marijuana's status as a federal Schedule I controlled substance, with the goal of facilitating the conduct of clinical research and development of cannabinoid-based medicines and alternate delivery methods and minimizing patient barriers to treatment by removing legal and logistical obstacles.

Medicinal Use of Cannabinoids

The MSV believes that effective patient care requires the free and unfettered exchange of information on treatment alternatives and that discussion of these alternatives, between physicians and patients, should not subject either party to criminal sanctions.

The Medical Society of Virginia recognizes that a physician may deem the use of medical cannabinoids to be appropriate for some patients with severely debilitating conditions, such as intractable epilepsy, that have exhausted other available therapies.



FINAL ACTIONS OF THE 2016 ANNUAL MEETING OF THE MEDICAL SOCIETY OF VIRGINIA HOUSE OF DELEGATES

In these situations, MSV urges collaboration between the medical community, local, state and national authorities to remove undue barriers.

Medical cannabinoids should be manufactured, processed and dispensed in a consistent and regulated fashion to ensure patient safety. When medical cannabinoids are incorporated as part of a patient's care plan, pursuant to applicable state and federal laws, the patient and their care team, including family caregivers, should not be subject to criminal sanctions.

The Medical Society of Virginia recognizes the significant health issues involving nonmedical use of marijuana and emphasizes that these recommendations apply to proven medical use and does not apply to nonmedical use of marijuana.

Nothing in this policy is intended to encourage the violation of existing state or federal law.

16-212L: TELEMEDICINE (ADOPTED AS AMENDED)

RESOLVED, that our MSV develop legislation and/or regulations requiring telemedicine services provided by entities outside of the patient's primary medical setting to ask the patient to identify a physician or care setting of record and to provide that clinical setting with a full record of the provided telemedicine service, ~~including the encounter record, prescriptions provided, studies ordered, and referrals within 24 consecutive hours of an encounter, as well as forward all lab or other diagnostic test results when they become available,~~ and that the MSV explore the feasibility of including it in the 2017 legislative agenda, and be it further,

RESOLVED, that our MSV educate and advocate to MSV members on the use and implementation of telemedicine and other related technology in their practices to improve access, convenience, and continuity of care for their patients.

16-213L: SUPPORTING THE INTERSTATE MEDICAL LICENSURE COMPACT (NOT ADOPTED)

RESOLVED, the Medical Society of Virginia (MSV) supports the Interstate Medical Licensure Compact model and will pursue enactment in Virginia, and be it further

RESOLVED, the MSV will work with the medical societies in bordering states and the District of Columbia to encourage them to support and enact the interstate medical licensure compact.