



**165<sup>th</sup>**  
**Missouri State Medical Association**  
**Delegate Handbook**

**House of Delegates—Opening Session**  
Saturday, April 1, 2023 / 8:30 a.m.

**Reference Committee**  
Saturday, April 1, 2023 / 9:30 a.m.

**Presidential Inauguration**  
Saturday, April 1, 2023 / 6:30 p.m.

**House of Delegates—Second Session**  
Sunday, April 2, 2023 / 8:15 a.m.

[www.msma.org/convention](http://www.msma.org/convention)

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## MSMA Conflict of Interest Policy

This Conflict of Interest Policy of the Missouri State Medical Association:

- (1) defines conflicts of interest;
- (2) identifies classes of individuals within the Association covered by this policy;
- (3) facilitates disclosure of information that may help identify conflicts of interest, and;
- (4) specifies procedures to be followed in managing conflicts of interest.

1. **Definition of Conflicts of Interest.** A conflict of interest arises when a person in a position of authority over the Association may benefit financially from a decision he or she could make in that capacity, including indirect benefits such as to family members or businesses with which the person is closely associated. This policy is focused upon material financial interest of, or benefit to, such persons.
2. **Individuals Covered.** Persons covered by this policy are the Association's Officers, Councilors, Vice-Councilors, Delegates, Executive Vice President, Finance Manager, and other key employees.
3. **Facilitation of Disclosure.** Persons covered by this policy will annually disclose or update to the Conflict of Interest Committee, on a form provided by the Association, their interests that could give rise to conflicts of interest. The form may include such information as substantial business or investment holdings, transactions and affiliations with businesses and/or other associations, and potential conflicts of family members of covered individuals. In addition, such persons shall disclose such previously reported and any as yet unreported conflicts prior to participation in discussions or decisions on issues involving such conflict of interest.
4. **Procedures to Manage Conflicts.** For each interest disclosed to the Conflict of Interest Committee, the Committee will determine whether to:
  - (a) take no action;
  - (b) assure full disclosure to the Council and other individuals covered by this policy;
  - (c) ask the person to withhold from participation in related decisions within the Association.

The Association's Executive Vice President will monitor proposed or ongoing transactions for conflicts of interest and disclose them to the Council Chairman in order to deal with potential or actual conflicts, whether discovered before or after the transaction has occurred.

Adopted by MSMA Council 01/25/09

# MSMA Conflict Disclosure Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please describe below any relationships, positions, or circumstances in which you are involved that you believe could contribute to a conflict of interest arising:

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

I hereby certify that I have reviewed the MSMA Conflict of Interest Policy and the information set forth above is true and complete to the best of my knowledge.

Signature: \_\_\_\_\_

Print Name \_\_\_\_\_

Date: \_\_\_\_\_

March 2023

Dear Doctor:

This is your copy of the Delegate's Handbook for the Missouri State Medical Association's Annual Convention which will be held March 31-April 2 at the Westin Kansas City at Crown Center Hotel. This Handbook includes all the advance information for the Annual Convention, including the Reports of Officers, Reports of Commissions and Committees, and Summary of Council Minutes. They have been combined in this Handbook to make the information more accessible.

We hope you will take time before the meeting to study these materials and discuss them with your colleagues, the members of your local medical society, and with your Councilor(s), if possible. As always, we are eager that the deliberations of the House of Delegates reflect the opinions and wishes of the entire membership of the Association.

Please print or download the handbook to your laptop or device prior to the Convention and keep it handy during the meetings. We look forward to working with you to make this a productive, meaningful event. We hope to see you at the Annual Convention!

Sincerely,

George Hubbell, MD  
MSMA President

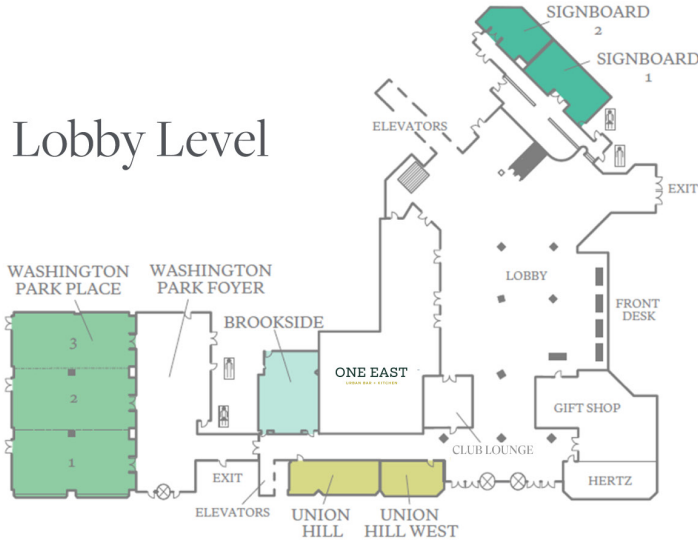
Timothy Swearingin, DO  
Speaker, MSMA House of Delegates

***For further information, please contact:***

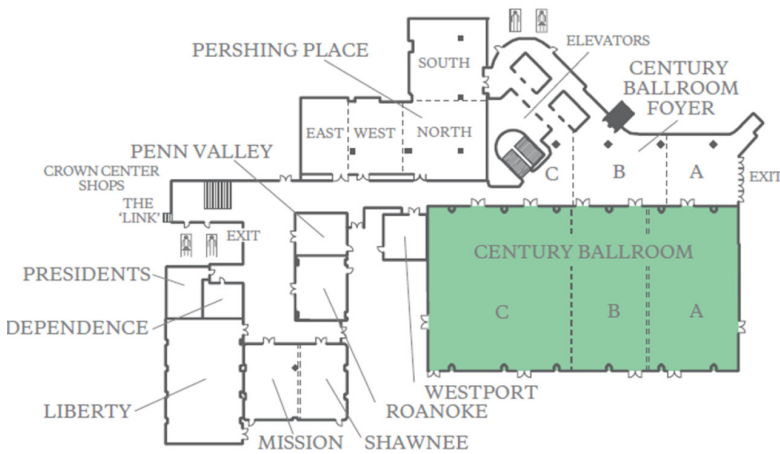
Jeff Howell, Executive Vice President – Resolutions, House of Delegates  
Benita Stennis – Meeting Planning  
Carol Meyer – Registration  
[www.msma.org/convention](http://www.msma.org/convention)  
573-636-5151

# Westin Kansas City at Crown Center Hotel Maps

## Lobby Level



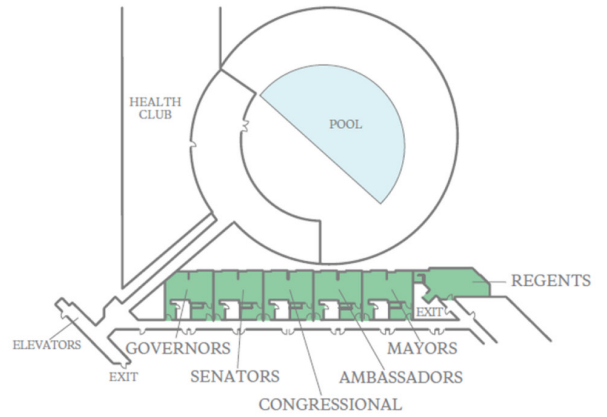
## Ballroom Level



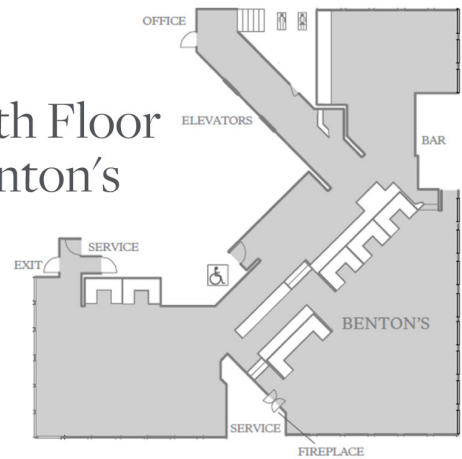
## Executive Office Level



## 5th Floor Meeting Rooms



## 20th Floor Benton's



# 2023 MSMA ANNUAL CONVENTION PRELIMINARY SCHEDULE

## PRE-CONVENTION MEETINGS

### Friday, March 31

1:00-2:00 pm	MSMA Insurance Agency Board Meeting
2:00-4:00 pm	MSMA Executive Committee Meeting
3:00-6:00 pm	MSMA Convention Registration
4:15-5:15 pm	MSMA General Session
5:30-7:00 pm	Annual Convention Opening Reception
7:00-8:00 pm	Women Physician Section/Young Physician Section Mixer
7:00-8:00 pm	Medical Student Section Meeting

## CONVENTION MEETINGS

### Saturday, April 1

6:30 am-5:00 pm	Registration
6:30-7:30 am	MSMA Section Meetings
7:30-8:30 am	FREE Moneta Product Theater Breakfast (requires registration)
8:30-9:30 am	MSMA House of Delegates – 1 <sup>st</sup> Session
9:30-11:30 am	MSMA Reference Committee
9:30-11:30 am	Missouri Physicians Health Program Board Meeting
11:00 am-Noon	Caucus Meetings <ul style="list-style-type: none"><li>• St. Louis Metropolitan Medical Society</li><li>• Kansas Medical Society</li></ul>
11:30 am-12:30 pm	FREE Networking Lunch (requires registration)
12:45-1:45 pm	MSMA General Session
2:00-3:00 pm	MSMA General Session
2:00-3:00 pm	Missouri State Medical Foundation Board Meeting
3:00-4:00 pm	Missouri Medical Political Action Committee Meeting
3:15-4:15 pm	MSMA General Session
4:30-5:30 pm	Women Physicians Section Meeting
4:30-6:30 pm	Medical School Receptions
5:30-6:15 pm	Reception for 50-Year Pin Recipients, MSMA & MSMA Alliance Past Presidents & MMPAC Diamond Club
6:30-7:30 pm	MSMA Presidential Inauguration
7:30 pm	MSMA Presidential Reception

### Sunday, April 2

7:00-8:00 am	District Breakfasts & Caucuses
8:15 am	MSMA House of Delegates – 2 <sup>nd</sup> Session
After HOD	MSMA Council Meeting

# MSMA ANNUAL CONVENTION

## 2023 MSMA GENERAL SESSIONS



**Friday, March 31 • 4:15 pm**  
**Century Ballroom Level**  
**Health Equity**  
**Opportunities for Doctors**  
**and State Medical**  
**Associations**

### Speaker

*William Jordan, MD, MPH*  
*Health Equity Policy Director American Medical Association,*  
*Chicago, Illinois*

### Objectives

1. Define health equity using a metaphor.
2. Describe a state or national example of a medical association advancing health equity.
3. Identify an opportunity for individual physicians to advance health equity through their medical association.



**Saturday, April 1 • 12:45 pm**  
**Century Ballroom Level**  
**The Opioid Epidemic:**  
**Striving to Provide**  
**Holistic Care to Patients**  
**Who Use Drugs**

### Speaker

*Nathan Nolan, MD, MPH, MHPE*  
*Instructor of Medicine - Infectious Disease, St. Louis VA and*  
*Washington University School of Medicine, St. Louis, Missouri*

### Objectives

1. Articulate the importance of caring for patients who use drugs (PWUD).
2. Develop a fundamental harm reduction approach to PWUD.
3. Describe appropriate steps in management of addiction and comorbid conditions in PWUD.



**Saturday, April 1 • 2:00 pm**  
**Century Ballroom Level**  
**Environmental Health:**  
**An Overview for Missouri**  
**Physicians**

### Speaker

*Elizabeth Friedman, MD, MPH*  
*Region 7 (Missouri, Kansas, Nebraska, Iowa) Mid America-*  
*Pediatric Environmental Health Specialty Unit Director, Medical*  
*Director, Environmental Health Program; Children's Mercy*  
*Hospital, Kansas City, Missouri, Assistant Professor Pediatrics,*  
*University of Missouri - Kansas City School of Medicine*

### Objectives

1. Examine basic insight into how the field of environmental health has developed.
2. Describe basic physiological and behavioral differences that make individuals more vulnerable to toxic exposures during certain life stages.
3. Discuss environmental exposures and their routes of absorption, metabolism, and distribution, and recognize the health effects of environmental toxicants.
4. Explain how ongoing epidemiological and toxicological studies have altered our concept of what is "acceptable" exposure.
5. Recognize anthropogenic sources of environmental contamination and how they affect human health.



**Saturday, April 1 • 3:15 pm**  
**CenturyBallroom Level**  
**Marijuana/Cannabis**  
**Guidance for Medical**  
**Providers: Follow the**  
**Science**

### Speaker

*Roneet Lev, MD, FACEP*  
*Executive Director of Independent Emergency Physician*  
*Consortium; Chair of the San Diego Community Response to Drug*  
*Overdose Task Force; Former Chief Medical Officer of the White*  
*House Office of National Drug Control Policy 2018-2020;*  
*Former Chief of Scripps Mercy Hospital/San Diego Emergency*  
*Department; Founder and Vice President of IASIC, the*  
*International Academy on the Science and Impact of Cannabis*

### Objectives

1. Recognize cannabis-related medical conditions.
2. Discuss drug interactions with cannabis products.
3. Explain how to include cannabis-related diagnosis in medical documentation.





*Missouri State **Medical** Association*

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# Presidential Inauguration & Reception



Lancer G. Gates, DO, FACOI  
Kansas City, Missouri  
2023-2024 MSMA President

**ALL MEMBERS & GUESTS ARE INVITED TO ATTEND**

Saturday, April 1

6:30 p.m. - Presidential Inauguration

7:30 p.m. - Presidential Reception

*Entertainment, Hors d'oeuvres & Cash Bar*



*Missouri State Medical Association*

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**All members  
and guests  
are invited to honor**

**Sana Saleh  
Kansas City, Missouri**

**2023-2024  
MSMA Alliance President**



**during MSMA's Presidential Inauguration & Reception**

**Saturday, April 1**

**6:30 p.m. - Presidential Inauguration**

**7:30 p.m. - Presidential Reception**

***Entertainment, Hors d'oeuvres & Cash Bar***

# **MSMA HOUSE OF DELEGATES**

**First Session – 8:30 a.m. – Saturday, April 1, 2023  
Westin Kansas City at Crown Center Hotel**

## **AGENDA**

Call to order – Timothy Swarengin, DO, Speaker

Housekeeping Items – Timothy Swarengin, DO

Report of the Committee on Credentials – Joseph Corrado, MD

Approval of Minutes of 2022 Meeting (Published in *Missouri Medicine*, May/June 2022) –  
Timothy Swarengin, DO

Speaker's Instructions and Appointment of Reference Committees – Timothy Swarengin, DO

President's Message – George Hubbell, MD

Report of the President of the MSMA Alliance – Sana Saleh

Presentation of Award – George Hubbell, MD  
- Legislative Award – Rep. Jon Patterson, MD

Appointment of the Committee on Nominations – George Hubbell, MD

Late Resolutions – Timothy Swarengin, DO

New Business – Timothy Swarengin, DO

# **MSMA HOUSE OF DELEGATES**

**Second Session - 8:15 a.m. – Sunday, April 2, 2023  
Westin Kansas City at Crown Center Hotel**

## **AGENDA**

Call to order – Laurin Council, MD, Vice Speaker

Housekeeping Items – Laurin Council, MD

Report of the Committee on Credentials – Joseph Corrado, MD

Report of the Nominating Committee – Sarah Florio, MD

Election of the President Elect – Timothy Swearingin, DO

Appointment to the Council on Ethical and Judicial Affairs – Lancer Gates, DO, President

Report of the Election of Councilors – Ellen Nichols, MD

Report of the Reference Committee

New Business – Timothy Swearingin, DO

## **Delegate Instructions**

### **On-Site Registration**

Registration for the House of Delegates is located in the Century Foyer, and is open from 3:00 to 6:00 p.m. on Friday, March 31; and 6:30 a.m. to 5:00 p.m. on Saturday, April 1.

### **Instructions for Delegates**

Delegates MUST register at the Registration Booth and identify themselves as a Delegate to obtain the Delegate's credentials and badge. Each Delegate elected to the House of Delegates by his or her district or section will be included on a Delegates list at the MSMA Registration Desk.

Delegates are urged to register as early as possible so that they may be seated promptly when the House is called to order.

### **House of Delegates**

The 165<sup>th</sup> MSMA House of Delegates will convene with the Opening Session at 8:30 a.m. on Saturday, April 1, and conclude around 9:30 a.m. It will consist of reports, speeches, and consideration of acceptance of late resolutions. On Sunday, April 2, the House will convene at 8:15 a.m. to consider the report of the Reference Committee and install officers.

### **Reference Committee**

The Reference Committee will begin at 9:30 a.m. on Saturday, April 1, following the first House of Delegates.

### **Resolutions**

Resolutions submitted after the February 15 deadline are considered late resolutions. For resolutions submitted after 8:30 a.m. on Friday, March 31, the individual or society introducing a late resolution must supply sufficient copies, printed in standardized format, for the entire House of Delegates at its opening session (plus 10 copies delivered to the MSMA Secretary at the time of its introduction). Late resolutions will be accepted as business of the House at the opening session, but those that miss the March 31, 2023, deadline will be referred to the Reference Committee only if approved by two-thirds of the Delegates voting.

All members of the MSMA are privileged and urged to attend the sessions of the House of Delegates and the meeting of the Reference Committee. While discussion in the House is limited to Delegates, any Association member may present his or her viewpoint during the meeting of Reference Committee when recognized by the Chair.

### **Proceedings**

Proceedings of the House of Delegates are conducted in accordance with *Sturgis Standard Code of Parliamentary Procedure*.

## 2022-2023 Officers, Councilors, AMA Delegates, Committee & Commission Chairs, and Staff

### Officers

#### President

George Hubbell, MD – Lake Ozark

#### President Elect

Lancer Gates, DO – Kansas City

#### Immediate Past President

Alexander Hover, MD – Ozark

#### Secretary

Ellen Nichols, MD – Joplin

#### Treasurer

Elie Azrak, MD – St. Louis

#### 1<sup>st</sup> Vice President

Keith Frederick, DO – Rolla

#### Honorary Vice President

Karen Edison, MD – Columbia

#### Honorary Vice President

Stuart Braverman, MD – Sedalia

#### Speaker, House of Delegates

Timothy Swearingin, DO – Springfield

#### Vice Speaker, House of Delegates

Laurin Council, MD – St. Louis

### Councilors

#### Chair of the Council – 3<sup>rd</sup> District

David Pohl, MD – Town & Country

#### Vice Chair – 8<sup>th</sup> District

Brian Biggers, MD – Springfield

#### 1<sup>st</sup> District

Robert Corder, MD – St. Joseph

#### 2<sup>nd</sup> District

Hossein Behniaye, MD – Hannibal

#### 3<sup>rd</sup> District

Robert Brennan, Jr., MD – St. Louis

Inderjit Singh, MD – St. Louis

Christopher Swingle, DO – St. Louis

#### 4<sup>th</sup> District

Kevin Weikart, MD – Lake St. Louis

#### 5<sup>th</sup> District

Lisa Thomas, MD – Lake Ozark

Amy Zguta, MD – Columbia

#### 6<sup>th</sup> District

David Kuhlmann, MD – Sedalia

#### 7<sup>th</sup> District

Betty Drees, MD – Kansas City

Fariha Shafi, MD – Overland Park, KS

Joanne Loethen, MD – Kansas City

#### 8<sup>th</sup> District

Matthew Stinson, MD – Springfield

#### 9<sup>th</sup> District

Lirong Zhu, MD – Clayton

#### 10<sup>th</sup> District

Dorothy Munch, DO – Poplar Bluff

#### Organized Medical Staff Section

Amy Patel, MD – Kansas City

#### International Medical Graduate Section

Louis DelCampo, MD – Springfield

#### Young Physician Section

Sara Hawatmeh, MD – Ballwin

#### Women Physicians Section

Tammara Goldschmidt, MD – Ballwin

#### Resident & Fellow Section

Christina Kratschmer, MD – St. Louis

#### Medical Student Section

Alex Shimony – Washington University

## Vice Councilors

### 1<sup>st</sup> District

Chakshu Gupta, MD – St. Joseph

### 2<sup>nd</sup> District

Barbara White, DO – Hannibal

### 3<sup>rd</sup> District

Ramona Behshad, MD – St. Louis

### 4<sup>th</sup> District

Keith Ratcliff, MD – Washington

### 5<sup>th</sup> District

Jennifer Powell, MD – Osage Beach

### 6<sup>th</sup> District

Jennifer Conley, MD – Nevada

### 7<sup>th</sup> District

Sarah Florio, MD – Lee's Summit

### 8<sup>th</sup> District

Tim Swearingin, DO – Springfield

### 9<sup>th</sup> District

Nathaniel Barbe, DO – Mountain Grove

### 10<sup>th</sup> District

Rachel Kylo, MD – St. Louis

### Organized Medical Staff Section

Albert Hsu, MD – Columbia

### International Medical Graduate Section

Raghuvveer Kura, MD – Poplar Bluff

### Young Physician Section

Marc Mendelsohn, MD – St. Louis

### Women Physicians Section

Carlin Ridpath, MD – Springfield

### Resident & Fellow Section

Anup Bhattacharya, MD – St. Louis

### Medical Student Section

Maddie Sauer – Univ. of Missouri-Columbia

## AMA Delegates

Elie Azrak, MD – St. Louis

Peggy Barjenbruch, MD – Mexico

Edmond Cabbabe, MD – St. Louis

Joseph Corrado, MD – Mexico

Betty Drees, MD – Kansas City

Charles W. Van Way III, MD – Kansas City

## AMA Alternate Delegates

Lancer Gates, DO – Kansas City

George Hruza, MD – Chesterfield

Ravi Johar, MD – Chesterfield

Joanne Loethen, MD – Kansas City

Kayce Morton, DO – Springfield

Nikita Sood – Washington University

## Commission and Committee Chairs

### Constitution & Bylaws

George Hruza, MD – Chesterfield

### Legislative Affairs

Ravi Johar, MD – Chesterfield

### Publication

John C. Hagan III, MD – Kansas City

### Council on Ethical & Judicial Affairs

Charles W. Van Way III, MD – Kansas City

### Continuing Education

Inderjit Singh, MD – St. Louis

### Physicians Health

John Cascone, MD – Joplin

### Public Affairs

James Blaine, MD – Springfield

### Medical Economics, Third Party Medicine and Government Relations

Jeffrey Copeland, MD – St. Peters

## MSMA Staff

Jeff Howell  
**Executive Vice President**

Lizabeth R. Fleenor  
**Director of Communications and  
Managing Editor, *Missouri Medicine***

Cheri Martin  
**Executive Services Specialist**

Carol Meyer  
**Administrative Assistant**

Benita Stennis  
**Director of Education and Operations**

Cassie Williams  
**Member Data & IT Specialist**

## MSMA Insurance Agency

Ronnie L. Staggs  
**Agency Manager**

Mary Hogan  
**Account Executive**

Deborah Jaegers  
**Account Manager**

Ryan Thomas  
**Account Manager**

Mark Higgins, Affiliate  
**Agency Field Representative**



**2022**

**Actions on Resolutions from the Annual Meeting**

<b>RES #</b>	<b>SUBJECT</b>	<b>HOUSE ACTION</b>	<b>RECOMMENDED COUNCIL ACTION</b>	<b>CURRENT STATUS</b>
1	Bylaws Amendment	Adopted		Bylaws updated
2	International Medical Graduate Employment	Referred to MSMA Council	Referred to Medical Economics	MSMA policies updated; Resolution to be referred to AMA
3	Human Rights/Non-Discrimination Statement	Adopted amended resolution		MSMA policies updated
4	Climate Change Recognition	Referred to MSMA Council	Referred to Public Health	Amended resolution adopted
5	Assessing the Missouri Assistant Physician Program	Adopted		Survey and report completed
6	Qualifications of DHSS Director	Adopted		MSMA policies updated
7	Waiver of Due Process Clauses	Adopted amended resolution		MSMA policies updated; Resolution to be referred to AMA
8	Patient Safety Reporting	Referred to MSMA Council	Referred to Legislative	MSMA policies updated
9	Insurance Coverage for Colonoscopies After Positive Test	Referred to MSMA Council	Referred to Legislative	Resolution not adopted
10	Improving Prior Authorization Process	Referred to MSMA Council	Referred to Medical Economics	MSMA policies updated
11	Feminine Hygiene Products	Adopted substitute resolution		MSMA policies updated
12	Access to Out-of-State Healthcare	Referred to MSMA Council	Referred to Legislative	MSMA policies updated

*Updated 1/10/23*

## **Missouri State Medical Association Insurance Agency, Inc.**

Your MSMA Insurance Agency is an independent insurance agency owned and directed by MSMA. The Agency offers policies for professional liability, individual and group health, workers compensation, business office coverage and individual disability and life.

The Agency has been in operation for over 20 years. In that time the Agency has been able to contribute back to the MSMA to help offset cost to the members, while also finding the best coverage and cost for our policyholders.

The board is supportive of the Agency and encourages all MSMA members to contact the Agency for a no obligation quote for any of their insurance needs.

### **MSMA Insurance Agency licensed producers**

Mary Hogan

Debbie Jaegers

Ronnie Staggs

Ryan Thomas

### **MSMA Insurance Agency Board of Directors**

Brian Biggers, MD

Lancer Gates, DO

George Hubbell, MD

Ravi Johar, MD

Marc Mendelsohn, MD

Amy Zguta, MD

Jeff Howell

## Commission on Medical Economics, Third Party Medicine and Governmental Relations

The Medical Economics Commission met via conference call on June 28, 2022, to discuss the 2022 MSMA Resolutions referred to the Commission. The Commission made the following recommendations to the MSMA Council, which were approved:

Resolution 2 – International Medical Graduate Employment – Mr. Chairman, although the original resolution contained only one resolved statement, we believe adding an additional resolved gives better direction to staff. The first resolved statement gives direction to MSMA and the second calls for submission to the AMA House of Delegates. Therefore, we recommend Council adopt the following substitute resolution:

**RESOLVED**, that MSMA acknowledge the administrative burden that accompanies the hiring of International Medical Graduates, especially in underserved and rural areas, and support federal efforts to lessen that burden; and be it further,

**RESOLVED**, that this resolution be submitted to the American Medical Association House of Delegates at their next appropriate meeting.

Resolution 10 – Improving Prior Authorization Process – Mr. Chairman, we believe this resolution establishes much-needed policy regarding prior authorization (PA). Although MSMA has historically been deeply involved in prior authorization issues at the capitol, MSMA has no written policy regarding this issue. We feel our substitute resolution is broad enough to give MSMA advocacy staff wide discretion, yet not so narrow as to exclude future PA issues. Therefore, we recommend Council adopt the following substitute resolution:

**RESOLVED**, that the MSMA support legislation to improve transparency and reduce the administrative burden of the prior authorization process to benefit patients and physicians.

## 2022 Actions of the Commission on Continuing Education

The Commission reviewed and approved the following accreditation actions:

### **MSMA Provider Reaccreditation:**

Esse Health-St. Louis, MO

### **2022 Annual Convention:**

The MSMA Commission on Continuing Education approved the 2022 Annual Convention for 4.0 *AMA PRA Category 1 Credits™*.

### **Providers Withdrawn from Accreditation:**

North Kansas City Hospital-North Kansas City, MO

Greene County Medical Society-Springfield, MO

Cape Girardeau Area Medical Society-Cape Girardeau, MO

### **MSMA Reaccreditation:**

MSMA staff applied for reaccreditation with the ACCME in July of 2021. In March of 2022, the ACCME rendered an accreditation decision. The MSMA received full accreditation for four years.

### **MSMA Accredited Providers:**

The Missouri State Medical Association currently accredits 19 entities statewide.

### **Outreach and Educational Offerings:**

MSMA staff conducted new provider training at MSMA headquarters on Wednesday, February 16, 2022. Staff from six accredited entities attended the training.

MSMA staff attended the ACCME's Virtual Spring Meeting April 25-28, 2022.

The ACCME State Medical Society Meeting was held December 1-2, 2022, in Chicago, IL. MSMA staff and Hamsa Subramanian, MD, attended. The Standards for Independence and Integrity were reviewed in depth, and there was discussion regarding states establishing regional recognition bodies as recommended by the ACCME.

Additionally, staff and Commission members completed education sessions at their leisure via the online courses hosted on the ACCME Academy.

We appreciate the participation of the following members:

Inderjit Singh, MD, St. Louis, Chair

Peggy Barjenbruch, MD, Mexico

Jamie Lawless, MD, Kansas City

Purvi Parikh, MD, Hannibal

Joan Shaffer, MD, Webster Groves

Hamsa Subramanian, MD, St. Louis

Douglas Wallace, MD, Lakewood, WA

Louis DelCampo, MD, Springfield, Councilor Advisor

## **MSMA Alliance Report 2022-2023**

One Hundred and One! is the age of our national Alliance that was born here in the heartland in St. Louis, Missouri, in 1922. We celebrated its centennial last June in Chicago with a grand gala recalling the history of various decades.

Two counties from Missouri received national awards last year: Greene County for its successful “Physicians’ Family Day” at the Dickerson Zoo in Springfield, MO, attracting more than 300 participants including physician families. The second award was granted to the St. Louis Medical Society Alliance for their Hungry Heroes project, where they distributed 250 bags filled with nutritious treats to frontline workers – ED, ICU, Security and EMS staff. The St. Louis project continues to expand and has served more than four hospitals since its inception with a total of 1,000 bags, most recently at Mercy South. St. Anthony’s Hospital honored our very own Edmond Cabbabe, MD, and his wife Rima, in celebration of Doctors’ Day this year.

Since June of last year, your Missouri Alliance has provided a \$500 grant to North Kansas City Hospital to promote the Stop the Bleed program. Buchanan County continues to distribute its SAVE (Stop America’s Violence Everywhere) handbooks to its school districts to educate and teach non-violence to school age children.

In addition to its Family Zoo event in August, Greene County holds another family event in February at the Discovery Center to bring medical families together with a successful attendance in place.

The Kansas City Metro Alliance continues with its pillowcase dress health project that has shipped more than 50 dresses a year since 2014 to port cities overseas to help support preventive measures to keep young girls safe from human trafficking. The Alliance also grants \$3,000 in scholarships annually to allied health professionals, mostly nursing students who exhibit academic excellence and financial need. The boutique that takes place during the holiday luncheon raises money to support our local charities.

On the state level, the MSMA Alliance supports the six medical schools across Missouri during their Match Day or graduation ceremonies providing pizza and gifts for soon-to-be-residents. Our Holiday Sharing Card raised more than \$6400 this year and we hope to add more from this weekend to the MSM Foundation, providing scholarships to medical students.

Mrs. Liz Fleenor from MSMA office generously assisted us in improving our website that is under MSMA/alliance, making it more user-friendly, accessible, and resourceful for members. We also rebranded our “Show Me Alliance” Newsletter to a monthly digital version, with two printed annually.

We raised awareness on drug and human trafficking through educational presentations at our annual Fall Conference with special attention to Fentanyl poisoning that is killing 197 per day. We invited Auxiliary members from MAOPS to attend our conference on the campus of the Kansas City University.

In addition, we supported the House of Medicine during Physician Advocacy Day in February at Missouri’s Capitol, and we will continue to support and promote physician families and the health issues that affect them.

In conclusion, as some of you know, national Doctors’ Day was on Thursday, March 30<sup>th</sup>. On behalf of the MSMA Alliance, we would like to thank each of you for your hard work and dedication to the medical profession. As you exit the room, Alliance members will hand out lapel pins of carnations that represent Doctors’ Day as a token of appreciation. If you want to know more about Doctors’ Day, you can scan the QR code and read how it was established. It was our very own Janet Campbell from Sedalia, whose husband was A.J. Campbell and an MSMA Past President, who helped establish a national Doctors’ Day.

Thank you for your time and your support.

## **Report of the MSMA Membership Committee**

The 2022 MSMA membership year closed with 1,859 active members (a 1.2% decrease from 2021), 387 residents, 1578 students, and 275 retired members. Membership has decreased 42% since the end of the 2014 dues year (August 2014).

Approximately 207 physicians have joined as new members so far in the 2023 dues year. In addition to traditional recruiting methods, there was a positive response to MSMA Councilors sending hand-signed letters to non-members. Peer-to-peer outreach is the most beneficial way to maintain and grow membership.

MSMA offered a “Summer Special” discounted membership rate in 2022 that attracted 88 new members.

MSMA recently adopted a new membership database system which includes a new website. It also allows for recurring credit card payments, a paywall for members-only content, and other membership-friendly characteristics.

With the pandemic travel restrictions being lifted, MSMA staff was able to participate in a number of events across the state in 2022, including medical school recruitment events.

In addition to our social media presence, MSMA hopes to attract more members through additional advocacy publications and events. We encourage all members to follow us on social media and share our posts.

**2022 Committee on Publication Report**  
***Missouri Medicine***  
***The Journal of the Missouri State Medical Association***  
***Since 1904***

Volume 119 of *Missouri Medicine* published original research, up to date scholarly reviews, and analysis of important individual and public health matters. This volume published five issues featuring “theme” articles and one issue presenting an interesting variety of scientific topics and micro-series. It contained 564 pages and a record number of 59 scientific articles.

In Volume 119, the Journal published two First Literature Reports, two Feature Reviews, and continued to focus on the COVID-19 Pandemic. David S. McKinsey, MD, and Joel P. McKinsey, MD, MSMA members, along with others, authored the definitive two-part history of COVID-19 in Missouri.

*Missouri Medicine* in multiple articles focused on the poison pill public health crisis suggesting methods to reduce the 100,000+ deaths/year from fentanyl, meth, and other deadly, addicting drugs.

We are what we eat. Popular diets were scrutinized in a series of articles from UMKC and Children’s Mercy Hospital. Several of the Journal’s articles were reprinted by other state medical associations and newspapers.

Continuing an encouraging trend, the Journal received its highest number of unsolicited articles. The acceptance rate for unsolicited manuscripts is about 30%. We have the longest publication queue of high-quality papers in our 118-year history. The Journal has an international footprint and manuscripts were submitted from several foreign countries. Our theme issues are fully subscribed through July/August 2024. Theme issues have regular contributions from faculty at the four allopathic and two osteopathic medical schools in Missouri.

In 2022, the Journal was invited to be indexed by ProQuest Health & Medical Collections/EBSCO Information Services. ProQuest is a comprehensive medical information resource for researchers, students, faculty, and healthcare professionals. In addition to biomedical content from MEDLINE, the collection aggregates content in all forms of media to support the learning, teaching, and research needs of institutions. This includes medical reference eBooks, instructional videos, dissertations, and working papers. *Missouri Medicine* is indexed by all the world’s leading data banks and archived at PubMed Central.

Our thanks to the Contributing Editors and Publications Committee for their outstanding work: Justin M. Albani, MD, Betty M. Drees, MD, David A. Fleming, MD, Arthur H. Gale, MD, Emily A. Hillman, MD, William R. Reynolds, DDS, MD, and Charles W. Van Way, III, MD.

We welcomed Amy Cabbabe, MD MMSc, FASA as a new Contributing Editor, replacing Jeffery Copeland, MD. We thank Dr. Copeland for his work on the Journal and as a former MSMA President.

*Missouri Medicine* announced the retirement, resignation, or relocation out of state of the following esteemed Editorial Board Members: David H. Cort, MD, Gastroenterology; Jonathan M.T. Bath, MD, Vascular Surgery, Christopher R. Carpenter, MD, MSc, Statistics and Methodology, Howard M. Rosen, MD, FACE, ECNU, Endocrinology, Jose M. Dominguez, MD, Colon and Rectal Surgery; and Evan S. Schwarz, MD, Toxicology and Addiction Medicine.

*Missouri Medicine* welcomed the following eminent physicians to the Editorial Board: Sanjay K. Havaladar, MD, Gastroenterology, Scott Kujath, MD, FACS, FSVS, Vascular Surgery, Jeffrey F. Scherer, MA, PhD, Statistics and Methodology, Sherry X. Zhou, MD, PhD, Endocrinology, Erik M. Grossmann, MD, Colon and Rectal Surgery; and Douglas M. Burgess, MD, Toxicology and Addiction Medicine.

*Missouri Medicine* would like to publicly thank the following invited non-Editorial Board experts who did peer-review of submitted manuscripts in 2022: Phillip Boysen, MD, An-Lin Cheng, PhD, John Daniels, MD, James J. DiNicolantonio, PharmD, Sean Gratton, MD, Charles M. Lederer, MD, Louis S. Martone, MD, David McKinsey, MD, Lenard Politte, MD, Rithwick Rajagopal, MD, Gloria Seo, MD, Eric A. Voth, MD, and Melissa Toyos, MD.

The Publication Committee and its Editor/Chair commends Lizabeth R. S. Fleenor, BJ, MA, for over two stellar decades as Managing Editor. Her commitment and expertise have been a major factor in the ascension of *Missouri Medicine* to national prominence.

The Publication Committee Chair and Editor, John C. Hagan, III, MD, and Managing Editor, Lizabeth Fleenor, BJ, MA, appreciate the many contributions of the MSMA, its leadership, Alliance and Active members and others. The Publication Committee appreciates the Association's continued support of the *Journal*. By any objective criteria *Missouri Medicine* is among the top three state medical society journals in the United States.

Submitted by

John C. Hagan III, MD, FACS, FAOO, Editor & Chair MSMA Committee on Publication since 2000



Items Referred to Reference Committee  
9:30 a.m., Saturday, April 1, 2023

**Reports**

Missouri State Medical Foundation Report & Financial Statement  
Physicians Health Foundation Report & Financial Statement  
Executive Vice President Report  
Secretary/Treasurer Reports & Financial Statement  
Council Minutes Summary  
Committee on Legislative Affairs Report

**Resolutions**

- #1 Access to Gender-Affirming Surgery and Hormone Replacement Therapy for Transgender and Gender-Diverse Individuals
- #2 Access to Puberty-Suppressing Hormone Blockers for Transgender and Gender Diverse Youth
- #3 Allowing Transgender and Gender-Diverse Individuals to Change Their Gender Marker on Birth Certificates
- #4 Dobbs – EMTALA Medical Emergency
- #5 Dobbs – Liability Insurance Exceptions for Certain Criminal Conduct
- #6 Dobbs – Medical Staff Privileges Protections for Certain Criminal Conduct
- #7 Supporting Access to Evidence-Based Reproductive Healthcare
- #8 Firearms Safety and Violence Prevention
- #9 Opposing Bans on Medical School DEI Requirements
- #10 MSMA Human Rights/Discrimination Policy
- #11 Waiver of Network Considerations in Emergencies
- #12 Pelvic Exams for Anesthetized Patients
- #13 Price Caps for Drugs Developed Utilizing State Grants
- #14 Support for the Interstate Medical Licensure Compact
- #15 Elected Officials on MSMA Executive Committee
- #16 Council Parliamentarian
- #17 Support for State GME Funding
- #18 Texting-and-Driving
- #19 Resolutions / Bylaws Change
- #20 Council Representation / Bylaws Change
- #21 Commendation for Rep. Jon Patterson, MD

## **Missouri State Medical Foundation Report**

The Foundation has made more than 3,000 medical school student loans over the past 52 years, totaling nearly \$12 million. The loan program has been closed and the Foundation funds the MSMA scholarships that have been awarded over the past 17 years.

In 2022, the Foundation awarded \$5,000 MSMA scholarships to ten Missouri medical students at each of the six medical schools.

Last year, 60 Missouri medical school students received \$300,000 in MSMA scholarships. This gives the Foundation a cumulative scholarship total of \$1.87 million awarded to Missouri natives who are attending a medical school in Missouri.

The Foundation has also matched funding up to \$5,000 for local medical society scholarships. The MSMA Alliance has been an important partner to the Foundation through generous fund-raising activities, contributing nearly \$8,000 in 2022.

**Missouri State Medical Association  
Physicians Health Foundation**

Year End **2022**



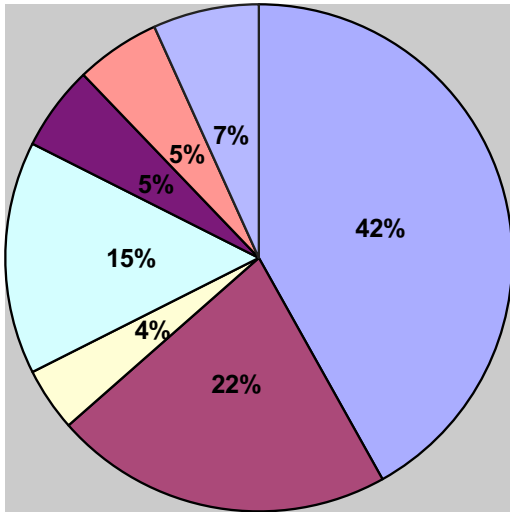
**January 1, 2022 to December 31 2022**

1023 Executive Parkway, Suite 16  
St. Louis, MO 63141  
800-958-7124  
[themphp.org](http://themphp.org)

**Current Geographic Distribution**

Saint Louis	31
Kansas City	16
Springfield	3
Columbia	11
Joplin	4
Poplar Bluff/CapeGirardeau	4
Other	5

**Total 74**



■ Saint Louis
■ Kansas City
□ Springfield
□ Columbia
■ Joplin
■ Poplar Bluff/CapeGirardeau
■ Other

**2022 Participants**

<b>2022 New Participants</b>	19
<b>Participants Released</b>	
Successful Completion	25
Administrative Release	4
Deceased	0

**TYPE OF CONTRACT**

Recovery	58
Mental Health	13
Mental Health/Recovery	3
Referrals for this quarter	11
Total for year	32
Potential participants in treatment or in process of signing agreement with MPHP	2

**Specialties (current participants)**

Anesthesiology	7
Cardiology	2
Cardiothoracic Surgery	2
Dermatologist	0
Emergency Medicine	2
Family Practice	13
Hospitalist	2
Internal Medicine	10
Medical Students	4
Orthopedics	5
Neurosurgery/Neurology	0
OB/GYN	5
Oncology	4
Optometry with MD	0
Otolaryngology/Otology	0
Pathology	1
Pediatrics/neonatal/oncol	2
Pathology	1
Pain management	1
Psychiatry	1
Pulmonary Critical Care	2
Radiology	2
Residents	2
Rheumatology	0
Surgery	6
Urology	1

**Total 74**

## Supplementary-Revenue Information

### Year End – December 31, 2022

	Annual Budget	YTD 2022
<b>Contributions</b>	\$305,000	\$212,415*
<b>Participant Fees</b>	<u>\$228,000</u>	<u>\$207,818</u>
<b><i>Total Revenue</i></b>	<b>\$533,000</b>	<b>\$420,233</b>

\*Does not reflect \$50,000 in Contributions pledged in 2022 received early 2023

## **Report of the Executive Vice President**

You should be proud that your Missouri State Medical Association is widely recognized as *the* voice of medicine in Missouri. Be it the Missouri General Assembly, the countless governmental bureaus and agencies, the business community, the insurance industry, hospitals, advocacy groups, or the media, MSMA is considered the leading advocate for your profession and your patients. Following is just a sample of the many things your MSMA did for you in 2022.

### **State Legislative Activities**

Your MSMA lobbyist team enjoyed a very good year in the state Capitol in 2022. They are quick to credit you and your MSMA colleagues with much of that success, not only for your active involvement in the political process, but also for the respect you command in your community. MSMA is involved in more legislative healthcare issues than any other organization in the state; everything from scope of practice to tobacco, and tort reform to Medicaid expansion. Your lobbyists are among the first to arrive at the Capitol every morning, and among the last to leave at night. Their diligence and effectiveness is unsurpassed. Rather than overwhelm you with details on the myriad bills and issues they work on, I'll refer you to our weekly *Legislative Report* and *5 Things MSMA Members Need to Know About the State Legislature*, which members receive during the legislative session. If you are not reading these e-publications, you're missing out.

### **Other Notable Activities**

Despite only having the resources and numbers of a smaller-sized state medical association, your MSMA is one of the most diverse and active state organizations in the nation. Here are just a few of the activities undertaken on your behalf over the last year.

Your President and MSMA staff were able to attend a number of local society meetings across the state. From Nevada to Washington, and from St. Joseph to Joplin, your leadership and staff continue to make themselves available to every local society, no matter how large or small.

MSMA boasts an outstanding group of member physicians who give the better part of a week twice a year to represent you and your patients in the AMA House of Delegates. It is thankless work at times, but there is not a better AMA delegation than yours. Please thank them. In 2022, both national AMA meetings were in-person, after a long hiatus due to the pandemic.

MSMA was vocal in its support for local public health authorities during the pandemic in 2022. Staff also worked tirelessly participating in COVID data, testing, and vaccine distribution meetings.

In addition to its regular duties, your MSMA staff also provides top-rate administrative services for other medical societies, and serves on or maintains liaison with a large number of external governmental and private-sector committees, task forces, boards and commissions.

### **Membership Services and Benefits**

Your MSMA staff and leadership are constantly striving to bring even more value to your membership. One constant priority is to improve communications with our members and respond more quickly to answer questions and resolve issues. We encourage you to visit the MSMA website often. More content is constantly being added, with more timely information to help you and your office staff. Two

years ago, MSMA migrated to a new and improved website, and a new user-friendly membership database. Also, you can now pay membership dues online and access our membership database to search for your physician colleagues.

*Missouri Medicine*, MSMA's outstanding award-winning scientific journal, is free to you with your membership. It now is published in digital format as well as the traditional paper copy. One of the most important reasons for *Missouri Medicine's* national reputation and ability to attract quality manuscripts and have academic departments eagerly commit to producing our signature theme issues is our global footprint via MEDLINE, PubMed, PubMed Central, Scopus Elsevier, EBSCO, and now ProQuest databanks. You can find current and archived electronic editions on our website.

*Progress Notes*, our monthly newsletter (free to members), is chock-full of timely news items, tips, and information. An electronic version, e-Progress Notes, is also distributed monthly by email.

MSMA also offers you free CME credits at the Annual Convention every year, and numerous other opportunities to earn CME through our statewide CME recognition program. MSMA accredits 20 entities to offer CME, many of which participate in joint providership across the state. Yet another membership benefit.

I would ask you to also be mindful of the more direct benefits your MSMA membership offers. For example, we are partners with Moneta, an outstanding financial services firm that provides MSMA members with expert financial planning and investment services. SHINE is a health information exchange (HIE) which facilitates electronic medical records software sharing clinical information with other EMRs in addition to providing assistance with MIPS compliance. We also have a relationship with the Resolve Physician Agency, which offers a wide range of career services, including job placement, contract review and negotiation, practice evaluation, benefits analysis, debt management, and a lot more, all at a discount to MSMA members.

### **MSMA's Affiliate Organizations**

Your **Missouri State Medical Foundation** has loaned more than \$11.8 million to Missouri medical students since its inception more than fifty years ago. The Foundation board made the decision in 2017 to cease its loan program due to the number of private lenders in the market. The focus is now on scholarships for Missouri medical students. In 2022, MSMF awarded \$300,000 in scholarships to 60 medical students at all six of the allopathic and osteopathic medical schools in the state. And the Foundation offers \$5,000 matching funds to local medical societies to create scholarships for medical students. Physicians are now able to donate to the Foundation on the MSMA website.

Your **Missouri Physicians Health Program** is widely considered one of the most successful of its kind in the nation. Last year the program served 74 physicians who are dealing with chemical, emotional, or behavioral issues. You can assist your colleagues by asking your hospital medical staff and administration to contribute funds to this exceptional and vitally important program.

Your **Missouri Medical Political Action Committee** is one of the most respected and effective association PACs in the state. In the last election cycle MMPAC contributed close to \$130,000 to support physician-friendly candidates across the state. Membership begins at the \$100 Sustaining Member level, but you can demonstrate your political savvy by upgrading to one of the Super levels: Silver (\$250), Gold (\$500), or Diamond (\$1,000). Of course, any amount is appreciated. You can now donate to MMPAC through PayPal or the MSMA website. Your participation is essential to our political effectiveness.

Your **MSMA Insurance Agency** was formed by MSMA and is directed by physicians to serve you and your practice. This *independent insurance agency* is a trusted source for all lines of insurance, and provides some financial support for MSMA. Please visit the Agency's website for more information.

The **MSMA Alliance** has dedicated and enthusiastic physician spouses who work tirelessly to promote health education and support health-related charitable activities, all aimed toward improving the health and welfare of all Missourians. And they are a force to be reckoned with when they march on the Capitol every year to advance medicine's legislative causes. They are also a great group of fundraisers for the MSMF.

### Your Organization

It is nearly impossible to list all of the duties and services MSMA provides for the physicians of Missouri. The advocacy and representation, the publications, the CME, the Foundation, the Physicians Health Program, the Alliance, and your AMA Delegation all cumulate in an organization deeply rooted in service to its members and the patients they serve. The MSMA is YOUR organization, and your officers and staff welcome your thoughts on how best to serve you and your fellow members. Feel free to seek them out – at this convention or at any time – and share your ideas.

### Heartfelt Thanks

On behalf of the staff and the entire MSMA membership, I want to express undying gratitude for your officers, councilors, committee members, and other leaders who give so much of their time and resources for the betterment of the Association and patient care in Missouri. They are nothing short of extraordinary.

I also want to express my appreciation for allowing me to work with talented and dedicated MSMA employees whose creativity and diligence are unmatched anywhere. **Liz Fleenor**, the Director of Communications, is the managing editor of your award-winning *Missouri Medicine* and *Progress Notes*, designs all the MSMA pamphlets and logos you see, and oversees MSMA's website. **Benita Stennis**, the Director of Operations and Education, does all of our meeting planning – including the Herculean task of organizing the Annual Convention – and also directs all of the impressive CME programming. Our Executive Services Specialist, **Cheri Martin**, keeps the office running like a well-oiled machine, day in and day out. She also manages MMPAC's day-to-day activities, as well as MSMF and MSOA, and she serves as liaison to the WPS, IMG and YPS sections. **Cassie Williams**, the Membership Data & IT Specialist, tends to our complicated member database and coordinates all the membership billing and mailing for MSMA. She's the one you want to know if someone has paid their dues. **Carol Meyer**, the Administrative Assistant, is that invaluable team member who can play any position. She spends a lot of time helping with the meeting planning and CME activities, but she's the go-to person when anybody on staff needs a little extra help.

And finally, please allow me to thank you, the physicians of Missouri, for the opportunity to serve you in this outstanding organization.

Jeff Howell  
Executive Vice President



## Secretary's Report

The Missouri State Medical Association had 4,099 members at the end of the 2022 dues year (August 31, 2022). This was a net gain of 84 members from our membership of 4,015 as of August 31, 2021. Following is a breakdown according to classification.

<u>Year</u>	<u>Students</u>	<u>Residents</u>	<u>Active</u>	<u>Honor</u>	<u>Total</u>
2021	1,457	382	1,882	294	4,015
2022	1,578	387	1,859	275	4,099

The number of member deaths reported during 2022 totaled 10.

The Committee on Nominations, which is appointed by the President, from the House of Delegates, must submit nominations for the following offices:

Three Vice Presidents to fill the expired terms of Keith Frederick, DO, Rolla; Karen Edison, MD, Columbia; and Stuart Braverman, MD, Sedalia.

Speaker and Vice Speaker to fill the expired terms of Tim Swearingin, DO, Springfield, and Laurin Council, MD, St. Louis.

Three Delegates and One Alternate Delegate to the AMA to fill the vacancies created by the expiration at the conclusion of the 2023 Annual Convention of the terms of Delegates: Elie Azrak, MD, St. Louis; Betty Drees, MD, Kansas City; Charles Van Way III, MD, Kansas City; and Alternate Delegate: Nikita Sood, Washington University (one-year term). The new two-year terms will begin at the conclusion of the 2023 MSMA Annual Convention and end at the conclusion of the 2025 MSMA Annual Convention.

The terms of the following Councilors will expire in 2023: 1<sup>st</sup> District – Robert Corder, MD, St. Joseph; 2<sup>nd</sup> District – Hossein Behniaye, MD, Hannibal; 3<sup>rd</sup> District – David Pohl, MD, Town & Country; Robert Brennan, Jr., MD, St. Louis; 4<sup>th</sup> District – Kevin Weikart, MD, Lake St. Louis; 6<sup>th</sup> District – David Kuhlmann, MD, Sedalia; 7<sup>th</sup> District – Betty Drees, MD, Kansas City; 8<sup>th</sup> District – Brian Biggers, MD, Springfield; 10<sup>th</sup> District – Dorothy Munch, DO, Poplar Bluff; Organized Medical Staff Section – Amy Patel, MD, Kansas City; Women Physicians Section – Tammara Goldschmidt, MD, Ballwin; Young Physician Section – Sara Hawatmeh, MD, Ballwin; Resident and Fellow Section – Christina Kratschmer, MD, St. Louis; Medical Student Section – Alex Shimony, Washington University.

Report of the Secretary - continued

The terms of the following Vice Councilors will expire in 2023: 1<sup>st</sup> District – Chakshu Gupta, MD, St. Joseph; 2<sup>nd</sup> District – Barbara White, DO, Hannibal; 4<sup>th</sup> District – Keith Ratcliff, MD, Washington; 6<sup>th</sup> District – Jennifer Conley, MD, Nevada; 8<sup>th</sup> District – Timothy Swearingin, DO, Springfield; 10<sup>th</sup> District – Rachel Kylo, MD, St. Louis; Organized Medical Staff Section – Albert Hsu, MD, Columbia; Women Physicians Section – Carlin Ridpath, MD; Young Physician Section – Marc Mendelsohn, MD, St. Louis; Resident and Fellow Section – Anup Bhattacharya, MD, St. Louis; Medical Student Section – Maddie Sauer, University of Missouri-Columbia.

Members shall meet virtually or by email prior to the Annual Convention to elect the Councilors and Vice-Councilors for their respective districts and sections. The election shall be certified to the House of Delegates on the prescribed form which will be furnished.

The House of Delegates will hold its first session on Saturday, April 1, at 8:30 a.m., and its second session on Sunday, April 2, at 8:15 a.m.

Registration will take place online at <https://www.msma.org/event-4941485/Registration>, and in-person at the Annual Convention from 3:00-6:00 p.m. on Friday, March 31, and 6:30 a.m.-5:00 p.m. on Saturday, April 1.

**Brian Biggers, MD**

## **Treasurer's Report**

The preliminary audited financial statement may be available by the time of the Convention. The financial statement will be published in the May/June 2023 issue of *Missouri Medicine*.

**Elie Azrak, MD**

## 2022-2023 Council Meeting Highlights

### Meeting of April 2, 2022 – Renaissance St. Louis Airport Hotel

David Pohl, MD, St. Louis, was elected Chair of Council; Brian Biggers, MD, Springfield, was elected Vice Chair of Council; M. Ellen Nichols, MD, was elected Secretary; Elie Azrak, MD, St. Louis, was elected Treasurer.

### Meeting of July 17, 2022 – Courtyard by Marriott, Jefferson City, Missouri

More than 60 new members have joined MSMA this summer and our advocacy efforts are ramping up for the fall election cycle and the 2023 legislative session. Here are the highlights from the July 2022 Council Meeting held in Jefferson City.

President George Hubbell, MD, noted that physician-to-physician recruitment is the best method to gain members. He encouraged members to share the recently published *Legislative Review* with prospective colleagues, emphasizing what MSMA does for them, then encouraging them to join using MSMA's "Summer Special" dues rate that is currently being offered. MSMA leadership and lobbying team are also interested in talking to your local society, medical staff meetings, and to medical students as we have several visits to medical schools lined up in the coming months. Contact MSMA to set up the meetings at [cmartin@msma.org](mailto:cmartin@msma.org).

### **Advocacy**

After a well-attended virtual townhall meeting regarding the overturning of *Roe v. Wade*, which garnered good discussion, the MSMA Council endorsed sending out a statewide press statement. The statement can be found at [www.msma.org/press-statements](http://www.msma.org/press-statements).

MMPAC will host fundraiser events for medicine-friendly candidates throughout the state in conjunction with the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS). Fundraisers for two candidates are upcoming for George Hruza, MD, on August 10, and for Tony Luetkemeyer on August 4.

David Barbe, MD, Past MSMA, AMA, and WMA President, presented an update on federal affairs, with the MSMA lobbyists giving a state update.

MSMA will offer an Advocacy Workshop on Saturday, October 15, which is open to all members. It will be held in conjunction with the quarterly Council Meeting in Jefferson City. Attendees will hear from MSMA's advocacy team, state capitol legislative staff, and Senator Caleb Rowden about how to advance legislative priorities and engage with legislators.

Physician Advocacy Day will be February 7, 2023, in Jefferson City, and will be hosted with MAOPS.

Legislative resolutions included Resolution #9 – Insurance Coverage for Colonoscopies After Positive Test, which will be reconsidered at the October Council meeting. The Council also approved the following resolutions:

#### Resolution #8 – Patient Safety Reporting

The Committee recommended that the following substitute resolution be adopted:

*RESOLVED, that the MSMA support legislation to prohibit retaliatory actions against physicians for reporting safety concerns to regulatory authorities or accrediting bodies.*

## Resolution #12 – Access to Out-of-State Health Care

The Committee recommended that the following substitute resolution be adopted:

*RESOLVED, that our MSMA oppose policies that restrict Missouriians' ability to access health care in other states.*

The MSMA Insurance Agency reported that it can help identify needs and serve clients with insurance products, especially with the challenging market for professional liability. Contact them at [www.msma.biz](http://www.msma.biz).

## **Membership**

MSMA is introducing a new category for physicians who will be receiving or have received their Missouri license within six months of the date of application for membership called “New Licensee.” Dues are \$225.

A webinar series for Students, Residents, and Young Physicians will be offered this fall in collaboration with the Arizona Medical Association and the Wisconsin Medical Society. Registration information at [www.msma.org/events](http://www.msma.org/events).

MAOPS has asked MSMA to join them and the Missouri Academy of Family Physicians in hosting a physician wellness retreat in the fall of 2023. Mr. Howell appealed for volunteers to assist in organizing the event.

The MSMA Council has approved the dues categories for the 2023 dues year. They will remain the same as last year.

- Active Member \$395
- New Licensee \$225
- Retired Member \$75
- 1st Year Practice \$50
- 2nd Year Practice \$100
- 3rd Year Practice \$150
- 4th Year Practice \$200
- Residents/Fellows Free
- Medical Students Free

## **Medical Economics**

The House of Delegates referred two resolutions to the Commission on Medical Economics, Third Party Medicine, and Government Relations. The following substitute resolutions were adopted:

### Resolution #2 – International Medical Graduate Employment

- *RESOLVED, that MSMA acknowledge the administrative burden that accompanies the hiring of International Medical Graduates, especially in underserved and rural areas, and support federal efforts to lessen that burden; and be it further,*
- *RESOLVED, that this resolution be submitted to the American Medical Association House of Delegates at their next appropriate meeting.*

### Resolution #10 – Improving Prior Authorization Process

- *RESOLVED, that the MSMA support legislation to improve transparency and reduce the administrative burden of the prior authorization process to benefit patients and physicians.*

## **Public Health**

MSMA's Commission on Public Health discussed Resolution #4 - Climate Change Recognition. The Council referred this back to the Commission for further review and change.

### ***Education***

MSMA's Annual Convention will feature four CME general sessions and topics are being finalized. Esse Health was reaccredited for four years; Mosaic Life Care's progress report was approved; and Greene and Cape Girardeau counties have relinquished their accreditation status.

### ***Alliance***

Sana Saleh, MSMA Alliance President, and Donna Corrado, President Elect, presented a check to the MSM Foundation for \$8,070, representing funds raised by the Alliance in the past year. KCMS Alliance has received a grant from the national Alliance and has been approved to begin a Stop the Bleed education program through North Kansas City Hospital, with classes starting in the fall. The grant money will be applied toward making Stop the Bleed kits, which will be given to those who participate in the training. Mrs. Saleh reminded everyone that all physician spouses are welcome to join the Alliance.

### ***Reports***

The Council heard additional reports from the Missouri Delegation to the AMA, Missouri Physicians Health Program, and Actions and Recommendations from the MSMA Annual Convention.

### ***Appointments & Announcements***

The Commission Councilor Advisor appointments are:

- Medical Economics – David Kuhlmann, MD
- Continuing Education – Louis DelCampo, MD
- Public Health – Lirong Zhu, MD
- Physicians Health Committee – Lisa Thomas, MD

The MSMA Annual Convention will take place March 31 – April 2, 2023, at the Westin Crown Center in Kansas City, where Lancer Gates, DO, will be installed as the next MSMA President.

### **Meeting of October 16, 2022 – Courtyard by Marriott, Jefferson City, Missouri**

MSMA ramped up its advocacy efforts for 2023 and demonstrated the value of membership as it announced its top priorities for medicine during the October Council Meeting in Jefferson City.

After an advocacy survey was sent to the Association membership, results showed MSMA should continue to protect the physician-patient relationship, physician autonomy, and scope-of-practice expansions by mid-level providers. MSMA will work with allies to correct certain aspects of the post-Dobbs trigger law. The Council also received an update on the Assistant Physician program, the results of which will be used to guide the upcoming legislative session.

MSMA is one of 124 national and state medical and specialty organizations who co-signed a letter asking Congress for actions against the mounting instability of the Medicare physician payment system. The letter asked for an end to the destructive cycle of annual Medicare cuts and to establish a permanent Medicare payment system that improves and preserves patient access to physician care.

Your Association is encouraging the Missouri Department of Social Services to add nuance to the administrative action process for improper payments and fraudulent claims for MO HealthNet services and has offered recommendations regarding exclusion, failure to meet standards for participation, refusing to execute a new provider agreement, failure to provide and maintain quality and services; and reprimands/censors.

MSMA President George Hubbell, MD, reported that he had contacted the U.S. General Accounting Office in Washington, DC, and provided feedback regarding the challenges presented by the electronic health record (EHR). He also addressed the “hold harmless” clause, which exempts vendors of EHR software from liability.

Legislator Lunches are being planned for the upcoming year, as well as in-district legislator meet-and-greets.

MSMA will be collaborating with the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) on the 2023 Physician Advocacy Day at the Capitol in February, as well as a physician wellness retreat at the Lake of the Ozarks in fall 2023. MSMA will participate in MAOPS’ virtual osteopathic conference, which is a three-day live CME event in February 2023.

The Council approved the recommendation to not adopt amended Resolution #9 – Insurance Coverage for Colonoscopies After Positive Test.

### **Membership**

Alexander Hover, MD, reported nearly a hundred new members had joined during the 2022 Summer Special and a near-record number of medical students have signed up this year. The auto-renewal feature offered by Wild Apricot has helped with dues renewals.

The Association is also sponsoring a Women Physicians Section webinar series, and weekly webinars aimed toward Residents/Fellows, Medical Students, and Young Physicians. The Residents are planning a mixer in November.

Brian Biggers, MD, reported that the first students that graduated from the MU School of Medicine Springfield satellite campus are returning to practice in the area, after seven years since the campus became operative.

Amy Patel, MD, Council representative to the Organized Medical Staff Section, stated that she is the Chair of the American College of Radiology’s Radiology Advocacy Network (RAN), and that they are creating a pre-Radiology RAN comprising medical students, particularly those who have not matched.

### **Public Health**

Albert Hsu, MD, reported that the Commission on Public Health discussed Amended Resolution #4 – Climate Change Recognition. The Council approved the amended resolution:

- *RESOLVED, that the MSMA recognize and agree with the scientific consensus on climate change, that the Earth is warming, and that human actions are a cause, and be it further,*
- *RESOLVED, that the MSMA Commission on Public Health monitor ongoing AMA activities relating to climate change and make suggestions to the MSMA Council accordingly.*

### **Education**

MSMA’s Commission on Continuing Education is planning four General Sessions during the 2023 Annual Convention in Kansas City, March 31- April 2. They include Diversity in Medicine, Environmental Health, Opioid Epidemic – Striving to Provide Holistic Care to Patients Who Use Drugs, and Medical Marijuana.

### **AMA Delegation**

Edmond Cabbabe, MD, reported on AMA activities whereby MSMA will bring two resolutions to the AMA Interim Meeting this month. He attended the AMA Board retreat in Laguna Beach, California,

where they identified areas of focus for the upcoming year. Dr. Cabbabe reported that the Heart of America Caucus is well-represented at the AMA level: Dr. Cabbabe serves as Chair of the Council on Long-Range Planning and Development; Charles Van Way, MD, is a rising star in OMSS; Elie Azrak, MD, serves on the AMPAC Board; Jerry Kennett, MD, serves on the AMA Foundation Board; and David Barbe, MD, has risen through many roles, ultimately serving as President of the World Medical Association. Dr. Cabbabe thanked all for their service.

### ***Missouri Physicians Health Program***

As a result of William Woods, MD, stepping down as Chair of the MPHP Board, John Cascone, MD, reported that has taken on those duties. MPHP is also seeking to fill two Board vacancies. Dr. Cascone reported that there are currently 74 physicians or medical students participating in the program and provided further details on program participation.

### ***MSMA Insurance Agency***

Your MSMA Insurance Agency encourages members to inquire about any upcoming insurance renewal needs. Reviews are free and may save money. The Agency also announced a new medical malpractice program through MedPro Group for Board Certified Plastic Surgeons. Contact Mary Hogan at 636-922-9201 for more information.

### ***Alliance***

Sana Saleh reported that the MSMA Alliance had a successful Fall Conference on the campus of Kansas City University. MSMA Alliance and the Auxiliary of MAOPS are encouraging a collaboration with areas of activity including the opioid crisis, education, and prevention. She encouraged everyone to participate in the Alliance's Holiday Sharing Card program, the funds from which help the Missouri State Medical Foundation to provide medical student scholarships.

### ***Around the State***

MSMA's President, George Hubbell, MD, visited the Greene County Medical Society's Physician Family Day at the Zoo in August, and attended the Tri-County Medical Society's meeting at the home of David Chalk, MD, in Washington in September. He attended Kansas City Medical Society's Annual Meeting in October. He also reported the Lake Ozark Medical Society is hosting in-person meetings, attended by physicians, nurse practitioners, and pharmacists.

Chakshu Gupta, MD, St. Joseph, reported that the Buchanan County Medical Society is meeting monthly, and most recently had a presentation by the local Drug Task Force. They are also implementing a scholarship program for medical laboratory scientists to incentivize students to pursue that career field.

Hossein Behniaye, MD, Hannibal, suggested that the issue of the EHR is a galvanizing point when talking to potential new members.

Inderjit Singh, MD, reported that the St. Louis Metropolitan Medical Society heard a recent presentation on value-based care by Rishi Sud, MD, MBA, the Chief Medical Officer of Esse Health.

In District 5, Amy Zguta, MD, reported that the Boone County Medical Society plans to host a family event in 2023. They continue to offer webinars focusing on wastewater monitoring, monkeypox, and other topics.

Betty Drees, MD, reported that the Kansas City Medical Society installed new officers for 2023. Lancer Gates, DO, and Fariha Shafi, MD, serve on the KCMS committee to find speakers for priorities of the upcoming year which are the opioid crisis and physician wellness/burnout.



The Quad Counties Medical Society met in late summer, many attendees of whom were residents and medical students, reported Dorothy Munch, DO. She spoke about the effectiveness of Narcan, and stated that they have two Narcan vending machines in Poplar Bluff.

Within the Women Physicians Section, Joanne Loethen, MD, reported that the WPS is continuing its virtual webinar series, with the next session in December titled “#HeForShe,” which focuses on gender equity and inclusion in medicine.

Alex Shimony in the Medical Student Section stated the MSS will conduct a resolution-writing workshop.

### **Meeting January 21, 2023 – Via Videoconference**

#### ***Advocacy***

A number of scope-of-practice bills that have been introduced were discussed, as well as a rule proposed by the Federal Trade Commission relating to non-compete agreements.

MSMA thanked the many physicians who have been offering testimony on bills this session, including the extension of post-partum benefits through MOHealthnet.

MSMA member and Representative Lisa Thomas, MD, noted that physicians need not appear in person to testify, but can offer testimony on-line. She offered advice on how to use the House and Senate websites to track bills and hearings. Dr. Thomas reported that she has been named Vice Chair of the Health and Mental Health Policy Committee. A new committee on Health Care Reform has been formed and she will be involved with that committee as well.

To keep members informed and active, MSMA is publishing links at [msma.org](http://msma.org) on how to look up legislators, schedules of committee hearings, including their members, and emailing calls-to-action communication when matters of interest arise.

MSMA member and Representative Jon Patterson, MD, will receive the MSMA Legislator of the Year award.

On the national level, MSMA signed on with 83 other national and state medical societies and organizations to register strong opposition to the “Improving Care and Access to Nurses Act” which would endanger the quality of care that Medicare and Medicaid patients receive by expanding the scope of practice for non-physician practitioners.

President George Hubbell, MD, has represented the MSMA at the annual meetings and installation of officers of the Kansas City Medical Society, St. Louis Metropolitan Medical Society, and Greene County Medical Society. He attended the Missouri Hospital Association’s annual meeting and participated in the AMA’s Interim Meeting in November. He also spoke on advocacy and MSMA efforts at the Bothwell Medical Staff meeting in Sedalia.

#### ***Membership***

Alexander Hover, MD, reported an increase of nearly 3% in active membership over last year, and 13.6% increase for overall membership. Resident members have nearly doubled.

#### ***Committee on Council Representation***

Council Chair David Pohl, MD, presented a proposed resolution to reconfigure and re-design new councilor districts with proportionate numbers in each. The proposed districts seek to combine members while maintaining the current council size. The resolution was approved and will be proposed at the MSMA Annual Convention in April.

### ***Constitution and Bylaws***

Dorothy Munch, DO, reported that the Committee discussed Chapter 3, Section 1, of the MSMA Bylaws, which addresses the deadline for submitting resolutions for consideration by the HOD, as well as the introduction of late resolutions from the floor. Since resolutions are now submitted online rather than via U.S. mail, this section is antiquated. The section also needs to be amended because resolutions are now posted online for member comments, and late resolutions do not receive sufficient online scrutiny.

The Committee's recommended resolution requires future resolutions to be submitted to the MSMA office 21 days before the HOD meeting and eliminates the late resolution process currently outlined in the Bylaws. In accordance with current Bylaws, only resolutions of good wishes, condolences, congratulations, etc., will be considered after the 21-day deadline.

### ***Education & Annual Convention***

The 2023 Annual Convention will open on Friday, March 31, with a General Session starting at 4:15 pm.

All attendees at the General Session will receive two drink tickets to the complimentary Convention Opening Reception at 5:30 p.m. Everyone is welcome! Members are encouraged to bring a non-member colleague!

### ***Physicians Health Program***

John Cascone, MD, reported that MPHP has videos posted on its website, which will also be shared via mass emails, that outline what MPHP provides in terms of treatment and support of alcohol, substance abuse and mental health disorders.

### ***Alliance***

Sana Saleh, Alliance President, reported that the Holiday Sharing Card program raised more than \$6,200 for the MSMF scholarship fund. She thanked all who contributed.

### ***Reports***

Other reports that were approved included those of the MSMA Insurance Agency, the Committee on Publication and Editorial Board, and the MSMA Delegation to the AMA.

MSMA and MAOPS are hosting a physician wellness seminar at Lake of the Ozarks, October 20-22. Topics and speakers are being finalized. There will be activities for families and support for those who bring children.

**Missouri State Medical Association  
House of Delegates**

Resolution # 1  
(A-23)

Introduced by: Charles Adams, Kansas City University College of Osteopathic Medicine and Alex Shimony, Washington University in St. Louis School of Medicine

Subject: Access to Gender-Affirming Surgery and Hormone Replacement Therapy for Transgender and Gender-Diverse Individuals

Referred to: Reference Committee A

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1 **WHEREAS**, gender-affirming healthcare for gender diverse adults has been deemed medically necessary  
2 by every major medical association, including but not limited to: the American Academy of Family  
3 Physicians, American College of Obstetricians and Gynecologists, American College of Physicians,  
4 American Heart Association, American Medical Association, American Osteopathic Association,  
5 American Medical Student Association, American Psychiatric Association, American Psychological  
6 Association, American Public Health Association, American Society of Plastic Surgeons, Endocrine  
7 Society, World Medical Association, and World Professional Association for Transgender Health<sup>1,2</sup>; and,  
8  
9 **WHEREAS**, the largest trans survey of all time found that forty percent of transgender and gender  
10 diverse (TGD) people attempt suicide within their lifetime, a rate nine times higher than that of the  
11 general American population<sup>3</sup>; and,  
12  
13 **WHEREAS**, gender affirming healthcare has been shown to decrease psychological distress and suicidal  
14 ideation in transgender individuals<sup>4,5</sup>; and,  
15  
16 **WHEREAS**, studies do not demonstrate an increase in cardiovascular events, cancer or mortality in  
17 people treated with long term testosterone or estrogen therapy<sup>6,7</sup>; and,  
18  
19 **WHEREAS**, one in four transgender people seeking hormone replacement therapy are denied insurance  
20 coverage, and over half of transgender people seeking transition-related surgery are denied insurance  
21 coverage<sup>3</sup>; and,  
22  
23 **WHEREAS**, access to medical transition facilitates social transition and improves safety in public<sup>8</sup>; and,  
24  
25 **WHEREAS**, multiple states have recently proposed legislation attempting to limit gender-affirming care  
26 for adults over the age of 18, including but not limited to Florida, South Carolina, Mississippi, Oklahoma,  
27 Alabama, Arkansas, Kansas, and Missouri<sup>9,10</sup>; and,  
28  
29 **WHEREAS**, Missouri lawmakers recently proposed a bill to legalize state insurance plans deny coverage  
30 of gender-affirming care without specifying age requirements making this applicable to adults<sup>11,12</sup>;  
31 therefore, be it,  
32  
33 **RESOLVED**, that our MSMA recognizes that policies and legislation that limit access to gender-affirming  
34 care have broad negative repercussions for Missouri residents; and be it further,  
35

- 36 **RESOLVED**, that our MSMA supports the codification of protections for gender-affirming care into state  
37 law; and be it further,  
38  
39 **RESOLVED**, that our MSMA supports broad and equitable access to gender-affirming healthcare, public  
40 and private coverage of gender-affirming healthcare as an essential health benefit, and funding of  
41 gender-affirming healthcare in public programs; and be it further,  
42  
43 **RESOLVED**, that our MSMA oppose limitations on government funding for gender-affirming care.

**Fiscal Note: None**

**Current Policy: None**

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**Missouri State Medical Association  
House of Delegates**

Resolution # 2  
(A-23)

Introduced by: Charles Adams and Yuan Xie, Kansas City University College of Osteopathic Medicine

Subject: Access to Puberty-Suppressing Hormone Blockers for Transgender and Gender Diverse Youth

Referred to: Reference Committee A

---

1 **WHEREAS**, Missouri lawmakers recently proposed a bill to make it illegal for physicians to provide life-  
2 saving medical care to transgender minors<sup>1</sup>; and,  
3  
4 **WHEREAS**, the proposed bills across the country carry severe penalties for healthcare providers who  
5 prescribe puberty suppressing hormones, either criminalizing or subjecting them to discipline from state  
6 licensing boards, or allowing individuals to file civil suits against providers who violate these laws<sup>2</sup>; and,  
7  
8 **WHEREAS**, a 2022 bill proposed in Missouri would classify gender-affirming care as child abuse<sup>3</sup>; and,  
9  
10 **WHEREAS**, many transgender adults experience gender dysphoria starting in childhood or adolescence<sup>4</sup>  
11 and gender incongruence is persistent in children<sup>5</sup>; and,  
12  
13 **WHEREAS**, a 2017 study of 120,000 U.S. youth ages 13 to 19 found 1.8% identified as transgender<sup>6</sup>; and,  
14  
15 **WHEREAS**, there is no one-size fits all for any medical gender transition and standards of care require  
16 any puberty-delaying interventions be pursued only after extensive rigorous multidisciplinary  
17 assessment<sup>7</sup>; and,  
18  
19 **WHEREAS**, gonadotropin-releasing hormone agonists (GnRHa) reversibly block pubertal development,  
20 giving TGD youth and their family more time in which to explore the possibility of medical transition<sup>8</sup>;  
21 and,  
22  
23 **WHEREAS**, GnRH analogs have been used safely for decades without lack long-term complications in the  
24 treatment of precocious puberty of cisgender youth<sup>9-11</sup>; and,  
25  
26 **WHEREAS**, puberty suppression decreases behavioral and emotional problems, and significantly  
27 increases general functioning and social well-being<sup>12-15</sup>; and,  
28  
29 **WHEREAS**, while more research is needed on the long-term effects of gender-affirming treatments in  
30 youth, the potential negative health consequences of delaying treatment should also be considered<sup>16</sup>;  
31 and,  
32  
33 **WHEREAS**, 82% of transgender individuals have considered taking their own life and 40% have  
34 attempted suicide, with suicidality highest among transgender youth<sup>17</sup>; and,  
35

36 **WHEREAS**, poor mental health is a consequence of the incongruence between sex assigned at birth and  
37 gender identity, and that stigma, bullying, and family non-acceptance are also important contributing  
38 factors<sup>18</sup>; and,

39  
40 **WHEREAS**, adolescents undergoing puberty suppression are satisfied with their treatment and perceive  
41 it as essential and lifesaving<sup>7</sup>; and,

42  
43 **WHEREAS**, puberty suppressing hormone blockers are recognized as both safe and lifesaving by the  
44 World Professional Association for Transgender Health, American Academy of Child and Adolescent  
45 Psychiatry, American Academy of Pediatrics, American Psychological Association, and the Endocrine  
46 Society<sup>19,20</sup>; therefore, be it,

47  
48 **RESOLVED**, that our MSMA recognizes that policies and legislation that limit access to puberty  
49 suppressing hormone blockers have broad negative repercussions for transgender and gender diverse  
50 Missouri youth; and be it further,

51  
52 **RESOLVED**, that our MSMA supports the codification of protections for access of puberty suppressing  
53 hormone blockers for transgender and gender diverse youth into state law; and be it further,

54  
55 **RESOLVED**, that our MSMA supports public and private coverage of puberty suppressing hormone  
56 blockers for as an essential health benefit for transgender and gender diverse youth.

**Fiscal Note: None**

**Current Policy: None**

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**Missouri State Medical Association  
House of Delegates**

Resolution # 3  
(A-23)

Introduced by: Charles Adams, Yuan Xie, Ashley Glass, Bina Ranjit, Kansas City University College of Osteopathic Medicine and Alex Shimony, Washington University in St. Louis School of Medicine

Subject: Allowing Transgender and Gender-Diverse Individuals to Change Their Gender Marker on Birth Certificates

Referred to: Reference Committee A

---

1 **WHEREAS**, Missouri lawmakers recently proposed Senate Bill 14 attempting to prohibit transgender  
2 people from changing their gender marker on birth certificates without receiving gender-affirming  
3 surgery<sup>1</sup>; and,  
4  
5 **WHEREAS**, a gender marker is the legal label for a person’s sex that is typically assigned or designated at  
6 birth on official documents<sup>2</sup>; and,  
7  
8 **WHEREAS**, legal name and sex or gender change on identity documents in Missouri are contingent on  
9 medical documentation that patients may call on practitioners to produce<sup>3</sup>; and,  
10  
11 **WHEREAS**, 13% of transgender people who presented identification that did not match their gender  
12 presentation were denied coverage for medical services considered to be gender-specific, including  
13 routine sexual or reproductive health screenings such as Pap smears, prostate exams, and  
14 mammograms<sup>4,5</sup>; and,  
15  
16 **WHEREAS**, 32% of transgender people were harassed, asked to leave an establishment, or physically  
17 assaulted due to presenting identification that did not match their gender presentation<sup>4</sup>; and,  
18  
19 **WHEREAS**, transgender people with updated gender marker and name changes on their IDs experience  
20 significantly lower rates of depression, anxiety, suicidal ideation, suicidal planning, somatization, global  
21 psychiatric distress, and upsetting responses to gender-based mistreatment<sup>6-10</sup>; and,  
22  
23 **WHEREAS**, transgender people face significant barriers to updating identity documents, with finances  
24 being the most common, and only 11% of transgender people have all documents updated to reflect  
25 their gender identity, while 68% do not have one ID reflective of their gender<sup>4</sup>; and,  
26  
27 **WHEREAS**, only 9% of those who wanted to change the gender marker on their birth certificate are able  
28 to do so<sup>4</sup>; and,  
29  
30 **WHEREAS**, the vast majority of transgender people cannot afford the cost of gender-affirming  
31 surgery<sup>4,11</sup>; and,  
32  
33 **WHEREAS**, transgender people are more likely to be uninsured with 14% of transgender people lacking  
34 any coverage as opposed to 11% of the U.S. population<sup>4</sup>; and,  
35



36 **WHEREAS**, 3% of trans people don't want to medically transition, and 13% are unsure if they want to  
37 transition<sup>4</sup>; and,

38  
39 **WHEREAS**, requiring surgeries or hormone treatments to change identity documents compromises trans  
40 people's ability to decide whether to have such procedures based solely on their clinical necessity or  
41 desirability, without having to factor in the legal consequences<sup>11</sup>; and,

42  
43 **RESOLVED**, that our MSMA opposes any efforts to deny an individual's right to determine their stated  
44 gender marker or gender identity on identification documents, including birth certificates.

**Fiscal Note: None**

**Current Policy: None**

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**Missouri State Medical Association  
House of Delegates**

Resolution # 4  
(A-23)

Introduced by: Gary Gaddis, MD, PhD  
Subject: Dobbs – EMTALA Medical Emergency  
Referred to: Reference Committee A

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1 **WHEREAS**, in 2022, the “*Dobbs*” decision rendered by the Supreme Court of the United States (SCOTUS)  
2 found that no constitutional right to abortion of a pregnancy was found to exist under Constitution of  
3 the United States; and,  
4

5 **WHEREAS**, the matter of what types of abortions of pregnancies would be considered legal versus what  
6 types of abortions of pregnancies would be considered illegal was therefore left to the option of the  
7 various states, each of which could define these matters within their borders via the actions of their  
8 state legislatures; and,  
9

10 **WHEREAS**, the mere diagnosis of the existence of certain abnormal conditions of pregnancy (which are  
11 not fully enumerated here, but can be understood to include ectopic gestations, premature rupture of  
12 membranes before possible extrauterine fetal viability, and other medical conditions that  
13 simultaneously doom the fetus and threaten the health of the mother), once recognized and medically  
14 diagnosed, represent upon their recognition a threat to the life and/or reproductive potential of a  
15 woman burdened by such a condition, because delays in remediating these conditions increases the  
16 risks to the mother of morbidity and mortality; and,  
17

18 **WHEREAS**, the question of whether that pregnant woman has yet developed hypotension, tachycardia  
19 or tachypnea, signs that would be widely and uniformly agreed to constitute “unstable vital signs, is  
20 neither relevant nor germane to the defining of whether an “emergency medical condition” yet exists  
21 upon the diagnosis of these abnormal conditions of pregnancy; and,  
22

23 **WHEREAS**, this “*Dobbs*” decision by the SCOTUS did not precisely define how physicians could  
24 determine that the life or health of the mother was at that exact point in time threatened by the  
25 existence of or conditions of the pregnancy; and,  
26

27 **WHEREAS**, in June of 2022, the State of Missouri enacted legislation which did not precisely define a  
28 medical emergency, but which stated the following, regarding this matter:

- 29 • “Notwithstanding any other provision of law to the contrary, no abortion shall be performed  
30 or induced upon a woman, except in cases of medical emergency.
- 31 • Any person who knowingly performs or induces an abortion of an unborn child in violation  
32 of this subsection shall be guilty of a class B felony, as well as subject to suspension or  
33 revocation of his or her professional license by his or her professional licensing board.
- 34 • A woman upon whom an abortion is performed or induced in violation of this subsection  
35 shall not be prosecuted for a conspiracy to violate the provisions of this subsection”; and,  
36

37 **WHEREAS**, this legislation went on to further complicate this issue by failing to define just what is meant  
38 by an “emergency” via implementation of this language:

- 39 • “It shall be an affirmative defense for any person alleged to have violated the provisions of  
40 subsection 2 of this section that the person performed or induced an abortion because of a  
41 medical emergency. The defendant shall have the burden of persuasion that the defense is  
42 more probably true than not.” ; and,  
43

44 **WHEREAS**, although Missouri statutes are unclear regarding the defining of when an emergency  
45 condition exists related to a pregnancy, certain federal laws are not; and,  
46

47 **WHEREAS**, the federal law that providing the greatest clarity on this matter, and which governs the  
48 obligations of physicians and medical teams as well as those who manage or operate the facilities at  
49 which care of pregnant women is rendered, is known as the Emergency Medical Treatment and Active  
50 Labor Act of 1986, or “EMTALA”; and,  
51

52 **WHEREAS**, the EMTALA law holds that an emergency medical condition is defined to exist upon the  
53 *recognition of the threat* of loss of life or loss of function of any bodily system; and,  
54

55 **WHEREAS**, it is incontrovertible from a medical perspective that conditions including (but not limited to)  
56 those such as ectopic pregnancies, premature rupture of membranes, and other conditions that will  
57 eventually threaten the life or health of the mother while simultaneously dooming the fetus represent a  
58 clear and present danger to the life and health of that mother, UPON THE RECOGNITION OF THESE  
59 CONDITIONS, even before the development of “unstable” vital signs such as tachycardia or hypotension;  
60 and,  
61

62 **WHEREAS**, the federal EMTALA statute not only clearly defines the obligations of the medical care team,  
63 but also clearly supervenes any state laws to the contrary, under the “Supremacy Clause” contained in  
64 Article VI Paragraph 2 of the United States Constitution; and,  
65

66 **WHEREAS**, the obligation of a defendant physician to provide a “positive defense” in cases meriting  
67 medical termination of a pregnancy places an impossibly steep burden upon physicians, medical care  
68 team members, and facilities at which these individuals work, because the medical decision and  
69 resulting actions can be adjudicated in a criminal court by a jury comprised of laypersons who are not  
70 qualified from a medical or scientific perspective to render such a decision, thereby depriving a  
71 physician, the other members of the medical care team, and those representing a medical facility who  
72 have been accused under such a statute of the opportunity to be tried before a jury of their peers;  
73 therefore, be it,  
74

75 **RESOLVED**, that in instances in which an obstetrical condition threatens the health or life of a pregnant  
76 patient, either immediately because of evidence provided by current "unstable" vital signs, or in the  
77 near term because of the reasonable expectation that "unstable" vital signs should be expected to  
78 ensue if the emergency condition is not remediated, a physician's ethical obligation under their  
79 physician's oath, and their legal obligation under the EMTALA law, *must* be construed to  
80 provide absolute protection for the physician to act in compliance with the EMTALA law, whether or not  
81 there exist any state laws to the contrary; and be it further,  
82

83 **RESOLVED**, that Article VI Paragraph 2 of the Constitution of the United States, the "Supremacy Clause",  
84 must be understood to provide the legal protection for a physician, acting to end a pregnancy that is  
85 causing an unstable medical condition, against being charged for violation of any state statute to the  
86 contrary, while caring for a patient with an obstetrical emergency; and be it further,  
87

88 **RESOLVED**, that physicians who encounter delays in ending the pregnancy causing the unstable medical  
89 condition, via acts which typically include the deliberate ending of the life of that gestation in the  
90 interests of protecting the life or health of the mother, should notify the Centers for Medicare and  
91 Medicaid Services (CMS) of a potential violation of the EMTALA law inherent when there are such  
92 delays, whether the delays are due to choices made by hospital administrators, nurses, or other  
93 physicians; and be it further,  
94

95 **RESOLVED**, that our Missouri State Medical Association shall engage in advocacy to end the current and  
96 untenable deprivation of rights imposed upon Missouri physicians caring for women with an obstetrical  
97 emergency by the requirement for an “affirmative defense”, paired with the threat that a jury of lay  
98 persons would be empaneled to adjudicate a physician’s “affirmative defense” claim that an emergency  
99 existed at the time of taking clinical action, thus depriving physician of the right to trial by a jury of their  
100 peers.

**Fiscal Note: None**

**Current Policy: None**

**Missouri State Medical Association  
House of Delegates**

Resolution # 5  
(A-23)

Introduced by: Gary Gaddis, MD, PhD  
Subject: Dobbs – Liability Insurance Exceptions for Certain Criminal Conduct  
Referred to: Reference Committee A

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1 **WHEREAS**, after the “*Dobbs*” decision by the Supreme Court of the United States (SCOTUS) on June 24,  
2 2022, the State of Missouri placed into force legislation, previously adopted, and to be “triggered” upon  
3 the possible future repeal of the “*Roe*” decision of the 1970s, regarding the provision of abortion  
4 services; and,  
5

6 **WHEREAS**, in June of 2022, the State of Missouri enacted this legislation, which did not precisely define  
7 a medical emergency, but which stated the following, regarding this matter:

- 8 • “Notwithstanding any other provision of law to the contrary, no abortion shall be performed  
9 or induced upon a woman, except in cases of medical emergency.
- 10 • Any person who knowingly performs or induces an abortion of an unborn child in violation  
11 of this subsection shall be guilty of a class B felony, as well as subject to suspension or  
12 revocation of his or her professional license by his or her professional licensing board.
- 13 • A woman upon whom an abortion is performed or induced in violation of this subsection  
14 shall not be prosecuted for a conspiracy to violate the provisions of this subsection; and,  
15

16 **WHEREAS**, this legislation went on to further complicate this issue by failing to define just what is meant  
17 by an “emergency” via implementation of this language:

- 18 • “It shall be an affirmative defense for any person alleged to have violated the provisions of  
19 subsection 2 of this section that the person performed or induced an abortion because of a  
20 medical emergency. The defendant shall have the burden of persuasion that the defense is  
21 more probably true than not.” ; and,  
22

23 **WHEREAS**, although Missouri statutes are therefore unclear regarding the defining of when an  
24 emergency condition exists such that a physician is enabled under state law to render care related to  
25 the existence of that pregnancy, certain federal laws are not; and,  
26

27 **WHEREAS**, this federal Emergency Medical Treatment and Active Labor law of 1986, also known as  
28 “EMTALA”, which provides the greatest clarity on this matter, and which governs the obligations of  
29 physicians and medical teams as well as those who manage or operate the facilities at which care of  
30 pregnant women is rendered, clearly supervenes the State of Missouri’s 2022 statute concerning the  
31 termination of a pregnancy, because of the existence of the “Supremacy Clause” within Article VI  
32 Paragraph 2 of the Constitution of the United States; and,  
33

34 **WHEREAS**, the EMTALA law holds that an emergency medical condition is defined to exist *upon the*  
35 *recognition of the threat* of loss of life or loss of function of any body system, an event that often occurs  
36 before “unstable” vital signs have developed consequent to the emergency condition; and,  
37

38 **WHEREAS**, Missouri physicians have already been called upon to provide care to at least one pregnant  
39 woman who presented at a health care facility within the state while manifesting an “Emergency  
40 Medical Condition”, as defined by the federal Emergency Medical Treatment and Active Labor Act  
41 (EMTALA), yet who had not at that point in time presented with “unstable” vital signs; and,  
42

43 **WHEREAS**, physicians complying with the letter and clear intent of the EMTALA law will be forced to  
44 violate the recently-enacted Missouri statutes concerning the matter of treating pregnancy-related  
45 emergencies in a manner to minimize the potential for avoidable morbidity or mortality accruing to the  
46 pregnant patient; and,  
47

48 **WHEREAS**, actions of former Missouri Attorney General Eric Schmitt regarding the filing of injunctions to  
49 block school-based mask mandates demonstrate that agents of the State of Missouri cannot be  
50 entrusted to avoid interfering with the accomplishing of health-enhancing acts within the State of  
51 Missouri; and,  
52

53 **WHEREAS**, AG Schmitt’s actions as noted above support Missouri physicians’ fear of unwarranted arrest  
54 and prosecution for the provision of indicated medical care to address and treat a woman with a  
55 pregnancy-related emergency; and,  
56

57 **WHEREAS**, medical Insurers typically terminate liability insurance coverage for physicians who have  
58 been charged with a criminal offense; and,  
59

60 **WHEREAS**, it is in the interests of neither patients nor physicians for physicians to be threatened with  
61 loss of liability insurance protection arising from acts that involved the carrying out of a physician’s  
62 ethical and EMTALA-mandated duty to a pregnant woman with an obstetrical emergency condition;  
63 therefore, be it,  
64

65 **RESOLVED**, that the Missouri State Medical Association will work proactively with medical liability  
66 insurers doing business in Missouri to make an exception to their usual practice, and therefore to not  
67 terminate the liability coverage of any physician who is licensed to practice medicine in Missouri and  
68 who has been charged with a criminal offense arising from the provision of medically-indicated care of  
69 obstetrical emergencies to any of their patients; and be it further,  
70

71 **RESOLVED**, that due to the fact that the burdens cited above that have been visited upon Missouri  
72 physicians have also accrued to physicians in many other states within the United States, the provisions  
73 of this Resolution will be offered by the Missouri State Medical Association for consideration of the  
74 House of Delegates of the American Medical Association at its Annual Meeting, to be held in June of  
75 2023.

**Fiscal Note: None**

**Current Policy: None**

**Missouri State Medical Association  
House of Delegates**

Resolution # 6  
(A-23)

Introduced by: Gary Gaddis, MD, PhD

Subject: Dobbs – Medical Staff Privileges Protections for Certain Criminal Conduct

Referred to: Reference Committee A

---

1 **WHEREAS**, after the “*Dobbs*” decision by the Supreme Court of the United States (SCOTUS) on June 24,  
2 2022, the State of Missouri placed into force legislation, previously adopted, and to be “triggered” upon  
3 the possible future repeal of the “*Roe*” decision of the 1970s, regarding the provision of abortion  
4 services; and,  
5

6 **WHEREAS**, in June of 2022, the State of Missouri enacted this legislation, which did not precisely define  
7 a medical emergency, but which stated the following, regarding this matter:

- 8 • “Notwithstanding any other provision of law to the contrary, no abortion shall be performed  
9 or induced upon a woman, except in cases of medical emergency.
- 10 • Any person who knowingly performs or induces an abortion of an unborn child in violation  
11 of this subsection shall be guilty of a class B felony, as well as subject to suspension or  
12 revocation of his or her professional license by his or her professional licensing board.
- 13 • A woman upon whom an abortion is performed or induced in violation of this subsection  
14 shall not be prosecuted for a conspiracy to violate the provisions of this subsection; and,  
15

16 **WHEREAS**, this legislation went on to further complicate this issue by failing to define just what is meant  
17 by an “emergency” via implementation of this language:

- 18 • “It shall be an affirmative defense for any person alleged to have violated the provisions of  
19 subsection 2 of this section that the person performed or induced an abortion because of a  
20 medical emergency. The defendant shall have the burden of persuasion that the defense is  
21 more probably true than not.”; and,  
22

23 **WHEREAS**, although Missouri statutes are therefore unclear regarding the defining of when an  
24 emergency condition exists such that a physician is enabled under state law to render care related to  
25 the existence of that pregnancy, certain federal laws are not; and,  
26

27 **WHEREAS**, this federal Emergency Medical Treatment and Active Labor Act of 1986, also known as the  
28 EMTALA law, which provides the greatest clarity on this matter, and which governs the obligations of  
29 physicians and medical teams as well as those who manage or operate the facilities at which care of  
30 pregnant women is rendered, clearly supervenes the State of Missouri’s 2022 statute concerning the  
31 termination of a pregnancy, because of the existence of the “Supremacy Clause” within Article VI  
32 Paragraph 2 of the Constitution of the United States; and,  
33

34 **WHEREAS**, the EMTALA law holds that an emergency medical condition is defined to exist *upon the*  
35 *recognition of the threat* of loss of life or loss of function of any body system, an event that often occurs  
36 before “unstable” vital signs have developed consequent to the emergency condition; and,  
37

38 **WHEREAS**, Missouri physicians have already been called upon to provide care to at least one pregnant  
39 woman who presented at a health care facility within the state while manifesting an “Emergency  
40 Medical Condition”, as defined by the federal Emergency Medical Treatment and Active Labor Act  
41 (EMTALA), yet who had not at that point in time presented with “unstable” vital signs; and,  
42

43 **WHEREAS**, physicians complying with the letter and clear intent of the EMTALA law will be forced to  
44 violate the recently-enacted Missouri statutes concerning the matter of treating pregnancy-related  
45 emergencies in a manner to minimize the potential for avoidable morbidity or mortality accruing to the  
46 pregnant patient; and,  
47

48 **WHEREAS**, actions of former Missouri Attorney General Eric Schmitt regarding the filing of injunctions to  
49 block school-based mask mandates demonstrate that agents of the State of Missouri cannot be  
50 entrusted to avoid interfering with the accomplishing of health-enhancing acts within the State of  
51 Missouri; and,  
52

53 **WHEREAS**, AG Schmitt’s actions as noted above support Missouri physicians’ fear of unwarranted arrest  
54 and prosecution for the provision of indicated medical care to address and treat a woman with a  
55 pregnancy-related emergency; and,  
56

57 **WHEREAS**, hospitals, medical clinics, and other health care facilities typically terminate a physician’s  
58 medical staff membership, and the clinical privileges associated with being a member of the medical  
59 staff of such institutions, once a physician has been charged with a criminal offense; and,  
60

61 **WHEREAS**, it is in the interests of neither patients nor physicians for physicians to be threatened with  
62 medical staff membership and privileges arising from acts that involved the carrying out of a physician’s  
63 ethical and EMTALA-mandated duty to a pregnant woman with an obstetrical emergency condition;  
64 therefore, be it,  
65

66 **RESOLVED**, that the Missouri State Medical Association will work proactively with medical care facilities  
67 providing patient care within Missouri to create an exception to their usual practice, and to not  
68 terminate the medical staff membership or clinical privileges of any physician who is licensed to practice  
69 medicine in Missouri and who has been charged with a criminal offense arising from the provision of  
70 medically-indicated obstetrical care to their patients; and be it further,  
71

72 **RESOLVED**, that due to the fact that the burdens cited above that have been visited upon Missouri  
73 physicians have also accrued to physicians in many other states within the United States, the provisions  
74 of this Resolution will be offered by the Missouri State Medical Association for consideration of the  
75 House of Delegates of the American Medical Association at its Annual Meeting, to be held in June of  
76 2023.

**Fiscal Note: None**

**Current Policy: None**



**Missouri State Medical Association  
House of Delegates**

Resolution # 7  
(A-23)

Introduced by: Charles Adams, Yuan Xie, Bina Ranjit, Kansas City University College of Osteopathic Medicine and Alex Shimony, Washington University in St. Louis School of Medicine

Subject: Supporting Access to Evidence-Based Reproductive Healthcare

Referred to: Reference Committee A

---

1 **WHEREAS**, the *Dobbs v Jackson Women’s Health Organization* (2022) decision overturned the federal  
2 right to abortion as established in *Roe v. Wade* (1973)<sup>1</sup>; and,

3  
4 **WHEREAS**, after the overturning of *Roe v. Wade*, abortion is now banned or severely restricted in  
5 fourteen states, including Missouri<sup>2-6</sup>; and,

6  
7 **WHEREAS**, the states with the most restrictive abortion laws also have the worst maternal and child  
8 health outcomes<sup>7-9</sup>; and,

9  
10 **WHEREAS**, research indicates the number of maternal deaths will increase 13% in the first year after a  
11 nationwide abortion ban, and 24% in subsequent years, and for Black women, these numbers increase  
12 to 18% and 39% respectively, proving the urgent need for action<sup>10</sup>; and,

13  
14 **WHEREAS**, pregnant people who are denied access to abortion care are more likely to remain in contact  
15 with and less likely to leave physically and emotionally abusive partners, which is of particular  
16 importance as intimate partner violence during pregnancy and the post-partum period is a leading cause  
17 of pregnancy-associated deaths<sup>11,12</sup>; and,

18  
19 **WHEREAS**, the inability to access abortion care has negative socioeconomic consequences for both the  
20 pregnant person and their families, as people who gave birth after denial of abortion are four times  
21 more likely to live in poverty for at least four years after childbirth than those who received  
22 abortions<sup>13,14</sup>; and,

23  
24 **WHEREAS**, inequities in abortion access disproportionately impact low-income people and people of  
25 color, and worsen existing disparities in maternal and infant mortality and rates of pre-term and low  
26 birthweight births<sup>15,16</sup>; and,

27  
28 **WHEREAS**, half of patients seeking abortion care in the US have incomes below the federal poverty  
29 line<sup>17-19</sup>; and,

30  
31 **WHEREAS**, 64% of adult women with Medicaid coverage are in their reproductive years (19 to 49)<sup>20-21</sup>;  
32 and,

33  
34 **WHEREAS**, the Turnaway Study found that women who were unable to afford pregnancy termination  
35 and subsequently had a child as a result were more likely than women who received an abortion to be  
36 unemployed, receive public assistance, and live below the poverty line one year post clinic visit despite  
37 no economic differences between the groups the year prior<sup>22-24</sup>; and,

38  
39 **WHEREAS**, a study recently published in the *American Journal of Public Health* found states with  
40 restrictions on Medicaid coverage of abortion care had a 29% higher total maternal mortality than states  
41 without Medicaid coverage restrictions<sup>25-27</sup>; and,  
42  
43 **WHEREAS**, the American College of Obstetricians and Gynecologists (ACOG) recommends federal and  
44 state restrictions on insurance coverage of abortion be eliminated<sup>28-31</sup>; and,  
45  
46 **WHEREAS**, laws restricting abortion access hinders a physician’s ability to use his or her medical  
47 judgment in regards to which treatment is in the best interest of the patient, which discourages shared  
48 decision making, and inhibits best medical practice<sup>32-35</sup>; therefore, it be,  
49  
50 **RESOLVED**, that our MSMA affirms the sanctity of the physician-patient relationship and oppose any  
51 interference to physician autonomy; and be it further,  
52  
53 **RESOLVED**, that our MSMA recognize that policies and legislation that limit access to abortion care are  
54 serious threats to public health; and be it further,  
55  
56 **RESOLVED**, that our MSMA will advocate for the explicit codification of protections for abortion care  
57 into state law; and be it further,  
58  
59 **RESOLVED**, that our MSMA advocate for policies that guarantee evidence-based abortion services are  
60 covered by public and private health plans, including designating abortion services as an essential health  
61 benefit; and be it further,  
62  
63 **RESOLVED**, that our MSMA oppose efforts to exclude provisions from spending bills which limit state  
64 funds from being used for abortion care.

**Fiscal Note: None**

**Current Policy: None**

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**Missouri State Medical Association  
House of Delegates**

Resolution # 8  
(A-23)

Introduced by: Robert A. Brennan, Jr., MD, and the St. Louis Metropolitan Medical Society

Subject: Firearms Safety and Violence Prevention

Referred to: Reference Committee A

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1 **WHEREAS**, there were 48,953 fatalities from firearms in the United States in 2021, the highest number  
2 since the CDC began tracking fatalities in 1981<sup>1</sup>; and

3  
4 **WHEREAS**, Missouri has the fifth highest rate of death by firearms in the United States (1,288 people;  
5 21.3 deaths/100,000 people) and this rate increased by 70% from 2011-2020<sup>2</sup>; and

6  
7 **WHEREAS**, gun violence is now the leading cause of death among children 1-19 years of age<sup>3</sup>, and  
8 specifically in Missouri, 60% of youth under the age of 18 lost to suicide used a firearm<sup>4</sup>; and

9  
10 **WHEREAS**, in 2022 there were 50 school shootings in the United States that resulted in injuries or  
11 death<sup>5</sup>; and

12  
13 **WHEREAS**, in October, 2022 a teacher and student lost their lives at the Central Visual and Performing  
14 Arts High School due to firearm violence that would have been prevented by red flag laws<sup>6</sup>; and

15  
16 **WHEREAS**, the American Medical Association is establishing a task force focused on Firearms Violence  
17 Prevention<sup>7</sup>; and

18  
19 **WHEREAS**, the intention of this resolution is not to take guns from sportsmen and restrict second  
20 amendment rights, firearm safety measures are needed to protect the health and well-being of our  
21 citizens, especially our children; while there is no simple solution to reducing gun violence in Missouri,  
22 there are several common-sense steps from which to begin; therefore, be it

23  
24 **RESOLVED**, that our Missouri State Medical Association support legislation that bans assault-type  
25 firearms and high-capacity ammunition magazines; support red flag laws that allow the court to remove  
26 weapons from those at high risk of violence (mental illness, escalating threats, substance abuse, and  
27 domestic violence); and support legislation for a universal background check requirement to purchase  
28 firearms.

**Fiscal Note: None**

**Current Policy: None**

References:

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**Missouri State Medical Association  
House of Delegates**

Resolution # 9  
(A-23)

Introduced by: Jay Devineni, University of Missouri-Columbia School of Medicine; Missouri State Medical Association Medical Student Section Governing Council

Subject: Opposing Bans on Medical School DEI Requirements

Referred to: Reference Committee A

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1 **WHEREAS**, the demographic makeup of the U.S. physician workforce does not reflect the diversity of the  
2 American patient population, with Hispanic people making up 18.5% of the U.S. population but only  
3 5.8% of the physician workforce, Black people making up 13.4% of the U.S. population but only 5% of  
4 the physician workforce, and Native Americans and Alaska Natives making up 1.3% of the U.S.  
5 population but only 0.3% of the physician workforce<sup>1</sup>; and

6  
7 **WHEREAS**, patients who identify with these demographics, as well as other demographics that are  
8 underrepresented in medicine, suffer disproportionately high rates of disease<sup>2</sup>; and

9  
10 **WHEREAS**, diversity, equity, and inclusion (DEI) refers to a conceptual framework of education and  
11 training that promotes the fair treatment and full participation of all people in the workplace, including  
12 those who have been historically underrepresented<sup>3,4</sup>; and

13  
14 **WHEREAS**, diversity, equity, and inclusion (DEI) education in medical school increases diversity in the  
15 future physician workforce, which is associated with reduced health disparities, improved patient care,  
16 and better financial performance<sup>5,6</sup>; and

17  
18 **WHEREAS**, diversity, equity, and inclusion (DEI) education in medical school increases cultural  
19 competency among future physicians of all backgrounds, which is associated with better health  
20 outcomes, increased patient satisfaction, and reduced per capita costs<sup>7,8</sup>; and

21  
22 **WHEREAS**, the Liaison Committee on Medical Education (LCME), the accrediting body for U.S. allopathic  
23 medical schools, includes student diversity requirements within its accreditation standards<sup>9</sup>; and

24  
25 **WHEREAS**, the Commission on Osteopathic College Accreditation (COCA), the accrediting body for U.S.  
26 osteopathic medical schools, includes student diversity and DEI education requirements within its  
27 accreditation standards<sup>10</sup>; and

28  
29 **WHEREAS**, legislation that would ban medical schools from requiring diversity, equity, and inclusion  
30 (DEI) education has previously been introduced in the Missouri General Assembly<sup>11,12</sup>; and

31  
32 **WHEREAS**, the American Medical Association has existing policy that supports diversity in medical  
33 education, encourages partnerships with state medical societies to promote programs aimed at  
34 increasing the number of minority medical school admissions, and supports the development and  
35 implementation of training regarding implicit bias, diversity, and inclusion in all medical schools<sup>13,14</sup>;  
36 therefore be it

37

38 **RESOLVED**, that our Missouri State Medical Association oppose legislation that prohibits medical schools  
39 from requiring diversity, equity, and inclusion (DEI) education on the grounds that such legislation could  
40 endanger the accreditation and diversity of medical schools in Missouri; and be it further

41  
42 **RESOLVED**, that our Missouri State Medical Association encourage our American Medical Association to  
43 oppose any state or federal legislation that prohibits medical schools from requiring diversity, equity,  
44 and inclusion (DEI) education.

**Fiscal Note: None**

**Current Policy: None**

References:

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**Missouri State Medical Association  
House of Delegates**

Resolution # 10  
(A-23)

Introduced by: Missouri State Medical Association Medical Student Section Governing Council

Subject: MSMA Human Rights/Discrimination Policy

Referred to: Reference Committee A

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1 **WHEREAS**, current MSMA human rights/discrimination policy states “All human beings are equal in  
2 dignity and rights and are therefore entitled to the same freedoms, without discrimination based on  
3 distinctions of any kind. (2022)” which lacks clarity and leaves much room for interpretation; and  
4

5 **WHEREAS**, the sentiment behind our current policy is admirable, our ability to have productive  
6 discourse to protect MSMA members and enhance organizational diversity will be hampered without  
7 properly defining protected classes<sup>3</sup>; and  
8

9 **WHEREAS**, AMA policy Discrimination B-1.4 states “Membership in the AMA or in any constituent  
10 association, national medical specialty society or professional interest medical association represented  
11 in the House of Delegates, shall not be denied or abridged because of sex, color, creed, race, religion,  
12 disability, ethnic origin, national origin, sexual orientation, gender identity, age, or for any other reason  
13 unrelated to character, competence, ethics, professional status or professional activities” better reflects  
14 an organizational statement empowering members of protected classes; and  
15

16 **WHEREAS**, with recent declines in MSMA membership and emphasis on increasing recruitment, MSMA  
17 membership participation will be encouraged when members and prospective members perceive  
18 themselves to be welcomed, fully enfranchised, protected, promoted, and supported by their  
19 association, free from discrimination, and equally eligible for leadership<sup>1,2</sup>; and  
20

21 **RESOLVED**, that MSMA human rights/discrimination policy be amended to read “All human beings are  
22 equal in dignity and rights and are therefore entitled to the same freedoms, without discrimination  
23 based on sex, color, creed, race, religion, disability, ethnic origin, national origin, sexual orientation,  
24 gender identity, age, or for any other reason unrelated to character, competence, ethics, professional  
25 status or professional activities.”

**Fiscal Note: None**

**Current Policy: None**

References:

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**Missouri State Medical Association  
House of Delegates**

Resolution # 11  
(A-23)

Introduced by: Gary Gaddis, MD, and the St. Louis Metropolitan Medical Society

Subject: Waiver of Network Considerations in Emergencies

Referred to: Reference Committee A

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1 **WHEREAS**, during the early months of the COVID-19 pandemic, some hospitals became overcrowded  
2 such that many were highly challenged, if not unable, to fully and effectively meet patient care needs,  
3 while other area hospitals' capacities were simultaneously undersubscribed, and  
4

5 **WHEREAS**, this uneven distribution of patients and the local crowding that was caused at  
6 oversubscribed hospitals is believed to have led to avoidable morbidity and mortality, as a consequence  
7 of this uneven patient distribution, and  
8

9 **WHEREAS**, in a scholarly article by Ioannides et al.<sup>1</sup>, which appeared in the *Annals of Emergency*  
10 *Medicine* in October of 2022, it was demonstrated that sufficient ambulance capacity existed  
11 throughout the early months of the pandemic to have enabled extensive inter-hospital patient transfers  
12 to mitigate the effects of sporadic overcrowding, via the use of *already-existing ambulance capacity*, and  
13

14 **WHEREAS**, in their manuscript, Ioannides et al. specifically advocated that regional Emergency Medical  
15 Services (EMS) leaders should develop policies and procedures to facilitate a more even distribution of  
16 patients in future times of high hospital demand, toward employing EMS resources to mitigate the  
17 sporadic over-subscribing of hospital capacities that demonstrably harmed patients, and  
18

19 **WHEREAS**, the existence of adequate EMS capacity to effect inter-hospital patients may have  
20 questionable practical relevance, because offers for inter-hospital transfers could be expected to be  
21 resisted or refused by many patients, if those patients were asked to transfer to a hospital that their  
22 health insurer considered to be "out of network", because of the higher "out of pocket" "co-payments"  
23 that these patients would encounter when billed for care at "out of network" locations, and  
24

25 **WHEREAS**, these insurer "network" concerns are human-made barriers that could be eradicated by  
26 human actions, and  
27

28 **WHEREAS**, a human action to eliminate these "network" concerns and barriers during times of  
29 emergencies could be for health care insurance companies to voluntarily suspend their "network"  
30 considerations at times of high inpatient care demand, such as occurs with regional or national  
31 disasters and/or pandemics, and  
32

33 **WHEREAS**, it is unlikely that insurers will adopt such salutatory policies voluntarily, therefore be it  
34

35 **RESOLVED**, that our Missouri State Medical Association will forward to the House of Delegates (HOD) of  
36 the American Medical Association (AMA), for its consideration at the AMA HOD Annual Meeting in  
37 Chicago in June of 2023, a proposal that our AMA will advocate and lobby for new laws and/or  
38 regulations that would compel health care insurers to waive their "network" considerations for their

39 covered patients, and to reimburse hospitals and doctors at their typical “in-network” rates that existed  
40 at the time of onset of an emergency, in instances when care is provided to patients who have agreed to  
41 be transferred to a site that is typically considered by that insurer to be “out of network”, during times  
42 at which a Declaration of Emergency has been declared and placed in force by a State Governor or by  
43 the President of the United States, whether that state of emergency is the result of a natural disaster, an  
44 act of war, or a pandemic.

**Fiscal Note:**

**Current Policy:**

References:

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**Missouri State Medical Association  
House of Delegates**

Resolution # 12  
(A-23)

Introduced by: Ashley Glass, Charles Adams, Bethany Baumgartner - Kansas City University

Subject: Pelvic Exams for Anesthetized Patients

Referred to: Reference Committee A

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1 **WHEREAS**, non-consensual pelvic exams are performed on unconscious patients under anesthesia for  
2 “learning opportunities” of medical students<sup>1</sup>, and

3  
4 **WHEREAS**, although the rate of non-consensual pelvic exams is unknown because they are not reported  
5 and patients are unaware that they are being performed, the procedure is prevalent in teaching  
6 hospitals<sup>1</sup>, and

7  
8 **WHEREAS**, a recent survey of 101 medical students from seven American medical schools indicated that  
9 92% of students had performed pelvic exams on anesthetized female patients where 61% of those  
10 students didn’t have consent from the patients involved<sup>2</sup>, and

11  
12 **WHEREAS**, the Association of American Medical Colleges (AAMC) believes that pelvic examinations on  
13 women under anesthesia, without their knowledge and approval is unethical and unacceptable<sup>3</sup>, and the  
14 American College of Obstetricians and Gynecologists (ACOG) states that pelvic examinations on an  
15 anesthetized woman that offer her no personal benefit and are performed solely for teaching purposes  
16 should be performed only with her specific informed consent<sup>4</sup>, and

17  
18 **WHEREAS**, the supreme court case *Schloendorff v Society of New York Hospital* (1914), establishes that a  
19 clinician who performs a procedure on a patient without informed consent is held liable at the court of  
20 law<sup>5</sup>, and

21  
22 **WHEREAS**, informed consent requires that the patient has capacity, has enough information to base  
23 their decision on, and is free of coercion<sup>5</sup>, and

24  
25 **WHEREAS**, institutional policies for physical exam consent do not clearly distinguish between intimate  
26 exams and those on other “neutral” body parts in current processes, patients view intimate exams as  
27 necessitating additional consent<sup>6</sup>, and

28  
29 **WHEREAS**, performing pelvic exams without informed consent violates one's inherent bodily autonomy,  
30 basic rights, and trust<sup>7</sup>, and

31  
32 **WHEREAS**, non-consensual pelvic exams may harm the patient psychologically and physically<sup>7</sup>, and

33  
34 **WHEREAS**, medical students who perform these pelvic exams may also be negatively impacted such as  
35 experiencing PTSD, guilt, and distrust<sup>5</sup>, and

36  
37 **WHEREAS**, medical students who do not conduct intimate exams because of the lack of consent may  
38 jeopardize their career by showing “unwarranted disobedience” to preceptors or attendings<sup>2</sup>, and

39  
40 **WHEREAS**, 21 states have outlawed unauthorized pelvic exams<sup>8</sup>, and  
41  
42 **WHEREAS**, in Missouri, House Bill No. 459 has been proposed to ban non-consensual pelvic exams<sup>9</sup>, and  
43  
44 **WHEREAS**, House Bill No. 459 has not progressed from its assigned committee<sup>10</sup>; therefore, be it  
45  
46 **RESOLVED**, that our MSMA oppose non-consensual pelvic exams of anesthetized patients solely for  
47 learning purposes in the state of Missouri.

**Fiscal Note: None**

**Current Policy: None**

References:

1. Martinez III R. Pelvic Exams & Informed Consent. MOST Policy Initiative. <https://mostpolicyinitiative.org/science-note/pelvic-exams-informed-consent/>. Published January 4, 2022. Accessed February 14, 2023.
2. Bruce L. A Pot Ignored Boils On: Sustained Calls for Explicit Consent of Intimate Medical Exams. HEC Forum. 2020;32(2):125-145. doi:10.1007/s10730-020-09399-4
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**Missouri State Medical Association  
House of Delegates**

Resolution # 13  
(A-23)

Introduced by: Bethany Baumgartner, Kansas City University  
Subject: Price Caps for Drugs Developed Utilizing State Grants  
Referred to: Reference Committee A

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1 **WHEREAS**, the US pharmaceutical industry leads the world in development of medications and spends  
2 on average \$1.3 billion dollars developing a single new medication each year <sup>1</sup> ; and  
3  
4 **WHEREAS**, patients spend \$1,200 annually on medications with 80% of people in America believing  
5 prescription costs are “unreasonable,” <sup>2</sup> and  
6  
7 **WHEREAS**, 29% of Americans forego their medications because of the price of prescriptions <sup>3</sup> and 3 in 10  
8 people report not taking their medications as prescribed due to costs <sup>2</sup> and,  
9  
10 **WHEREAS**, Projections prove that in the next 10 years, unaffordable drug prices will cause 1.1 million  
11 premature deaths and \$177.4 billion of avoidable Medicare medical costs <sup>4</sup>; and  
12  
13 **WHEREAS**, lowering drug prices for Medicare patients alone could reduce deaths by 93,900 people each  
14 year <sup>4</sup>; and  
15  
16 **WHEREAS**, children 0-4 years old are five times more likely to experience anaphylaxis compared to their  
17 adult counterparts requiring essential medications like EpiPens to survive, along with 200,000 children  
18 who are diagnosed with Type 1 Diabetes relying on Insulin to survive with 25% of those with diabetes  
19 reportedly rationing their insulin due to the high prices of life saving medications <sup>5</sup>; and  
20  
21 **WHEREAS**, Americans of all ages, but especially children, are at risk of having worsening health  
22 outcomes or life-threatening medical emergencies as a result of foregoing medications due to price  
23 gouging by pharmaceutical companies <sup>3</sup>; and  
24  
25 **WHEREAS**, pharmaceutical companies sell their medications to patients up to 30 times more than what  
26 it costs them to produce the medication and from 2000 to 2018 <sup>4</sup> , 35 of the largest companies received  
27 \$11.5 trillion dollars in revenue <sup>6</sup> ; and  
28  
29 **WHEREAS**, medical professionals and organizations including MSMA must respect the inherent dignity  
30 of all people and uphold their oath to do no harm by ensuring patients have access to life saving  
31 medications and quality care; and  
32  
33 **WHEREAS**, the addition of policy and patent lengthening legislation limits generic drug development and  
34 leads to less feasible and economical ways to introduce competition into the drug market and lower  
35 drug prices <sup>7</sup>; and  
36  
37 **WHEREAS**, the Drug Price Competition and Patent Term Restoration Act of 1984 extended patents by 5  
38 years, prolonging the wait for generic drugs to begin development therefore limiting competition in the

39 marketplace <sup>7</sup> as well as The Federal Food, Drug, and Cosmetic Act, amended in 1992, established  
40 additional drug application, drug establishment, and drug product fees <sup>8</sup> . In addition, the Modernization  
41 Act of 1997 required 100% of human drug application fees due on submission, unlike previously with  
42 50% of the fee required <sup>9</sup>; and

43  
44 **WHEREAS**, the increasing volume of policies passed by legislators that limit the development and  
45 introduction of generic drugs into the market, cause price inelasticity and the formation of thin markets  
46 which keep drug prices high and call for an alternative policy to lower drug prices <sup>10</sup>; and

47  
48 **WHEREAS**, pharmaceutical companies are most in need of funding to begin development during the first  
49 years of their inception <sup>11</sup>; and

50  
51 **WHEREAS**, basic discovery research for pharmaceutical development is primarily funded through  
52 government programs, government grants, and philanthropic organizations <sup>11</sup>; and

53  
54 **WHEREAS**, the likelihood of companies agreeing to price caps or ceilings is most likely during the early  
55 development process; therefore, be it

56  
57 **RESOLVED**, that our MSMA recognizes that policies and legislation that limit generic drug development,  
58 and therefore patients' ability to afford and access medications, have negative repercussions for  
59 Missouri residents' health and wellbeing; and be it further,

60  
61 **RESOLVED**, that our MSMA supports legislation to implement price caps and ceilings for pharmaceutical  
62 drug prices which were developed through grants funded in part or in whole from the State of Missouri,  
63 and therefore Missouri taxpayers; and be it further,

64  
65 **RESOLVED**, that our MSMA supports legislation requiring all pharmaceutical drug companies to sign a  
66 legally binding agreement to not exceed a predetermined out-of-pocket price for medications  
67 developed through grants that were partially or fully funded from the State of Missouri, and therefore  
68 Missouri taxpayers henceforth.

**Fiscal Note: None**

**Current Policy: None**



**Missouri State Medical Association  
House of Delegates**

Resolution #14  
(A-23)

Introduced by: Joanne Loethen, MD; Betty Drees, MD; Sarah Florio, MD; Lancer Gates, DO; and Fariha Shafi MD

Subject: Support for the Interstate Medical Licensure Compact

Referred to: Reference Committee A

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- 1 **WHEREAS**, access to a licensed physician remains a critical issue in Missouri among rural and  
2 underserved areas; and  
3
- 4 **WHEREAS**, telehealth provides an opportunity to help bridge the health care gap in rural and  
5 underserved areas – for both primary care and specialty care; and  
6
- 7 **WHEREAS**, current state and federal policies require physicians delivering telehealth services to be  
8 licensed in the state where the patient receives the services which present a limitation to care for  
9 patients who may reside in another state where the physician is not currently licensed; and  
10
- 11 **WHEREAS**, the tasks and time required to become licensed in multiple states may discourage physicians  
12 from being licensed in neighboring states where telehealth services could be provided; and  
13
- 14 **WHEREAS**, a streamlined licensing process for physicians currently licensed in neighboring states would  
15 encourage more physicians to become licensed in Missouri and potentially aid the physician shortage in  
16 rural and underserved areas through telehealth services; and  
17
- 18 **WHEREAS**, the Interstate Medical Licensure Compact (IMLC) currently provides an expedited process in  
19 thirty-nine states to help facilitate license portability and allow physicians to practice medicine—  
20 including telemedicine—in a safe and accountable manner that expands access to care without  
21 compromising patient protections; and  
22
- 23 **WHEREAS**, The IMLC offers a single online process to apply for licensure in multiple states at a cost less  
24 than applying to multiple states via the single-state traditional process; and  
25
- 26 **WHEREAS**, the IMLC does not change a participating state’s existing Medical Practice Act or usurp state  
27 authority to regulate the practice of medicine; and  
28
- 29 **WHEREAS**, the IMLC does not supersede a state’s authority over the practice of medicine in a given  
30 state; rather, it reflects the effort of the state medical board to develop a dynamic, self-regulatory  
31 system of expedited state medical licensure over which the participating states maintain control through  
32 a coordinated legislative and administrative process; and  
33
- 34 **WHEREAS**, in 2019 the American Medical Association’s Council on Medical Service passed a report in  
35 support of the IMLC and encourages states that are not part of the IMLC to consider joining the Compact

36 as a means of enhancing patient access to and proper regulation of telemedicine services, therefore be  
37 it  
38  
39 **RESOLVED**, that the Missouri State Medical Association support legislation that enrolls the Missouri  
40 Board of Healing Arts as a member of the Interstate Medical Licensure Compact.

**Fiscal Note: None**

**Current Policy: The MSMA House of Delegates enacted policy in 2015 opposing the IMLC.**

#### References

American Medical Association. *Established Patient Relationships and Telemedicine*. Report of the American Medical Association Council on Medical Service. Submitted and approved at AMA Interim 2019

Telehealth.hhs.gov. *Telehealth licensing requirements and interstate compacts*.  
<https://telehealth.hhs.gov/providers/policy-changes-during-the-covid-19-public-health-emergency/telehealth-licensing-requirements-and-interstate-compacts/>

*About the Interstate Medical Licensure Compact*. IMLCC website: <https://www.imlcc.org/a-faster-pathway-to-physician-licensure/>

Robeznieks, Andis. *Interstate medical licensure by the numbers*. American Medical Association website, Oct 11, 2019. <https://www.ama-assn.org/practice-management/digital/interstate-medical-licensure-numbers>

Smith, Marschall. *The Interstate Medical Licensure Compact Commission*. Minnesota Physician: The Independent Medical Business Journal, Aug 2022. [https://www.imlcc.org/wp-content/uploads/2022/09/MP\\_0822\\_IMLCCArticle\\_reprint\\_color.pdf](https://www.imlcc.org/wp-content/uploads/2022/09/MP_0822_IMLCCArticle_reprint_color.pdf)

**Missouri State Medical Association  
House of Delegates**

Resolution # 15  
(A-23)

Introduced by:           Fariha Shafi, MD

Subject:                   Elected Officials on MSMA Executive Committee

Referred to:             Reference Committee A

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1   **WHEREAS**, no policy exists concerning members of the MSMA Executive Committee serving  
2 simultaneously as a publicly elected state official (e.g., Governor, State Senator, State Representative);  
3 and,

4  
5   **WHEREAS**, MSMA lobbies at the state level of government; and,

6  
7   **WHEREAS**, serving as a publicly elected official at the state level of government while serving on the  
8 MSMA Executive Committee creates the possibility for a conflict of interest; and,

9  
10   **WHEREAS**, it is in the best interest of MSMA to encourage MSMA members to move into MSMA  
11 leadership roles, and also encourage MSMA leaders to move into public leadership roles in Missouri;  
12 therefore, be it,

13  
14   **RESOLVED**, that the MSMA Constitution & Bylaws Committee review Chapter VII of the MSMA Bylaws to  
15 include a potential prohibition that MSMA members may not serve on the MSMA Executive Committee  
16 while serving as a publicly elected official at the state level of government; and be it further,

17  
18   **RESOLVED**, that this resolution be referred to the MSMA Constitution & Bylaws Committee.

**Fiscal Note:   None**

**Current Policy: None**

**Missouri State Medical Association  
House of Delegates**

Resolution # 16  
(A-23)

Introduced by: Fariha Shafi, MD  
Subject: Council Parliamentarian  
Referred to: Reference Committee A

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- 1 **WHEREAS**, the MSMA Council does not include the presence of a parliamentarian at the MSMA Council  
2 meetings; and,  
3  
4 **WHEREAS**, the absence of a parliamentarian at MSMA Council meetings may risk a failure of adherence  
5 to parliamentary procedure; which might cause confusion, questions of fairness, and prolongation of  
6 MSMA Council meetings; therefore, be it,  
7  
8 **RESOLVED**, that the MSMA Constitution & Bylaws Committee review and Chapter VI of the MSMA  
9 Bylaws to include the appointment of a Council Parliamentarian; and be it further,  
10  
11 **RESOLVED**, that this resolution be referred to the MSMA Constitution & Bylaws Committee.

**Fiscal Note: None**

**Current Policy: None**

**Missouri State Medical Association  
House of Delegates**

Resolution # 17  
(A-23)

Introduced by: Albert L. Hsu, MD  
Subject: Support for State GME Funding  
Referred to: Reference Committee A

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1 **WHEREAS**, “the number of Medicare-funded graduate medical education (GME) positions has been  
2 capped at 1996 levels, and there is little political will for increasing Medicare’s contribution to GME”;<sup>1</sup>  
3 and  
4  
5 **WHEREAS**, the “AMA has long been an advocate for preservation and expansion of GME funding to  
6 mitigate projected physician shortages and ensure that positions are available for medical school  
7 graduates applying to residency programs;”<sup>2,3</sup> and  
8  
9 **WHEREAS**, in some states, state legislatures have funded several graduate medical education positions;  
10 and  
11  
12 **WHEREAS**, for example, the Commonwealth of Virginia has been funding 25 new residency slots (the  
13 “majority of which must be in primary care,” and “encouraging applications from programs that offer  
14 the opportunity to train in underserved areas”) since 2018;<sup>4-9</sup> and  
15  
16 **WHEREAS**, in 2022, the state of Utah also passed legislation to provide state funding for GME programs,  
17 focused on psychiatry;<sup>10-11</sup> and  
18  
19 **WHEREAS**, in the state of Indiana, “the Graduate Medical Education Board was created in 2015 to  
20 expand medical education in Indiana by funding new residency program slots at licensed hospitals and  
21 qualifying non-profit organizations. The board may grant funds to support residents who are not  
22 federally funded, provide technical assistance to organizations that wish to establish residency  
23 programs, cover infrastructure costs for residency program expansion, and provide startup funding for  
24 residency programs;”<sup>12</sup> and  
25  
26 **WHEREAS**, in Indiana, their new rural internal medicine residency program will be graduating its first  
27 class of 16 graduates in internal medicine, 6 of whom have committed to staying with that rural hospital  
28 (personal communication, 2/1/23), which saves a considerable amount in outreach and recruitment  
29 costs; and  
30  
31 **WHEREAS**, there is excellent AAMC data showing that physicians often practice in the location (or in the  
32 state) that they do their residency training in; and given the large number of medical schools in Missouri  
33 versus the dearth of residency spots in our state, Missouri is a “net exporter of medical education;” and  
34  
35 **WHEREAS**, creating more residency spots in Missouri will likely help alleviate the shortage of physicians  
36 in our state; and other states have found that state legislature funding has been a good investment in  
37 their future physician workforce; and

38  
39  
40  
41  
42  
43

**WHEREAS**, the current state fiscal environment suggests that now may be a good time to be requesting state GME funding in the state of Missouri; therefore, be it

**RESOLVED**, that our Missouri State Medical Association (MSMA) support state legislation to implement state funding of GME positions in Missouri.

**Fiscal Note:** None

**Current Policy:**

References:

1. AMA Council on Medical Education Report 1 (I-15) on “Sources of Funding for Graduate Medical Education,” at <<https://www.ama-assn.org/system/files/2021-06/i15-cme-01.pdf>>. Accessed 30 April 2022.
2. AMA Council on Medical Education Report 6-I-19 on “Veterans Health Administration Funding of Graduate Medical Education,” at <<https://www.ama-assn.org/system/files/2020-04/cme-report-6-i19-annotated.pdf>>. Accessed 30 April 2022.
3. Heisler EJ, Mendez BHP, Mitchell A, Panangala SV, Villagrana MA. 2018. Federal Support for Graduate Medical Education: An Overview. (CRS Report No. R44376) Retrieved from Congressional Research Service website: <https://crsreports.congress.gov/product/pdf/R/R44376>. Accessed 30 April 2022.
4. “Virginia med students, residents help open 25 more GME spots,” 5/24/17 at <<https://www.ama-assn.org/education/gme-funding/virginia-med-students-residents-help-open-25-more-gme-spots>>
5. “Graduate Medical Education” at the Virginia Medicaid Dept of Medical Assistance Services (DMAS), at <<https://www.dmas.virginia.gov/for-providers/rates-and-rate-setting/graduate-medical-education/>>
6. [303#31s \(DMAS\) Graduate Medical Education Residency Slots. SB30 - Member Request \(virginia.gov\)](https://budget.lis.virginia.gov/amendment/2018/1/SB30/Introduced/MR/303/31s/), at <<https://budget.lis.virginia.gov/amendment/2018/1/SB30/Introduced/MR/303/31s/>>
7. [303#14h \(DMAS\) Allow Supplemental Funding for UVA Medical Center and VCU Health System. HB30 - Committee Approved \(virginia.gov\)](https://budget.lis.virginia.gov/amendment/2018/1/HB30/Introduced/CA/303/14h/), at <<https://budget.lis.virginia.gov/amendment/2018/1/HB30/Introduced/CA/303/14h/>>
8. [303#14s \(DMAS\) Graduate Medical Education Residency Slots. SB30 - Committee Approved \(virginia.gov\)](https://budget.lis.virginia.gov/amendment/2018/1/SB30/Introduced/CA/303/14s/), at <<https://budget.lis.virginia.gov/amendment/2018/1/SB30/Introduced/CA/303/14s/>>
9. [313#21c \(DMAS\) Fully Fund Medicaid Graduate Medical Education Residency Slots. HB30 - Conference Report \(virginia.gov\)](https://budget.lis.virginia.gov/amendment/2020/1/HB30/Introduced/CR/313/21c/), at <<https://budget.lis.virginia.gov/amendment/2020/1/HB30/Introduced/CR/313/21c/>>
10. “Utah passes legislation to provide additional state funding for GME programs,” 4/5/22, accessed 2/1/23; at <[Utah passes legislation to provide additional funding for GME programs \(osteopathic.org\)](https://osteopathic.org/utah-passes-legislation-to-provide-additional-funding-for-gme-programs/)>
11. Utah state legislature bill, HB 0295 “Physician Workforce Amendments,” at <<https://le.utah.gov/~2022/bills/static/HB0295.html>>
12. Graduate Medical Education Board, of the Indiana Commission for Higher Education, at <<https://www.in.gov/che/boards-and-committees/graduate-medical-education-board/>>
13. [savegme.org](http://savegme.org)

**Missouri State Medical Association  
House of Delegates**

Resolution # 18  
(A-23)

Introduced by: Gary Gaddis, MD, PhD  
Subject: Texting-and-Driving  
Referred to: Reference Committee A

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1 **WHEREAS**, current statutes extant in the State of Missouri do not describe the act of using a mobile  
2 telephone to compose or send a text message to be an activity that can result in criminal penalties; and,  
3  
4 **WHEREAS**, it is incontrovertible that the act of “texting while driving” increases the hazard for the driver  
5 and all in the vicinity of the driver who is engaged in the creating or sending such a “text” message; and,  
6  
7 **WHEREAS**, among the hazards of such activities are death to pedestrians, bicyclists, motorcyclists, safety  
8 marshals, and occupants of nearby vehicles that are involved in collisions with the vehicle being  
9 operated by the driver who has become distracted by the task of composing or sending a text message  
10 while operating a motor vehicle; and,  
11  
12 **WHEREAS**, the act of “texting while driving” is illegal in every state in the United States except Missouri  
13 and Montana, demonstrating the broad acceptance of the premise that texting while driving is a  
14 dangerous activity that should be proscribed; therefore, be it,  
15  
16 **RESOLVED**, that one of the legislative priorities toward which the Missouri State Medical Association will  
17 work will be the enactment of legislation to permit prosecution of individuals who have been cited by  
18 public safety officers for the act of composing or sending a text while operating a motor vehicle; and be  
19 it further,  
20  
21 **RESOLVED**, that mobile telephone company records will be included among the resources that will serve  
22 as evidence when an individual is accused of the act of sending a text message while operating a motor  
23 vehicle.

**Fiscal Note: None**

**Current Policy: None**

**Missouri State Medical Association  
House of Delegates**

Resolution #19  
(A-23)

Introduced by: MSMA Council  
Subject: Resolutions  
Referred to: Reference Committee A

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1 **WHEREAS**, the MSMA Bylaws is the governing document of the Missouri State Medical Association; and  
2  
3 **WHEREAS**, a number of provisions within the MSMA Bylaws are obsolete or are no longer being followed;  
4 and  
5  
6 **WHEREAS**, nonprofit organizations should update their bylaws in a timely fashion to ensure compliance with  
7 current internal governance practices, and to ensure the presence of sound governance policies; and  
8  
9 **WHEREAS**, the current bylaws regarding the submission of resolutions were adopted when the only way to  
10 submit resolutions was via the US Mail; and  
11  
12 **WHEREAS**, MSMA receives all resolutions electronically, which the current bylaw does not take into account:  
13 and,  
14  
15 **WHEREAS**, the current late resolution process is burdensome and time-consuming for MSMA staff; and  
16  
17 **WHEREAS**, this resolution was approved by the MSMA Council, therefore, be it  
18  
19 **RESOLVED**, that the MSMA Bylaws Chapter III, Section 1, be amended as follows:  
20  
21 **Chapter III. House of Delegates**  
22 Section 1. The House of Delegates shall meet annually at the time and place of the Annual Convention.  
23 All resolutions **must be** received at the Association office no later than ~~45~~ **21** days prior to the opening  
24 session of the Annual Convention ~~will to~~ be accepted as business of the House of Delegates and ~~will~~ be  
25 included in the Delegate’s Handbook. ~~Any additional resolutions to be introduced at the opening session~~  
26 ~~must be made available to each member of the House of Delegates at least 24 hours before the opening~~  
27 ~~session. These will be accepted as business of the House at the opening session and will be referred to~~  
28 ~~an appropriate Reference Committee. Resolutions introduced at the opening session, but which did not~~  
29 ~~meet the 24-hour deadline, will be referred to a Reference Committee only if approved by two-thirds of~~  
30 ~~the Delegates voting. Sufficient copies of the resolution, printed in standardized format, must be~~  
31 ~~supplied by the individual or society introducing the resolution. At the discretion of the Speaker, these~~  
32 conditions would not apply for resolutions of good wishes, condolences, congratulations and others of a  
33 personal nature.

**Fiscal Note: None**

**Current Policy:**



**Missouri State Medical Association  
House of Delegates**

Resolution # 20  
(A-23)

Introduced by: MSMA Council  
Subject: Council Representation  
Referred to: Reference Committee A

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1 **WHEREAS**, the MSMA Bylaws is the governing document of the Missouri State Medical Association; and  
2  
3 **WHEREAS**, a number of provisions within the MSMA Bylaws are obsolete or are no longer being followed;  
4 and  
5  
6 **WHEREAS**, nonprofit organizations should update their bylaws in a timely fashion to ensure compliance with  
7 current internal governance practices, and to ensure the presence of sound governance policies; and  
8  
9 **WHEREAS**, this resolution was approved by the MSMA Council, and is a result of the Ad Hoc Committee on  
10 Council Representation’s review of the MSMA bylaws; therefore, be it  
11  
12 **RESOLVED**, that the MSMA Bylaws Chapter IV, Section 5, be amended as follows:  
13  
14 **Chapter IV. Election of Officers**  
15 Section 5. Each Councilor District shall be entitled to one Councilor for each ~~400~~ 250 active, retired and  
16 resident members, ~~or a fraction thereof~~, in that Councilor District as of ~~December~~ August 31 of the  
17 preceding year. Each District shall be entitled to one Vice Councilor; and be it further  
18  
19 **RESOLVED**, that current MSMA districts six and eight be combined into district eight, so that the new district  
20 eight will be comprised of the following counties: Barry, Barton, Bates, Benton, Cedar, Christian, Dade, Dallas,  
21 Greene, Henry, Hickory, Jasper, Johnson, Laclede, Lafayette, Lawrence, McDonald, Newton, Pettis, Polk, Ray,  
22 Saline, St. Clair, Stone, Taney, Vernon, and Webster; and be it further  
23  
24 **RESOLVED**, that current MSMA districts nine and ten be combined into district six, so that the new district six  
25 will be comprised of the following counties: Bollinger, Butler, Cape Girardeau, Carter, Crawford, Dent,  
26 Douglas, Dunklin, Howell, Iron, Jefferson, Madison, Maries, Mississippi, New Madrid, Pemiscot, Perry, Phelps,  
27 Pulaski, Oregon, Ozark, Reynolds, Ripley, Scott, Shannon, St. Francois, Ste. Genevieve, Stoddard, Texas,  
28 Washington, Wayne, and Wright.

**Fiscal Note:** None

**Current Policy:**

**Missouri State Medical Association  
House of Delegates**

Resolution # 21  
(A-23)

Introduced by: Gary Gaddis, MD, and the St. Louis Metropolitan Medical Society

Subject: Commendation for Rep. Jon Patterson, MD

Referred to: Reference Committee A

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1 **WHEREAS**, Missouri Representative Jonathan Patterson MD is a surgeon who has been a member of the  
2 House of Representatives of the State of Missouri since 2018, representing the 30<sup>th</sup> District (which  
3 includes parts of the cities of Lee’s Summit, Independence and Blue Springs), and  
4

5 **WHEREAS**, Representative Patterson was elected by his peers to become the House Majority Leader for  
6 the 2023-24 session of the Missouri House of Representatives by a vote of his peers in November of  
7 2021<sup>1</sup>, and  
8

9 **WHEREAS**, it is anticipated that Dr. Patterson will bring a physician’s perspective to his new leadership  
10 role in a time of much medical controversy regarding public health and other issues germane to the  
11 practice of medicine and surgery; therefore, be it  
12

13 **RESOLVED**, that the Missouri State Medical Association commends Dr. Patterson for his excellent prior  
14 service to the state and its citizens as a member of the House of Representatives.

**Fiscal Note: None**

**Current Policy: None**

References:

Keller R. Missouri House GOP pick new floor leader, speaker pro tem at post-election congress. *Missouri Independent*. November 9, 2022. Accessed January 9, 2023 at <https://missouriindependent.com/2022/11/09/missouri-house-gop-pick-new-floor-leader-speaker-pro-tem-at-post-election-caucus/>