165th 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

Table of Contents

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: _____

Missouri State Medical Association

113 Madison Street | P.O. Box 1028
Jefferson City, MO 65102-3015
www.msma.org
573-636-5151

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

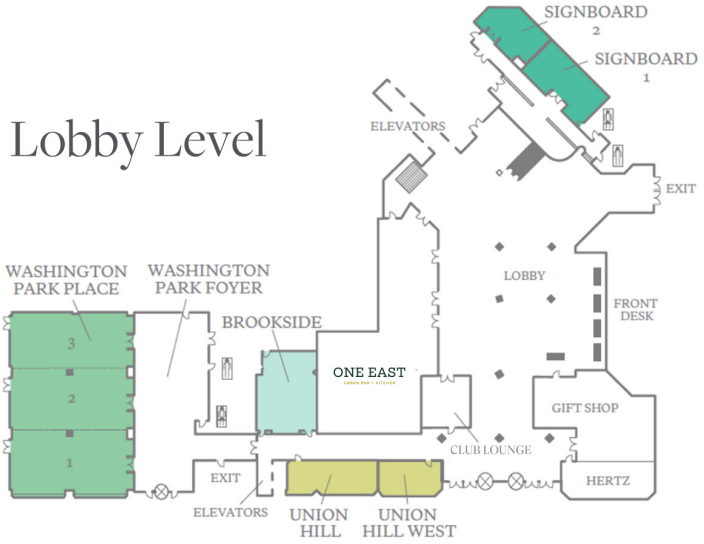
Timothy Swearengin, DO
Speaker, MSMA House of Delegates

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
573-636-5151

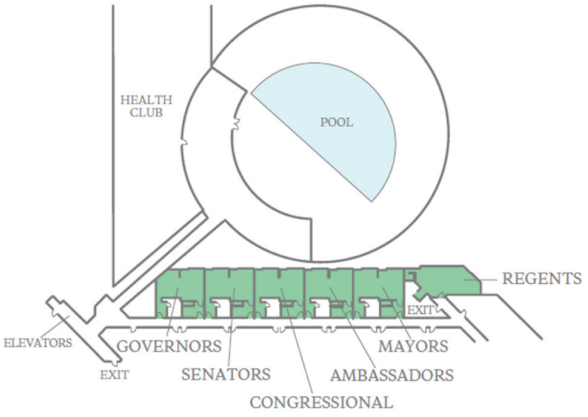
Westin Kansas City at Crown Center Hotel Maps

Lobby Level

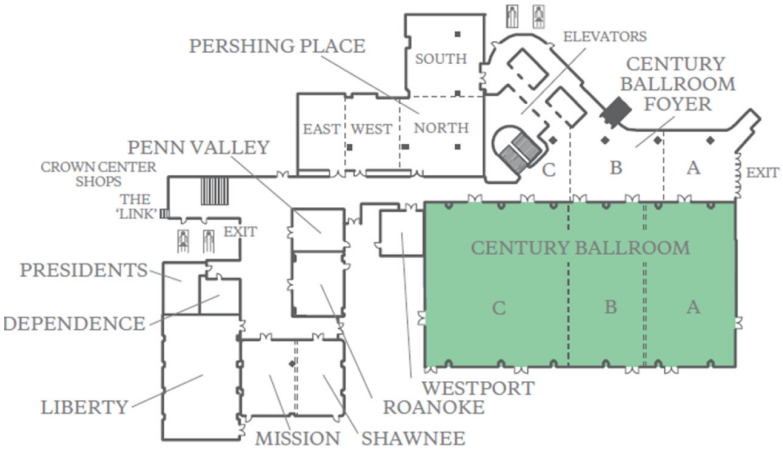


Executive Office Level

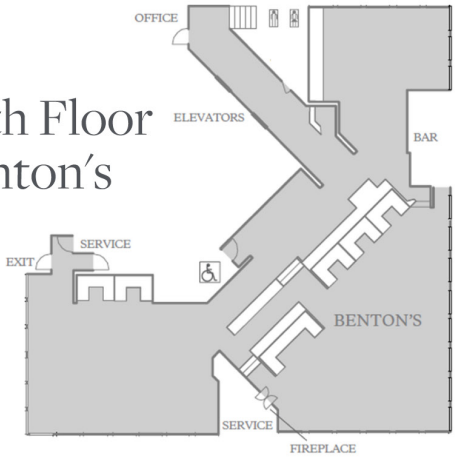
5th Floor Meeting Rooms



Ballroom Level



20th Floor Benton's



2023 MSMA ANNUAL CONVENTION PRELMINARY SCHEDULE

Pre-Convention Meetings
Friday, March 31

1:00-2:00 pm **MSMA Insurance Agency**
Board Meeting
The Boardroom – Executive Office Level

2:00-4:00 pm **MSMA Executive Committee**
Board Meeting
The Boardroom – Executive Office Level

3:00-6:00 pm **MSMA Convention Registration**
Century Foyer – Ballroom Level

3:30-5:30 pm **Alliance Past Presidents**
Reception
Mission – Ballroom Level

4:15-5:15 pm **CME: "Health Equity Opportunities for Doctors and State Medical Associations"**
MSMA General Session
Century C – Ballroom Level

5:30-7:00 pm **MSMA Convention Opening Reception**
Hors d'oeuvres & Cash Bar
Century A – Ballroom Level

7:00-8:00 pm **Women Physicians Section/ Young Physician Section**
Mixer
1 East Restaurant & Bar – Lobby Level

7:00-8:30 pm **MSMA Medical Student Section**
Meeting
Roanoke – Ballroom Level

Convention Meetings
Saturday, April 1

6:30 am-5:00 pm **MSMA Convention Registration**
Century Foyer – Ballroom Level

6:30-7:30 am **International Medical Graduate Section**
Business Meeting
The Boardroom – Executive Office Level

6:30-7:30 am **Medical Student Section**
Business Meeting
Penn Valley – Ballroom Level

6:30-7:30 am **MSMA Young Physician Section**
Business Meeting
Roanoke – Ballroom Level

7:30-8:30 am **Moneta Financial Group Product Theater Breakfast**
Century A – Ballroom Level

7:00 am **Alliance Annual Meeting**
Registration & Information
Pershing Place North/South – Ballroom Level

8:30-9:30 am **MSMA House of Delegates**
Opening Session
Century C – Ballroom Level

9:30-10:15 am **Alliance Annual Meeting**
Business Meeting
Pershing Place North/South – Ballroom Level

9:30-11:30 am **MSMA Reference Committee**
Liberty

9:30-11:30 pm **Missouri Physicians Health Program**
Board Meeting
The Boardroom – Executive Office Level

10:30-11:45 am **Alliance Program**
"Limitations of Public School Interventions for Students with Learning Disabilities"
Pershing Place North/South – Ballroom Level

11:00 am-Noon **Kansas City Medical Society**
Caucus
Westport – Ballroom Level

11:00 am-Noon **St. Louis Metropolitan Medical Society**
Caucus
Roanoke – Ballroom Level

11:30 am-12:30 pm **Networking Lunch**
Century A – Ballroom Level

Noon-1:45 pm **Alliance**
Spirit of the Alliance Recognition Lunch & Memorial Service
Mission – Ballroom Level

Convention Meetings
Saturday, April 1, continued

12:45-1:45 pm **CME: "The Opioid Epidemic: Striving to Provide Holistic Care to Patients Who Use Drugs"**
MSMA General Session
Century C – Ballroom Level

2:00-3:00 pm **Alliance Program**
"Hope on the Horizon"
Pershing Place North/South – Ballroom Level

2:00-3:00 pm **CME: "Environmental Health: An Overview for Missouri Physicians"**
MSMA General Session
Century C – Ballroom Level

2:00-3:00 pm **Missouri State Medical Foundation**
Board Meeting
The Boardroom – Executive Office Level

3:00-4:00 pm **Missouri Medical Political Action Committee**
Board Meeting
Shawnee – Ballroom Level

3:15 pm **Alliance**
Installation of 2023-2024 Officers
Pershing Place North/South – Ballroom Level

Board Meeting
Pershing Place North/South – Ballroom Level

3:15-4:15 pm **CME: "Marijuana/Cannabis Guidance for Medical Providers: Follow the Science"**
MSMA General Session
Century C – Ballroom Level

4:30-5:30 pm **Women Physicians Section**
Business Meeting
Westport – Ballroom Level

4:30-6:30 pm **Medical School Receptions**
Saint Louis University
Roanoke – Ballroom Level

4:30-6:30 pm University of Missouri – Columbia
Pershing Place West – Ballroom Level

4:30-6:30 pm University of Missouri – Kansas City
Pershing Place East – Ballroom Level

5:15-6:15 pm **Reception**
50-Year Pin Recipients
MSMA & MSMA Alliance Past Presidents
MMPAC Diamond Club Members
Mission – Ballroom Level

6:00 pm **Seating Opens for MSMA Presidential Inauguration**
Liberty – Ballroom Level

6:30-7:30 pm **MSMA Presidential Inauguration**
Liberty – Ballroom Level

7:30 pm **MSMA Presidential Reception**
Hors d'oeuvres & Cash Bar
Century AB – Ballroom Level

Convention Meetings
Sunday, April 2

7:00-8:00 am **District Breakfasts & Caucuses**
All rooms on Ballroom Level

- Breakfast Buffet – Roanoke Foyer
- Additional Breakfast Seating – Pershing Place East
- District #1 – Roanoke
- District #2 – Roanoke
- District #3 – Mission
- District #4 – Liberty
- District #5 – Liberty
- District #6 – Pershing Place West
- District #7 – Pershing Place North
- District #8 – Penn Valley
- District #9 – Pershing Place West
- District #10 – Westport
- MSS/IMG Caucuses – Pershing Place South
- WPS/YPS/RFS Caucuses – Shawnee

8:15 am **MSMA House of Delegates**
Second Session
Century C – Ballroom Level

Immediately Following HOD **MSMA Council**
Meeting
Century B – Ballroom Level

HOLD THE DATE!
166th Annual Convention
April 5-7, 2024
St. Louis Renaissance Airport Hotel

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

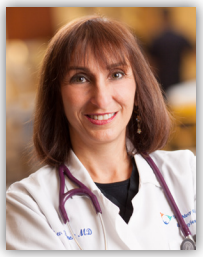
Objectives
1. Articulate the importance of caring for patients who use drugs (PWUD).
2. Develop a fundamental harm reduction approach to PWUD.
3. Describe appropriate steps in management of addiction and comorbid conditions in PWUD.

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

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

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 Swearengin, DO, Speaker

Housekeeping Items – Timothy Swearengin, DO

Report of the Committee on Credentials – Joseph Corrado, MD

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

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

New Business – Timothy Swearengin, 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 Swearengin, 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 – Carlin Ridpath, MD

New Business – Timothy Swearengin, 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 cannot register for the meeting after 5:00 p.m. on Saturday, April 1.

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 165th 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

1st 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 Swearengin, DO – Springfield

Vice Speaker, House of Delegates
Laurin Council, MD – St. Louis

Councilors

Chair of the Council – 3rd District
David Pohl, MD – Town & Country

Vice Chair – 8th District
Brian Biggers, MD – Springfield

1st District
Robert Corder, MD – St. Joseph

2nd District
Hossein Behniaye, MD – Hannibal

3rd District
Robert Brennan, Jr., MD – St. Louis
Inderjit Singh, MD – St. Louis
Christopher Swingle, DO – St. Louis

4th District
Kevin Weikart, MD – Lake St. Louis

5th District
Lisa Thomas, MD – Lake Ozark
Amy Zguta, MD – Columbia

6th District
David Kuhlmann, MD – Sedalia

7th District
Betty Drees, MD – Kansas City
Fariha Shafi, MD – Overland Park, KS
Joanne Loethen, MD – Kansas City

8th District
Matthew Stinson, MD – Springfield

9th District
Lirong Zhu, MD – Clayton

10th 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

1st District
Chakshu Gupta, MD – St. Joseph

2nd District
Barbara White, DO – Hannibal

3rd District
Ramona Behshad, MD – St. Louis

4th District
Keith Ratcliff, MD – Washington

5th District
Jennifer Powell, MD – Osage Beach

6th District
Jennifer Conley, MD – Nevada

7th District
Sarah Florio, MD – Lee's Summit

8th District
Tim Swearengin, DO – Springfield

9th District
Nathaniel Barbe, DO – Mountain Grove

10th District
Rachel Kyllo, MD – St. Louis

Organized Medical Staff Section
Albert Hsu, MD – Columbia

International Medical Graduate Section
Raghuveer 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 Health
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

RES #	SUBJECT	HOUSE ACTION	RECOMMENDED COUNCIL ACTION	CURRENT STATUS
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 30th. 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. Havaldar, 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

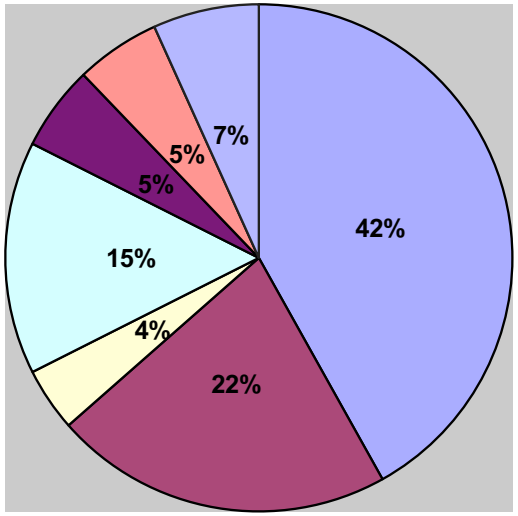
Year End **2022**

January 1, 2022 to December 31 2022

1023 Executive Parkway, Suite 16
St. Louis, MO 63141
800-958-7124
themphp.org

Current Geographic Distribution

Saint Louis	31
Kansas City	16
Springfield	3
Columbia	11
Joplin	4
Poplar Bluff/CapeGirardeau	4
Other	5
Total	**74**



2022 Participants

2022 New Participants	19
Participants Released	
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**

MISSOURI PHYSICIANS HEALTH PROGRAM
The Physician Lifeline: Preserving Physicians' Lives

1023 Executive Parkway, Suite 16
St. Louis, MO 63141
Tel: 800-958-7124
Fax: 314-569-9444

www.themphp.org
info@themphp.org

Supplementary-Revenue Information

Year End – December 31, 2022

	Annual Budget	YTD 2022
Contributions	$305,000	$212,415*
Participant Fees	$228,000	$207,818
Total Revenue	$533,000	$420,233

*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 if you need 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.

Year	Students	Residents	Active	Honor	Total
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 Swearengin, 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: 1st District – Robert Corder, MD, St. Joseph; 2nd District – Hossein Behniaye, MD, Hannibal; 3rd District – David Pohl, MD, Town & Country; Robert Brennan, Jr., MD, St. Louis; 4th District – Kevin Weikart, MD, Lake St. Louis; 6th District – David Kuhlmann, MD, Sedalia; 7th District – Betty Drees, MD, Kansas City; 8th District – Brian Biggers, MD, Springfield; 10th 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: 1st District – Chakshu Gupta, MD, St. Joseph; 2nd District – Barbara White, DO, Hannibal; 4th District – Keith Ratcliff, MD, Washington; 6th District – Jennifer Conley, MD, Nevada; 8th District – Timothy Swearengin, DO, Springfield; 10th District – Rachel Kyllo, 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.

Ellen Nichols, 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.

Advocacy

After a well-attended virtual townhall meeting regarding the overturning of *Roe v. Wad*e, 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.

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 Missourians' 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.

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.

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 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.

REPORT OF THE COMMITTEE ON LEGISLATIVE AFFAIRS

Your Committee on Legislative Affairs met several times during the past year to analyze, discuss, and take positions on the many medically-related proposals that come before the Missouri General Assembly.

This year legislators have introduced over 2000 bills, some 600 of which would have an impact on the practice of medicine. The MSMA, through its staff and your Committee on Legislative Affairs, considers every piece of legislation and makes recommendations to support, oppose, monitor, or amend.

Following, in alphabetical order, is a brief summary of just a few of the more prominent issues currently being considered by the Missouri General Assembly. If you have any questions, members of the Committee and MSMA staff are available at this meeting to discuss the issues.

APRN Independent Practice – HB 271 & SB 79
As introduced, these bills would completely remove collaborative practice – no mileage limit, no familiarity rule, no chart review, no optimum healthcare for the patient. They also would give APRNs the ability to prescribe all Schedule II drugs. MSMA is opposed to these bills.

APRNs/Correctional Care – HB 69 & SB 157
Introduced at the behest of the company that won the state's correctional healthcare contract, these bills would expand the proximity rule to 200 miles for physician/APRN teams when care is delivered in a state prison.

Childhood Immunizations – HB 445 & SB 232
These bills would remove childhood immunization requirements from private and parochial schools. It would also add "conscientious belief" to Missouri's current religious and medical childhood immunization exemptions. MSMA opposes this legislation.

CON Repeal – HB 168 & SB 204
These bills would repeal the Certificate of Need program, which advocates claim interferes with the free market.

Collateral Source Rule – HB 273
This bill fixes a problem in current law that allows plaintiff's attorney to utilize costs billed rather than costs paid when determining damages in malpractice cases.

Covenants Not-to-Compete – HB 1394& SB 293
This bill would prohibit covenants-not-to-compete in employment contracts between health care professionals and facilities. MSMA is watching this bill closely.

CRNAs – HB 329 & SB 27

This bill would eliminate supervision requirements for certified registered nurse anesthetists and allow them greater access to controlled substances.

Dental Immunizations – HB 249 & SB 270
Inspired by health care waivers instated during the COVID pandemic, these bills would allow dentists to administer vaccines to patients. Patients should be visiting their primary care physician's office for regular checkups and vaccines, not other health care practitioners. MSMA opposes this legislation.

Feminine Hygiene Products – HB 114 & SB 162
These bills would exempt feminine hygiene products from state sales tax. A resolution on this issue was passed by the House of Delegates in 2022.

GME Funding – HB 1162
This bill would set aside state funding for additional residency slots until 2034. MSMA supports this legislation.

Interstate Medical Licensure Compact – HB 285 & SB 393
While license reciprocity would be helpful for many of our members who live near our state borders, the Interstate Medical Licensure Compact is a flawed solution. The compact includes potentially-exorbitant administrative fees for licensees, allows rules and regulations adopted by a compact commission to supersede state law, and makes it more difficult for the Board of Healing Arts to exercise their own discretion in disciplinary decisions. MSMA opposes this legislation.

Needle Exchange – HB 1245 & SB 623
These bills would authorize safe needle exchange programs to operate in Missouri. Currently, needle exchange programs operate in a legal grey area since they technically run afoul of Missouri's drug paraphernalia laws. MSMA supports this legislation

Opioid Guidance – HB 320
This bill would require the Department of Health to promulgate rules in accordance with the new CDC Opioid Prescribing Guidelines. MSMA opposes this legislation.

Patient Examinations – HB 283 & SB 106
This bill prohibits pelvic examinations on unconscious patients who did not previously consent to such exams.

Pharmacists – HB 331 & SB 41
Similar to the dental bill above, these bills are a product of the health care waivers instated during the pandemic. The bill would allow pharmacists to administer any FDA-approved vaccine. MSMA opposes this legislation.

Physical Therapists – HB 115 & SB 51
This bill allows direct access to physical therapy treatment without requiring a diagnosis or referral from a physician. MSMA opposes this legislation.

Postpartum Care – HB 91 & SB 45
These bills would extend MO HealthNet postpartum benefits from the current 60-day coverage period to one year after a MO HealthNet participant gives birth. MSMA supports this legislation.

Prior Authorizations – HB 1045 & SB 576
These bills are based on a Texas law passed in early 2021 to relieve the administrative burden on physicians and their office staff. This legislation would allow physicians who have proven track records on certain prior authorization requests to essentially be fast-tracked through the process. MSMA supports this legislation.

Texting and Driving – HB 228 & SB 61
These bills would prohibit a driver from operating a vehicle while texting or talking on a cell phone. The legislation would still allow use of hands-free wireless calling and includes exceptions for emergency situations. MSMA supports this legislation.

Tobacco 21 – HB 124
This bill would raise the age for tobacco purchases to 21 and make other commonsense changes to current laws.

2022-23 MSMA Legislative Committee Members

Ravi Johar, MD, Chesterfield – Chair
Chakshu Gupta, MD – Liberty
Betty Drees, MD, Kansas City
George Hruza, MD, Chesterfield
David Kuhlmann, MD, Sedalia
Joanne Loethen, MD, Kansas City
Timothy Swearengin, DO, Springfield
Barbara White, DO, Hannibal
**Lancer Gates, DO, Kansas City
**George Hubbell, MD, Osage Beach
David Barbe, MD, Mountain Grove
Edmond Cabbabe, MD, St. Louis
Sarah Florio, MD, Lee's Summit
Dorothy Munch, DO, Poplar Bluff
Rachel Kyllo, MD, St. Louis
Carlin Ridpath, MD, Springfield
Kevin Weikart, MD, Lake St. Louis
**Keith Frederick, DO, Rolla
**Brian Biggers, MD, Springfield
**David Pohl, MD, St. Louis

** Ex-officio

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

WHEREAS, gender-affirming healthcare for gender diverse adults has been deemed medically necessary by every major medical association, including but not limited to: the American Academy of Family Physicians, American College of Obstetricians and Gynecologists, American College of Physicians, American Heart Association, American Medical Association, American Osteopathic Association, American Medical Student Association, American Psychiatric Association, American Psychological Association, American Public Health Association, American Society of Plastic Surgeons, Endocrine Society, World Medical Association, and World Professional Association for Transgender Health[1,2]; and,

WHEREAS, the largest trans survey of all time found that forty percent of transgender and gender diverse (TGD) people attempt suicide within their lifetime, a rate nine times higher than that of the general American population[3]; and,

WHEREAS, gender affirming healthcare has been shown to decrease psychological distress and suicidal ideation in transgender individuals[4,5]; and,

WHEREAS, studies do not demonstrate an increase in cardiovascular events, cancer or mortality in people treated with long term testosterone or estrogen therapy[6,7]; and,

WHEREAS, one in four transgender people seeking hormone replacement therapy are denied insurance coverage, and over half of transgender people seeking transition-related surgery are denied insurance coverage[3]; and,

WHEREAS, access to medical transition facilitates social transition and improves safety in public[8]; and,

WHEREAS, multiple states have recently proposed legislation attempting to limit gender-affirming care for adults over the age of 18, including but not limited to Florida, South Carolina, Mississippi, Oklahoma, Alabama, Arkansas, Kansas, and Missouri[9,10]; and,

WHEREAS, Missouri lawmakers recently proposed a bill to legalize state insurance plans deny coverage of gender-affirming care without specifying age requirements making this applicable to adults[11,12]; therefore, be it,

RESOLVED, that our MSMA recognizes that policies and legislation that limit access to gender-affirming care have broad negative repercussions for Missouri residents; and be it further,

RESOLVED, that our MSMA supports the codification of protections for gender-affirming care into state law; and be it further,

RESOLVED, that our MSMA supports broad and equitable access to gender-affirming healthcare, public and private coverage of gender-affirming healthcare as an essential health benefit, and funding of gender-affirming healthcare in public programs; and be it further,

RESOLVED, that our MSMA oppose limitations on government funding for gender-affirming care.

Fiscal Note: None

Current Policy: None

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4. Almazan AN, Keuroghlian AS. Association between gender-affirming surgeries and mental health outcomes. *JAMA Surgery*. 2021;156(7):611. doi:10.1001/jamasurg.2021.0952
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10. Kansas Senate Bill 12. LegiScan. https://legiscan.com/KS/text/SB12/id/2624321. Accessed February 16, 2023.
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Resolution #1 - Access to Gender-Affirming Surgery and Hormone Replacement Therapy for Transgender and Gender-Diverse Individuals - Sponsored by Charles Adams, Kansas City University College of Osteopathic Medicine and Alex Shimony, Washington University in St. Louis School of Medicine

Marc Taormina, MD - Gastroenterology - Lee's Summit - Representing Self - No Disclosures

The MSMA should reject this resolution. Missouri should not become a transgender sanctuary state as this resolution would encourage. Despite the many stated facts promoting gender reaffirming care in this resolution, there is significant controversy and dissent about the benefits of transgender care. Utilizing taxpayer funds for elective transgender therapy is against good public policy. MSMA members who practice and have lived in Missouri caring for our citizens know this is a misdirected resolution promoting transgender activism.

William White, MD - Ophthalmology - Kansas City - Representing Self - No Disclosures

I think this is a TERRIBLE idea and it will be divisive to our association. This is not good medicine. I STRONGLY OPPOSE.

William Robert Reynolds, MD - Plastic and Reconstruction Surgery - Representing Self - No Disclosures

I strongly oppose this resolution as it will require MSMA to support access to gender affirming care and oppose any state/other efforts that limit requirements to provide it in adults. The resolution is a divisive political issue which, as a society, should stay clear. There is junk science associated with surgeries and hormone therapy and the junk science has led many countries to oppose procedures and hormones for minors.

There is one certainty if the MSMA approves such a Resolution-membership will decline as it never has before. Many long-time members will simply quit the MSMA. The goodwill MSMA has with the state legislature will be harmed. The respect the MSMA has in the state legislature will be lost. This resolution should be strongly opposed.

John C. Hagan, III, MD - Ophthalmology - Kansas City - Representing Self - No Disclosures

This resolution is peripheral to the purpose and goals of MSMA which stress unifying active members around core issues for physicians and their patients. This resolution is divisive and highly political and will be evaluated negatively by many dues paying MSMA members. This resolution should not be submitted to a reference committee nor considered by MSMA delegates. If adopted as a MSMA position, this resolution will cause a loss of many dues paying members and likely alienate MSMA from the political norms of the state legislature.

Frank Cornella, MD - Oral Maxillofacial Surgery - Springfield - Representing Self - No Disclosures

Personally, I object to those who oppose such resolution based on a fear that they would be divisive and lead to the loss of members without citing any science /evidence as to whether it would be a benefit to patients. I contend that not addressing such matters that concern the health and wellbeing of Missourians, especially when it involves treatments backed by the most prominent medical associations worldwide, is what is divisive and which would be more likely to lead to members leaving our ranks than a well-intentioned, well supported (by science) measure to protect those most vulnerable in our state. Those politicians and legislators who oppose access to such care don't give a rip about the health of children; this is politically motivated threat to health and is in the lane of any state medical association that proports to be a champion of patient health. We have a duty to debate such an important issue. To those who stoke fear that even debating such a resolution would lead to the loss of members, I hereby promise to quit MSMA if it is not debated. I don't expect that MSMA will do everything I think it should do, but if MSMA cowers from debating such issues in public every time a politically controversial medical issue arises, then my time and energy can be more effective in health organizations that put patients first.

Charles Adams - Medical Student - Kansas City - Representing Self - No Disclosures

As its title states, this resolution pertains solely to gender-affirming care for adults. Something that is so widely supported by the peer-reviewed, multi-sourced statistics is the definition of solid scientific evidence. A primary goal of any medical society should be to improve patient health and quality of life. As the stats have shown for many years, gender-affirming care does exactly that. If peer-reviewed research stating the opposite exists, I would happily read it. A full understanding of an issue requires investigating all arguments and, more than anything, focusing on the scientific literature.

Any issue regarding healthcare is relevant in a medical society. This issue directly impacts Missouri healthcare and the autonomy of Missouri physicians. Certain parties have a considerable amount to gain by pushing incendiary narratives that anger and pit people against one another. It is on us to see through this and do what is best for patients. Transgender Americans are 9x as likely as the general population to attempt suicide. Gender affirming care has been consistently shown to decrease psychological distress and suicidal ideation.

Perhaps taking a stand on this timely issue may dissuade some from the MSMA. Failure to do so will also dissuade people from MSMA. It will cause Missouri to lose graduating medical students and young physicians who choose to go elsewhere to practice medicine.

Gary Gaddis, MD, PhD - Emergency Medicine - Chillicothe - Representing Self - No Disclosures

I recall that when I matriculated to medical school, I was told something to the effect that "50% of what we teach you will become known to be wrong within 5 or 10 years. We just don't know which 50% that is." So, it is with this issue. The science of this matter differs from the time when many of us were in medical school.

Here is the key point. The science of the matter verifies that "sex" and "gender" are different concepts. Sex is the genetic sex with which one is born, so those who assert that those born a boy will always have a "Y" chromosome are correct, as regards SEX. However, Gender is a different construct.

Most of us align as to our sex and our gender, but there exists a substantial minority of our population who do not live in this comfortable place. I can only imagine how disquieting that would be, if I were so-impacted.

But, let's return to "science". When many of us were in medical school, sex and gender were considered to be interchangeable. We now know that this is not true. Just as when I graduated medical school in 1986, quinolone antibiotics were research drugs and today's immune modulators were not even a dream, so also has the science of gender vs. sex moved forward. Many doctors correctly have embraced many new science-derived tools, the results of rigorous peer-reviewed research, such as quinolone antibiotics and immune modulator drugs.

So, my question is this: How can it be that the same doctors of the MSMA who clearly and correctly have embraced numerous research-derived tools like new antibiotics and immune modulators would be the same doctors who roundly reject the peer-reviewed science of the differences between "sex" and "gender"? I know that I am coming off as a "contrarian" here, but I believe that this resolution, which challenges many members' understandably-derived beliefs, deserves our science-informed support. Again, to support this will require the putting aside of beliefs that are difficult to ignore for many of our good members. Further, this and another resolution regarding this matter were proposed by some of our youngest members. The young members of MSMA are our future, and we owe to them to give their ideas a fair airing. We don't owe younger members the passage of this controversial proposal, but we do owe them a fair consideration of the controversial ideas it contains. So, in the interest of the future of the MSMA, in the interest of collegiality, and in the interest of accepting new scientific findings that are wildly at variance from concepts that many of us either believe or were taught as medical students (or both), I ask that MSMA members become informed of the fact that it is a broadly-held scientific perspective that gender is different from sex, and that there are some in our population whose sex and gender do not align. We are men and women of science, and in living this role, sometimes our beliefs come under challenge. This is one of those occasions. I support this resolution.

John Holds, MD - Ophthalmology - St. Louis - Representing Self - No Disclosures

This resolution is politically divisive and does not represent the beliefs of many MSMA members. It would divide the MSMA membership and potentially cause members who disagree with this resolution to quit MSMA. MSMA cannot afford this loss or a division of our membership. MSMA can adopt positions for lobbying on this and other issues in response to actual legislative challenges. I have faith in the membership, and process at MSMA to represent all of the membership and our patients in these matters. The organization should not have its hands tied in advance by a resolution such as this, and this resolution should not be adopted.

Brent Davidson, MD - Ophthalmology - Fenton - Representing Self - No Disclosures

Should not be adopted.

Alex Shimony - Medical Student - St. Louis - Representing the MSMA Medical Student Section - No Disclosures

This resolution is narrowly focused on providing health care to a specific group of marginalized Missourians and fighting back against government overreach into limits on the health care that physicians are able to provide their patients. As a physician and patient advocacy organization, we should strive to provide the best medical care possible for our patients and oppose government limits on that care, especially when the peer-reviewed literature overwhelming supports the benefits of providing gender affirming care for transgender individuals.

Claims stating this body of literature is "junk science" have not been substantiated and are only based on fear.

I am not naïve to think that this resolution will not be controversial, but that controversy is not based on the science or on the medicine, it is based on a highly charged political environment that has been fed by misunderstandings. While some MSMA members may personally disagree with this resolution, we should not be thinking about our personal beliefs but what is best for the patients that we take care of.

We have heard year after year that there is a physician shortage in Missouri, that medical students who train here don't stay. I have heard that as a state we are the largest exporter of medical students in the country. Medical students and young physicians care about these issues and don't want to practice medicine in an environment that puts them in a strait jacket as to how they can practice medicine. Taking stances on these topics shows that MSMA is serious about fighting for physicians AND patients.

Nicole Neville - Medical Student - Kansas City - Representing Self - No Disclosures

I support this resolution. We cannot call ourselves competent or capable physicians if we let politics decide who receives care. It is undeniable that trans people live longer and happier lives when allowed access to gender-affirming care. It is a gross violation of our oath to do no harm if we allow people to suffer simply because of personal prejudice. It is our duty as physicians to rely on evidence-based medicine not misguided personal opinions. Trans people are 1-2% of the population, this makes them underrepresented and vulnerable. There are currently over 15 bills trying to harm this small group and we must protect them.

We as prominent and dedicated learners of science already know that sex is not binary. We have hydroxylase deficiencies, androgen insensitivity syndromes, Turner's, etc., to hold onto old beliefs of what gender in order to hurt people we don't agree with is shameful and we need to do better.

It was also once a "political and divisive" issue to allow black people to read. No one who has denied the basic human rights of another group has ever been on the correct side of history. We need to pass this resolution and tell every single person in Missouri that they deserve quality and equitable healthcare.

Adam Buchanan - Ophthalmology - St. Louis - Representing Self - No Disclosures

Strongly oppose - should not be adopted. This is a politically divisive resolution sponsored by non-physician, non-dues-paying members. It will severely damage MSMA membership and our standing with the Missouri state government and the citizens of Missouri.

James Donnelly, MD - Dermatology - Chesterfield - Representing Self - No Disclosures

I oppose this resolution as it is controversial, inappropriately politically polarizing, contrary to MSMA's policy of avoiding resolutions that will alienate many dues paying MSMA members and our friends in the Missouri State Legislature. MSMA should not take a position on this resolution, and not accept it for discussion by the delegates due to its threat to MSMA viability.

Michael Hilzendeger - Medical Student - Washington University - Representing Self - No Disclosures

Gender affirming care is simply not a novel practice in medicine. If a male presents to the clinic with a receding hairline, his clinician can prescribe finasteride to address hair loss. If a breast cancer survivor who underwent mastectomy begins to feel dysphoric about their chest, they can receive breast augmentation to feel affirmed by their physical appearance. If a menopausal woman finds herself debilitated by hot flashes and poor sleep, she can be prescribed hormone replacement therapy to address her symptoms. If a patient with prostate cancer needs to be treated with a GnRH agonist, they can be treated with bicalutamide to block a testosterone surge safely and effectively. The list goes on and on. Why is it that these treatments are perfectly acceptable by most physicians and far less divisive than gender affirming care for transgender individuals? One could glean from the opposition to this resolution that its opponents do not object to the practice of gender affirming care but rather object to the mere existence of transgender people. People have existed beyond the gender binary throughout history and it is long past due that this patient population be supported by their physicians. The MSMA should align itself with every major national medical association and support this life-saving healthcare.

Madeline Sauer - Medical Student - University of Missouri - Columbia - Representing Self - No Disclosures

Very well-written resolution and speaks to a very important issue currently facing health care.

Any argument that this resolution should be abandoned solely on the basis that it is "politically divisive" and may not represent the values or personally held beliefs of some Missourians is diverting attention from the goal of this resolution. This resolution speaks to the medical data (not a belief but a scientifically backed theory) that supporting gender-affirming healthcare leads to better outcomes (including decreased psychological distress and suicidal) for our patients.

The goal of MSMA and this resolution is to protect and foster a safe and supportive environment for our patients to thrive regardless of the individual practitioner's own belief, political stance, or religious background.

This resolution speaks to an important way to improve access and care to Missouri patients and, therefore should be adopted by MSMA.

Nikita Sood - Medical Student - Washington University - Representing Self - No Disclosures

Regarding concerns about membership: The hostility with which our Missouri legislature treats our most vulnerable communities--including transgender patients--is directly related to why me and so many of my peers are leaving this state for the next step of our training.

As a medical association, conversations about membership are incredibly important. If MSMA continues to stay silent when our most vulnerable populations are attacked by the state legislature, I worry that we will continue to lose members who feel that we prioritize staying out of political divisive conversations over our duty to our patients.

Ashley Glass - Medical Student - Kansas City - Representing Self - No Disclosures

I support this resolution. Opposition to this resolution has been based on politics, but this resolution is supported by science. This resolution helps reduce harm towards a vulnerable population. It makes health care safer and more accessible to ALL patients. No matter your political opinion, every patient is a human being that deserves quality health care that meets their medical needs. This resolution ensures just that.

Lauren Van Winkle - Medical Student - Kansas City - Representing Self - No Disclosures

The MSMA states that "We are hundreds of dedicated physicians and staff who are working to maintain medical standards and ethics and ensure Missourians´ access to quality health care." I am in support of this resolution, due to the overwhelming evidence emerging supporting gender-affirming care for transgender patients. MSMA should strongly consider this resolution and join its colleagues in supporting transgender patients. Access to gender-affirming care is synonymous with access to quality health care, which is at the core of MSMA's aims.

Nicholas George, MD, MPH - Internal Medicine and Pediatrics - Kansas City - Representing Self - No Disclosures

As a provider of LGBTQ care in the Kansas City area, I can certainly attest to the need for gender affirming care. Many patients who experience gender dysphoria or discordance with their sex assigned at birth have had significant trauma throughout their lifespan. Having an appropriate environment to receive care is crucial. Patients may or may not qualify for treatment options depending on insurance coverage, and providers who are familiar with barriers to access care are vitally important. Furthermore, training programs for providers are needed to ensure appropriate use of services. I am in agreement with this proposal as it will improve health care outcomes and reduce health expenditure on a whole; although, it is only the first step.

Maren Loe, MD - Washington University - St. Louis - Representing Self - No Disclosures

I support this resolution.

Satya Sivasankar - Medical Student - University of Missouri - Columbia - Representing Self - No Disclosures

I support this resolution.

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

WHEREAS, Missouri lawmakers recently proposed a bill to make it illegal for physicians to provide life-saving medical care to transgender minors[1]; and,

WHEREAS, the proposed bills across the country carry severe penalties for healthcare providers who prescribe puberty suppressing hormones, either criminalizing or subjecting them to discipline from state licensing boards, or allowing individuals to file civil suits against providers who violate these laws[2]; and,

WHEREAS, a 2022 bill proposed in Missouri would classify gender-affirming care as child abuse[3]; and,

WHEREAS, many transgender adults experience gender dysphoria starting in childhood or adolescence[4] and gender incongruence is persistent in children[5]; and,

WHEREAS, a 2017 study of 120,000 U.S. youth ages 13 to 19 found 1.8% identified as transgender[6]; and,

WHEREAS, there is no one-size fits all for any medical gender transition and standards of care require any puberty-delaying interventions be pursued only after extensive rigorous multidisciplinary assessment[7]; and,

WHEREAS, gonadotropin-releasing hormone agonists (GnRHa) reversibly block pubertal development, giving TGD youth and their family more time in which to explore the possibility of medical transition[8]; and,

WHEREAS, GnRH analogs have been used safely for decades without lack long-term complications in the treatment of precocious puberty of cisgender youth[9-11]; and,

WHEREAS, puberty suppression decreases behavioral and emotional problems, and significantly increases general functioning and social well-being[12-15]; and,

WHEREAS, while more research is needed on the long-term effects of gender-affirming treatments in youth, the potential negative health consequences of delaying treatment should also be considered[16]; and,

WHEREAS, 82% of transgender individuals have considered taking their own life and 40% have attempted suicide, with suicidality highest among transgender youth[17]; and,

WHEREAS, poor mental health is a consequence of the incongruence between sex assigned at birth and gender identity, and that stigma, bullying, and family non-acceptance are also important contributing factors[18]; and,

WHEREAS, adolescents undergoing puberty suppression are satisfied with their treatment and perceive it as essential and lifesaving[7]; and,

WHEREAS, puberty suppressing hormone blockers are recognized as both safe and lifesaving by the World Professional Association for Transgender Health, American Academy of Child and Adolescent Psychiatry, American Academy of Pediatrics, American Psychological Association, and the Endocrine Society[19,20]; therefore, be it,

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

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

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

Fiscal Note: **None**

Current Policy: **None**

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Resolution #2 - Access to Puberty-Suppressing Hormone Blockers for Transgender and Gender Diverse Youth - Sponsored by Charles Adams and Yuan Xie, Kansas City University College of Osteopathic Medicine

Marc Taormina, MD - Gastroenterology - Lee's Summit - Representing Self - No Disclosures

MSMA should reject this misguided resolution. This resolution wants to codify the use of puberty blockers and the use of public funds for gender affirming care in Missouri youth below the age of 18. Transgender life altering care should not be allowed in minors below the age of 18 and Missouri should not become a transgender sanctuary state. These decisions should be reserved for consenting adults as puberty blockers have significant medical risks including increased cardiovascular, hormonal, and emotional issues that may be irreversible. Allowing activist physicians and counselors to decide what is best for a minor is antithetical to Missouri's core values. We should protect Missouri's youth from transgender activism.

William White, MD - Ophthalmology - Kansas City - Representing Self - No Disclosures

This is a HORRENDOUS idea. It is not good medicine. It will divide our society. We should stick with health care and not dabble in nonsense such as this.

William Robert Reynolds, MD - Plastic and Reconstruction Surgery - Representing Self - No Disclosures

This requires MSMA to support access to gender affirming care and oppose any state/other efforts that limit puberty blockers and gender-affirming care in children. This should be strongly opposed by MSMA and I encourage everyone to read carefully the whistleblower Jamie Reed's article in the Free Press (February 9, 2023). It is an amazing expose of her time at the Washington University Transgender Center at the St Louis Children's Hospital. See: https://www.thefp.com/p/i-thought-i-was-saving-trans-kids

The Resolution should be strongly opposed. Like Resolution #1, Resolution #2 is politically divisive and will decrease our membership, weakening our good reputation in the state legislature. This is a political issue, pure and simple.

John C. Hagan, III, MD - Ophthalmology - Kansas City - Representing Self - No Disclosures

This resolution is peripheral to the purpose and goals of MSMA which stress unifying active members around core issues for physicians and their patients. This resolution is divisive and highly political and will be evaluated negatively by many dues paying MSMA members. This resolution should not be submitted to a reference committee nor considered by MSMA delegates. If adopted as a MSMA position, this resolution will cause a loss of many dues paying members and likely alienate MSMA from the political norms of the state legislature.

Charles Adams - Medical Student - Kansas City - Representing Self - No Disclosures

Puberty blockers have been used for decades in cisgender youth to treat precocious puberty. There has been no objection to this use of these drugs on children for whom they are indicated until now. Decisions are best made based on years of reproducible, repudiated research, not a single report whose existence likely provides social or financial influence to individuals or political agendas. Healthcare providers should stick with the science.

There is substantial evidence showing the overall effect of these drugs are positive. "Puberty suppression decreases behavioral and emotional problems, and significantly increases general functioning and social well-being". Adolescents taking puberty blockers are overwhelmingly satisfied with their treatment and "perceive it as essential and life-saving". Powerfully, 82% of transgender individuals have considered taking their own life and 40% have attempted suicide, with suicidality highest among transgender youth. Further providing irrefutable evidence, the efficacy of hormone blockers have been explicitly stated by the American Academy of Child and Adolescent Psychiatry, American Academy of Pediatrics, and American Psychological Association.

The point of a medical society is to discuss issues relating to the sacred patient-physician relationship. We have a responsibility to use our education and our best scientific judgement to examine the available research and make timely recommendations to society. Especially considering most Americans lack understanding of this issue. The MSMA's decision on this issue has the potential to either hugely help or harm transgender youth. It is our duty to do everything we can to safeguard access to healthcare for this vulnerable population.

Gary Gaddis, MD, PhD - Emergency Medicine - Chillicothe - Representing Self - No Disclosures

As I stated re: Resolution #1, I recall that when I matriculated to medical school, I was told something to the effect that "50% of what we teach you will become known to be wrong within 5 or 10 years. We just don't know which 50% that is." So, it is with this issue. The science of this matter differs from the time when many of us were in medical school.

Here is the key point. The science of the matter verifies that "sex" and "gender" are different concepts. Use of medications offer clear benefits to some who live in the gap where their sex and gender do not align. Those who assert that those born a boy will always have a "Y" chromosome are correct, as regards SEX. However, gender is a different construct. Most of us align as to our sex and our gender, but there exists a substantial minority of our population who do not live in this comfortable place. I can only imagine how disquieting that would be, if I were so-impacted.

Without repeating all of the comments I offered for Resolution #1, I ask that MSMA members become informed of the fact that it is a broadly-held scientific perspective that gender is different from sex, and that there are some in our population whose sex and gender do not align. We are men and women of science, and in living this role, sometimes our beliefs come under challenge. This is one of those occasions. I also support this resolution, because it offers support for a tool that is highly useful for those whose sex and gender are not aligned.

John Holds, MD - Ophthalmology - St. Louis - Representing Self - No Disclosures

This resolution is politically divisive and does not represent the beliefs of many MSMA members. It would divide the MSMA membership and potentially cause members who disagree with this resolution to quit MSMA. MSMA cannot afford this loss or a division of our membership.
MSMA should not take a position on this resolution at this time, as the actual impact of the gender transition clinics on the individuals they treat is being hotly debated right now. Independent journalist Bari Weiss' interview with the counselor pushed out of the clinic at Children's Hospital in St. Louis should be studied https://www.thefp.com/p/i-thought-i-was-saving-trans-kids Additionally, the use of hormones, puberty blockers and so forth is being restricted in most of Europe, where I believe these issues are more evidence-based and less political https://www.city-journal.org/yes-europe-is-restricting-gender-affirming-care. MSMA can adopt positions for lobbying on this and other issues in response to actual legislative challenges. I have faith in the membership and process at MSMA to represent all of the membership and our patients in these matters. The organization should not have its hands tied in advance by a resolution such as this, and this resolution should not be adopted.

Alex Shimony - Medical Student - St. Louis - Representing the MSMA Medical Student Section - No Disclosures

This resolution is narrowly focused on providing health care to a specific group of marginalized Missourians and fighting back against government overreach into limits on the health care that physicians are able to provide their patients. As a physician and patient advocacy organization, we should strive to provide the best medical care possible for our patients and oppose government limits on that care, especially when the peer-reviewed literature overwhelming supports the benefits of providing gender affirming care for transgender individuals.

Puberty suppressing hormones are not irreversible, in fact as soon as an individual stops taking the medication, their natural hormone function returns. It is this reason why they are used in children, because they can delay a child from going through a puberty making their physical body more discordant with their gender. If they change their mind later on, which is incredibly rare, the medication can be stopped and they can go through puberty as normal. These treatments are safe, effective, and widely supported as standards of care by a multitude of medical organizations such as the American Academy of Pediatrics, the Endocrine Society, and the American Academy of Child and Adolescent Psychiatry. As physicians, we routinely look to provide the best care for our patients and we should not let our own personal beliefs affect the care of those patients.

Nicole Neville - Medical Student - Kansas City - Representing Self - No Disclosures

I support this resolution. Once again, we cannot let personal prejudice deny people access to healthcare. This is a decision that needs to be made by children, their parents, and their physicians. It is a gross overstep to interfere with parents getting life-saving care for their kids for no other reason than ignorance. Children are smart and capable beings who have a better understanding of their bodies and their lives than strangers on the internet do. Medicine and politics are intertwined and we need to take a strong stance in order to protect our patients and let them know that we support them.

Adam Buchanan - Ophthalmology - St. Louis - Representing Self - No Disclosures

Strongly oppose - should not be adopted. This is a politically divisive resolution sponsored by non-physician, non-dues-paying members. It will severely damage MSMA membership and our standing with the Missouri state government and the citizens of Missouri.

James Donnelly, MD - Dermatology - Chesterfield - Representing Self - No Disclosures

I oppose this resolution as it is controversial, inappropriately politically polarizing, contrary to MSMA's policy of avoiding resolutions that will alienate many dues paying MSMA members and our friends in the Missouri State Legislature. MSMA should not take a position on this resolution, and not accept it for discussion by the delegates due to its threat to MSMA viability.

Bina Ranjit - Medical Student - Kansas City - Representing Self - No Disclosures

Hormone blockers are given to children and adults for a variety of reasons. Spironolactone is a popular choice given to people who have acne and hirsutism. Gender affirming care consists of simple steps like helping a patient manage their unwanted facial hair and this simple step can make a world of difference to one's confidence and mental well-being.

Everything is political said my political professor in college. It is important as a medical association to discuss and support issues faced by our physicians. If a legislative body bans all gender affirmative care, physicians are going to be left helpless to treat any and all patients. Truth is kids are dying because society doesn't accept what they've known their entire lives. They should be able to trust their physician to provide them with adequate care. And we should be able to keep them healthy and alive.

Ashley Glass - Medical Student - Kansas City - Representing Self - No Disclosures

I support this resolution for the reasons I previously stated under resolution #1.

Maren Loe, MD - Washington University - St. Louis - Representing Self - No Disclosures

I support this resolution.

Nikita Sood, MD - Washington University - St. Louis - Representing Self - No Disclosures

I am speaking on behalf of myself in SUPPORT of this resolution. "Puberty suppressing hormone blockers are recognized as both safe and lifesaving by the World Professional Association for Transgender Health, American Academy of Child and Adolescent Psychiatry, American Academy of Pediatrics, American Psychological Association, and the Endocrine Society." The medical experts are at a clear consensus on the importance of providing gender affirming care to transgender youth and as a medical association, I believe MSMA should align with these experts.

I will not reiterate verbatim my comments regarding membership on Resolution #1, though much of the sentiment is the same. If MSMA remains silent during this unprecedented attack against our most vulnerable patients (and a well-respected medical institution), MSMA will also risk losing dues-paying members.

Satya Sivasankar - Medical Student - University of Missouri - Columbia - Representing Self - No Disclosures

I support this resolution.

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

WHEREAS, Missouri lawmakers recently proposed Senate Bill 14 attempting to prohibit transgender people from changing their gender marker on birth certificates without receiving gender-affirming surgery[1]; and,

WHEREAS, a gender marker is the legal label for a person's sex that is typically assigned or designated at birth on official documents[2]; and,

WHEREAS, legal name and sex or gender change on identity documents in Missouri are contingent on medical documentation that patients may call on practitioners to produce[3]; and,

WHEREAS, 13% of transgender people who presented identification that did not match their gender presentation were denied coverage for medical services considered to be gender-specific, including routine sexual or reproductive health screenings such as Pap smears, prostate exams, and mammograms[4,5]; and,

WHEREAS, 32% of transgender people were harassed, asked to leave an establishment, or physically assaulted due to presenting identification that did not match their gender presentation[4]; and,

WHEREAS, transgender people with updated gender marker and name changes on their IDs experience significantly lower rates of depression, anxiety, suicidal ideation, suicidal planning, somatization, global psychiatric distress, and upsetting responses to gender-based mistreatment[6-10]; and,

WHEREAS, transgender people face significant barriers to updating identity documents, with finances being the most common, and only 11% of transgender people have all documents updated to reflect their gender identity, while 68% do not have one ID reflective of their gender[4]; and,

WHEREAS, only 9% of those who wanted to change the gender marker on their birth certificate are able to do so[4]; and,

WHEREAS, the vast majority of transgender people cannot afford the cost of gender-affirming surgery[4,11]; and,

WHEREAS, transgender people are more likely to be uninsured with 14% of transgender people lacking any coverage as opposed to 11% of the U.S. population[4]; and,

WHEREAS, 3% of trans people don't want to medically transition, and 13% are unsure if they want to transition[4]; and,

WHEREAS, requiring surgeries or hormone treatments to change identity documents compromises trans people's ability to decide whether to have such procedures based solely on their clinical necessity or desirability, without having to factor in the legal consequences[11]; and,

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

Fiscal Note: **None**

Current Policy: **None**

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10. Trevor Project. (2021). National Survey on LGBTQ Youth Mental Health 2021. Trevor Project. https://www.thetrevorproject.org/survey-2021/
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Resolution #3 - Allowing Transgender and Gender-Diverse Individuals to Change Their Gender Marker on Birth Certificates - Sponsored 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

Marc Taormina, MD - Gastroenterology - Lee's Summit - Representing Self - No Disclosures

MSMA should reject this misguided resolution. This resolution wants to codify the use of puberty blockers and the use of public funds for gender affirming care in Missouri youth below the age of 18. Transgender life altering care should not be allowed in minors below the age of 18 and Missouri should not become a transgender sanctuary state. These decisions should be reserved for consenting adults as puberty blockers have significant medical risks including increased cardiovascular, hormonal, and emotional issues that may be irreversible. Allowing activist physicians and counselors to decide what is best for a minor is antithetical to Missouri's core values. We should protect Missouri's youth from transgender activism.

William White, MD - Ophthalmology - Kansas City - Representing Self - No Disclosures

This is a HORRENDOUS idea. It is not good medicine. It will divide our society. We should stick with health care and not dabble in nonsense such as this.

William Robert Reynolds, MD - Plastic and Reconstruction Surgery - Representing Self - No Disclosures

This requires MSMA to support access to gender affirming care and oppose any state/other efforts that limit puberty blockers and gender-affirming care in children. This should be strongly opposed by MSMA and I encourage everyone to read carefully the whistleblower Jamie Reed's article in the Free Press (February 9, 2023). It is an amazing expose of her time at the Washington University Transgender Center at the St Louis Children's Hospital. See: https://www.thefp.com/p/i-thought-i-was-saving-trans-kids

The Resolution should be strongly opposed. Like Resolution #1, Resolution #2 is politically divisive and will decrease our membership, weaken our good reputation in the state legislature. This is a political issue pure and simple.

John C. Hagan, III, MD - Ophthalmology - Kansas City - Representing Self - No Disclosures

This resolution is peripheral to the purpose and goals of MSMA which stress unifying active members around core issues for physicians and their patients. This resolution is divisive and highly political and will be evaluated negatively by many dues paying MSMA members. This resolution should not be submitted to a reference committee nor considered by MSMA delegates. If adopted as a MSMA position, this resolution will cause a loss of many dues paying members and likely alienate MSMA from the political norms of the state legislature.

Charles Adams - Medical Student - Kansas City - Representing Self - No Disclosures

Puberty blockers have been used for decades in cisgender youth to treat precocious puberty. There has been no objection to this use of these drugs on children for whom they are indicated until now. Decisions are best made based on years of reproducible, repudiated research, not a single report whose existence likely provides social or financial influence to individuals or political agendas. Healthcare providers should stick with the science.

There is substantial evidence showing the overall effect of these drugs are positive. "Puberty suppression decreases behavioral and emotional problems, and significantly increases general functioning and social well-being". Adolescents taking puberty blockers are overwhelmingly satisfied with their treatment and "perceive it as essential and life-saving". Powerfully, 82% of transgender individuals have considered taking their own life and 40% have attempted suicide, with suicidality highest among transgender youth. Further providing irrefutable evidence, the efficacy of hormone blockers has been explicitly stated by the American Academy of Child and Adolescent Psychiatry, American Academy of Pediatrics, and American Psychological Association.

The point of a medical society is to discuss issues relating to the sacred patient-physician relationship. We have a responsibility to use our education and our best scientific judgement to examine the available research and make timely recommendations to society. Especially considering most Americans lack understanding of this issue. The MSMA's decision on this issue has the potential to either hugely help or harm transgender youth. It is our duty to do everything we can to safeguard access to healthcare for this vulnerable population.

Gary Gaddis, MD, PhD - Emergency Medicine - Chillicothe - Representing Self - No Disclosures

As I stated re: Resolution #1, I recall that when I matriculated to medical school, I was told something to the effect that "50% of what we teach you will become known to be wrong within 5 or 10 years. We just don't know which 50% that is." So, it is with this issue. The science of this matter differs from the time when many of us were in medical school.

Here is the key point. The science of the matter verifies that "sex" and "gender" are different concepts. Use of medications offer clear benefits to some who live in the gap where their sex and gender do not align. Those who assert that those born a boy will always have a "Y" chromosome are correct, as regards SEX. However, gender is a different construct. Most of us align as to our sex and our gender, but there exists a substantial minority of our population who do not live in this comfortable place. I can only imagine how disquieting that would be, if I were so-impacted.

Without repeating all of the comments I offered for Resolution #1, I ask that MSMA members become informed of the fact that it is a broadly-held scientific perspective that gender is different from sex, and that there are some in our population whose sex and gender do not align. We are men and women of science, and in living this role, sometimes our beliefs come under challenge. This is one of those occasions. I also support this resolution, because it offers support for a tool that is highly useful for those whose sex and gender are not aligned.

John Holds, MD - Ophthalmology - St. Louis - Representing Self - No Disclosures

This resolution is politically divisive and does not represent the beliefs of many MSMA members. It would divide the MSMA membership and potentially cause members who disagree with this resolution to quit MSMA. MSMA cannot afford this loss or a division of our membership.
MSMA should not take a position on this resolution at this time, as the actual impact of the gender transition clinics on the individuals they treat is being hotly debated right now. Independent journalist Bari Weiss' interview with the counselor pushed out of the clinic at Children's Hospital in St. Louis should be studied https://www.thefp.com/p/i-thought-i-was-saving-trans-kids Additionally, the use of hormones, puberty blockers and so forth is being restricted in most of Europe, where I believe these issues are more evidence-based and less political https://www.city-journal.org/yes-europe-is-restricting-gender-affirming-care. MSMA can adopt positions for lobbying on this and other issues in response to actual legislative challenges. I have faith in the membership and process at MSMA to represent all of the membership and our patients in these matters. The organization should not have its hands tied in advance by a resolution such as this, and this resolution should not be adopted.

Alex Shimony - Medical Student - St. Louis - Representing the MSMA Medical Student Section - No Disclosures

This resolution is narrowly focused on providing health care to a specific group of marginalized Missourians and fighting back against government overreach into limits on the health care that physicians are able to provide their patients. As a physician and patient advocacy organization, we should strive to provide the best medical care possible for our patients and oppose government limits on that care, especially when the peer-reviewed literature overwhelming supports the benefits of providing gender affirming care for transgender individuals.

Puberty suppressing hormones are not irreversible, in fact as soon as an individual stops taking the medication, their natural hormone function returns. It is this reason why they are used in children, because they can delay a child from going through a puberty making their physical body more discordant with their gender. If they change their mind later on, which is incredibly rare, the medication can be stopped and they can go through puberty as normal. These treatments are safe, effective, and widely supported as standards of care by a multitude of medical organizations such as the American Academy of Pediatrics, the Endocrine Society, and the American Academy of Child and Adolescent Psychiatry. As physicians, we routinely look to provide the best care for our patients and we should not let our own personal beliefs effect the care of those patients.

Nicole Neville - Medical Student - Kansas City - Representing Self - No Disclosures

I support this resolution. Once again, we cannot let personal prejudice deny people access to healthcare. This is a decision that needs to be made by children, their parents, and their physicians. It is a gross overstep to interfere with parents getting life-saving care for their kids for no other reason than ignorance. Children are smart and capable beings who have a better understanding of their bodies and their lives than strangers on the internet do. Medicine and politics are intertwined, and we need to take a strong stance in order to protect our patients and let them know that we support them.

Adam Buchanan - Ophthalmology - St. Louis - Representing Self - No Disclosures

Strongly oppose - should not be adopted. This is a politically divisive resolution sponsored by non-physician, non-dues-paying members. It will severely damage MSMA membership and our standing with the Missouri state government and the citizens of Missouri.

James Donnelly, MD - Dermatology - Chesterfield - Representing Self - No Disclosures

I oppose this resolution as it is controversial, inappropriately politically polarizing, contrary to MSMA's policy of avoiding resolutions that will alienate many dues paying MSMA members and our friends in the Missouri State Legislature. MSMA should not take a position on this resolution, and not accept it for discussion by the delegates due to its threat to MSMA viability.

Bina Ranjit - Medical Student - Kansas City - Representing Self - No Disclosures

Hormone blockers are given to children and adults for a variety of reasons. Spironolactone is a popular choice given to people for sx like acne and hirsutism. Gender affirming care consists of simple steps like helping a patient manage their unwanted facial hair and this simple step can make a world of difference to one's confidence and mental well-being.

Everything is political said my political professor in college. It is important as a medical association to discuss and support issues faced by our physicians. If a legislative body bans all gender affirmative care, physicians are going to be left helpless to treat any and all patients. Truth is kids are dying because society doesn't accept what they've known their entire lives. They should be able to trust their physician to provide them with adequate care. And we should be able to keep them healthy and alive.

Ashley Glass - Medical Student - Kansas City - Representing Self - No Disclosures

I support this resolution for the reasons I previously stated under resolution #1.

Maren Loe, MD - Washington University - St. Louis - Representing Self - No Disclosures

I support this resolution.

Nikita Sood, MD - Washington University - St. Louis - Representing Self - No Disclosures

I am speaking on behalf of myself in SUPPORT of this resolution. "Puberty suppressing hormone blockers are recognized as both safe and lifesaving by the World Professional Association for Transgender Health, American Academy of Child and Adolescent Psychiatry, American Academy of Pediatrics, American Psychological Association, and the Endocrine Society." The medical experts are at a clear consensus on the importance of providing gender affirming care to transgender youth and as a medical association, I believe MSMA should align with these experts.

I will not reiterate verbatim my comments regarding membership on Resolution #1, though much of the sentiment is the same. If MSMA remains silent during this unprecedented attack against our most vulnerable patients (and a well-respected medical institution), MSMA will also risk losing dues-paying members.

Satya Sivasankar - Medical Student - University of Missouri - Columbia - Representing Self - No Disclosures

I support this resolution.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Fiscal Note: None

Current Policy: None

Resolution #4 - Dobbs – EMTALA Medical Emergency - Sponsored by Gary Gaddis, MD, PhD

Frank Cornella, MD - Oral Maxillofacial Surgery - Springfield - Representing Self - No Disclosures
Excellent. See: https://www.nejm.org/doi/full/10.1056/NEJMp2210192

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Fiscal Note: None

Current Policy: None

Resolution #5 - Dobbs – Liability Insurance Exceptions for Certain Criminal Conduct - Sponsored by Gary Gaddis, MD, PhD

No comments were presented.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Fiscal Note: None

Current Policy: None

Resolution #6 - Dobbs – Medical Staff Privileges Protections for Certain Criminal Conduct - Sponsored by Gary Gaddis, MD, PhD

Frank Cornella, MD - Oral Maxillofacial Surgery - Springfield - Representing Self - No Disclosures

Great resolution except the RESOLVES are a bit weak. I would suggest adding something along these lines to request some means to transfer this criminal liability to the state of Missouri given the (intentional) ambiguity of the law.

RESOLVED, that MSMA will not deny MSMA membership to any physician charged with or convicted of a crime with respect to the provision of healthcare involving abortion when such alleged crime would not have been illegal prior to the Dobb's decision.

RESOLVED, that MSMA will formally request that the governor of the State of Missouri immediately set up an abortion decision-making commission, available on a moment's notice, which will assume FULL responsibility for the decision as to whether or not it is legal to perform the abortion in any and every situation where said abortion is declared by any physician to be indicated to protect the life and health of the mother. If the commission deems it is legal, that physician may proceed without the threat of any criminal liability. If the abortion request is denied, than the State will immediately assume the medical liability for that women's care for the remainder of that pregnancy with respect to the provision of abortion services providing that the requesting physician(s)/hospital provide timely updates, based on the commission's guidance, back to the commission until the time of birth and/or death of the mother.

Gary Gaddis, MD, PhD - Emergency Medicine - Chillicothe - Representing Self - Disclosure: Author of Resolution

Dr Cornella, with surely the best of intent, proposes a state-convened committee to adjudicate whether an emergency exists, at a time when we ALL KNOW that such an emergency already exists. I appreciate that we are living in a topsy-turvy world right now, and that he wants to build in a protection for doctors.

However, once we determine there is an emergency, the EMTALA statute should suffice, and state laws shouldn't matter, unless we have quit following the Constitution of the United States and its "Supremacy Clause".

ALSO: The holding of a hearing by the type of commission envisioned would only add needles delay and give commission members the chance for "grandstanding".

Further, if the commission won't grant us "permission" to do that which we know we need to do anyhow, and they "accept blame" for what happens afterward, that accepting of blame does no good for the patient! We know what we need to do when an obstetrical emergency threatens the patient and dooms the fetus. I would not be content to look my patient in the eye and tell her that I know what needs to occur, but I can't do it because I fear what a malevolent committee might do to me.

PLUS: Who gets appointed to serve on these committees? In Ohio in a prior session of their legislature, a legislator proposed a law to require the attempted re-implantation of an ectopic pregnancy into the uterus, rather than permitting doctors to do the right thing.

In closing, we must not let ourselves be painted into a corner on this matter. Let's not do ANYTHING that even gives anyone the mistaken impression that we want or are even willing for ANY state actions to ensue, once we have determined that an emergency condition exists.

I am thankful for Dr. Cornella's thoughtful efforts, but I suggest we not adopt his well-intentioned suggestion here.

Frank Cornella, MD - Oral Maxillofacial Surgery - Springfield - Representing Self - No Disclosures

I concur with Dr. Gaddis' response to my first comment but would say that EMTALA will not shield the physician on those cases that meet the criteria from emergency from being sued. As I understand it, the physician has to prove innocence and from what I see, there is a desire to strike fear in physicians who do any abortion such that a suit is likely to be brought by someone (laws written such that a person does not have to have legal standing, but more of a bounty hunter) even for cases that are legal. Agree that no ethical physician would let any law stand in the way of patients' interest, but there should be some mechanism that takes those cases that are legal and protects them from frivolous legal action, right? I think the resolutions regarding abortion being considered should point out in the Whereas clauses that the current abortion law's vagueness is not unintentional as it seeks to create a climate of confusion and fear that blocks all abortion, regardless of the legal exemptions and so action by MSMA is needed to protect patients and physicians.

Gary Gaddis, MD, PhD - Emergency Medicine - Chillicothe - Representing Self - Disclosure: Author of Resolution

Dr. Cornella and I agree more than we disagree, I believe. However, we need to keep the distinctions between "civil" law and "criminal" law clearly in mind. To be sued for alleged malpractice is a matter for civil litigation. The matter at hand and addressed by this proposed resolution is the very real risk of being indicted for an alleged felony, a matter of criminal law, over the action of taking steps to cause the termination of a pregnancy that is causing an emergency medical condition.

Unfortunately, due to the flawed Missouri abortion statute, a potential "fallout" for doctors who act correctly and in compliance with any reasonable medical standard of care is the potential for a CRIMINAL indictment of a doctor, and that is not a "civil" matter such as alleged malpractice, which IS a matter of CIVIL law.

Because of the supremacy clause of the US Constitution, Article VI Para 2, EMTALA (a federal statute) must be held to supervene over current state laws to the contrary. EMTALA provides a legal shield those who provide EMTALA-mandated care to a patient with an obstetrical emergency, even if a fetal heartbeat remains. However, it is that presence of a fetal heartbeat which could potentially be used by agents of the state of MO to allege the doctors giving medically-indicated care have committed a felony offense. (Also, recall that current MO statute specifies a need for a "positive defense", but that is another topic for another day).

This resolution does not delve into how current MO law is highly flawed. The resolution simply asks that the MSMA stand behind the idea that if a doctor is charged with a felony offense for doing the right thing and complying with EMTALA to successfully and correctly treat a patient with an obstetric emergency, that an exception MUST be made as regards medical staff privileges. It is my understanding that to be charged with a felony leads invariably to loss of hospital privileges.

I seek that the MSMA advocate that for a doctor to be charged with a felony incurred due to providing medically indicated care should constitute a special exception, for which staff privileges will not be removed. (I thank Ravi Johar, MD, for noting this horrible downstream consequence of being charged with a crime by an overzealous prosecutor looking to make some "cheap" political points).

To my view, the actions of former AG Eric Schmitt as regards school mask mandates in the time of the winter 2021-2022 COVID flare shows that the medical community cannot trust the state or its agents to apply common sense or to adhere to principles of good health when there is a political point to be made. Since we do not seek and cannot change who are the politicians in office (and indeed, this would not be a matter germane to the MSMA), we must address that we realize that we CAN work with hospitals to protect our members, in the case that such a felony indictment becomes issued.

We KNOW that there will be cases of ectopic pregnancies and other obstetric emergencies in which the patient does not yet have "unstable" vital signs, yet for whom EMTALA clearly dictates that we act quickly, even BEFORE the patient has signs of physiologic instability. We can logically fear that somewhere in Missouri, a doctor or some doctors who did the right thing, will be charged with a felony. We need to protect those doctors from loss of hospital staff privileges while they contest the ridiculous charge that they acted illegally when acting to preserve the life of the mother and her reproductive system's future health, as dictated by the EMTALA statute.

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

WHEREAS, the *Dobbs v Jackson Women's Health Organization* (2022) decision overturned the federal right to abortion as established in *Roe v. Wade* (1973)[1]; and,

WHEREAS, after the overturning of *Roe v. Wade*, abortion is now banned or severely restricted in fourteen states, including Missouri[2–6]; and,

WHEREAS, the states with the most restrictive abortion laws also have the worst maternal and child health outcomes[7–9]; and,

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

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

WHEREAS, the inability to access abortion care has negative socioeconomic consequences for both the pregnant person and their families, as people who gave birth after denial of abortion are four times more likely to live in poverty for at least four years after childbirth than those who received abortions[13,14]; and,

WHEREAS, inequities in abortion access disproportionately impact low-income people and people of color, and worsen existing disparities in maternal and infant mortality and rates of pre-term and low birthweight births[15,16]; and,

WHEREAS, half of patients seeking abortion care in the US have incomes below the federal poverty line[17-19]; and,

WHEREAS, 64% of adult women with Medicaid coverage are in their reproductive years (19 to 49)[20-21]; and,

WHEREAS, the Turnaway Study found that women who were unable to afford pregnancy termination and subsequently had a child as a result were more likely than women who received an abortion to be unemployed, receive public assistance, and live below the poverty line one year post clinic visit despite no economic differences between the groups the year prior[22–24]; and,

WHEREAS, a study recently published in the *American Journal of Public Health* found states with restrictions on Medicaid coverage of abortion care had a 29% higher total maternal mortality than states without Medicaid coverage restrictions[25-27]; and,

WHEREAS, the American College of Obstetricians and Gynecologists (ACOG) recommends federal and state restrictions on insurance coverage of abortion be eliminated[28-31]; and,

WHEREAS, laws restricting abortion access hinders a physician's ability to use his or her medical judgment in regards to which treatment is in the best interest of the patient, which discourages shared decision making, and inhibits best medical practice[32-35]; therefore, it be,

RESOLVED, that our MSMA affirms the sanctity of the physician-patient relationship and oppose any interference to physician autonomy; and be it further,

RESOLVED, that our MSMA recognize that policies and legislation that limit access to abortion care are serious threats to public health; and be it further,

RESOLVED, that our MSMA will advocate for the explicit codification of protections for abortion care into state law; and be it further,

RESOLVED, that our MSMA advocate for policies that guarantee evidence-based abortion services are covered by public and private health plans, including designating abortion services as an essential health benefit; and be it further,

RESOLVED, that our MSMA oppose efforts to exclude provisions from spending bills which limit state funds from being used for abortion care.

Fiscal Note: **None**

Current Policy: **None**

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Resolution #7 - Supporting Access to Evidence-Based Reproductive Healthcare - Sponsored 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

Frank Cornella, MD - Oral Maxillofacial Surgery - Springfield - Representing Self - No Disclosures

Excellent. However, found the last RESOLVED to be confusing (to me) with the wording. Maybe substitute: RESOLVED, that our MSMA oppose efforts to INCLUDE provisions IN spending bills which limit state funds from being used for abortion care.

William White, MD - Ophthalmology - Kansas City - Representing Self - No Disclosures

I think this is a terrible idea. This is not the common sentiment among our society. We should stick with pure science and leave this alone.

Gary Gaddis, MD, PhD - Emergency Medicine - Chillicothe - Representing Self - No Disclosures

I can provide a copy of an article from the Phi Beta Kappa quarterly, "American Scholar", which documents that abortion access was quite the norm in colonial times when the Constitution of the United States was adopted, and that state-level prohibitions of elective abortions of pregnancies did not begin to become enacted until the middle of the 19th Century. While I doubt that such an article would be persuasive to those opposed to enabling access to abortions, it does cast as a lie the assertion that in America, we have "always" had laws against abortion, even from the first years of the Republic. That article to which I refer, "Safer than Childbirth", by Tamara Dean, appeared in the Spring 2022 edition of "American Scholar". As the article details, abortion in the 19th Century was widely accepted as a means of avoiding the substantial risks of pregnancy in that era. In fact, at that time, even the leaders of the Catholic Church believed that it was only at the time of "quickening" that it was believed a human life had begun to exist. So, the assertion that the Catholic Church has always viewed abortion as an evil or as a sin is demonstrably false.

John Holds, MD - Ophthalmology - St. Louis - Representing Self - No Disclosures

This resolution is divisive and highly political and will be evaluated negatively by many dues paying MSMA members. Support for or opposition to abortion is a electrified rail that MSMA should not touch. Such resolutions should not be adopted by the House of Delegates. If adopted as a MSMA position, this resolution will cause a loss of many dues paying members and likely alienate legislators whose support we need on many matters. This resolution is peripheral to the purpose and goals of MSMA which stress unifying active members around core shared issues for physicians and their patients and this resolution should not be approved.

Brent Davidson, MD - Ophthalmology - Fenton - Representing Self - No Disclosures

Should not be adopted.

Charlie Adams - Medical Student - Kansas City - Representing Self - Primary Author of Resolution

I am commenting as the primary author of the resolution. The majority of both physicians and Americans support access to abortion care. Yet we as a country have allowed a small group of powerful politicians to implement restrictions to this vital care. The states with the most restrictive abortion laws also have the worst maternal and child health outcomes. We owe it to our most vulnerable patients to advocate for policy that protects them. Those forced to give birth after being denied an abortion are four times more likely to be in poverty for four years after than those who received abortions. It is time we get the politicians out of our exam rooms and out of people's uteruses. We do not allow politicians who know nothing about medicine to make decisions on other issues. We should not allow them to do so on this issue.

Alex Shimony - Medical Student - St. Louis - Representing the MSMA Medical Student Section - No Disclosures

This resolution at its core is about protecting the physician patient relationship and stopping non-physicians in Jefferson City from dictating how Missouri physicians should practice. We don't tolerate that invasion on other aspects of medical care so why do we allow it in this space. As maternal mortality rates in the United States continue to rise (https://www.cnn.com/2023/03/16/health/maternal-deaths-increasing-nchs/index.html), people should be empowered to make the best health care decisions for themselves with the advice of their doctors.

Adam Buchanan - Ophthalmology - St. Louis - Representing Self - No Disclosures

Strongly oppose - should not be adopted. This is a politically divisive resolution sponsored by non-physician, non-dues-paying members. It will severely damage MSMA membership and our standing with the Missouri state government and the citizens of Missouri.

James Donnelly, MD - Dermatology - Chesterfield - Representing Self - No Disclosures

I oppose this resolution as it is controversial, inappropriately politically polarizing, contrary to MSMA's policy of avoiding resolutions that will alienate many dues paying MSMA members and our friends in the Missouri State Legislature. MSMA should not take a position on this resolution, and not accept it for discussion by the delegates due to its threat to MSMA viability.

Madeline Sauer - Medical Student - University of Missouri - Columbia - Representing Self - No Disclosures

This resolution speaks to the importance of evidence-based standard of care for our patients in Missouri, including access to safe medical abortions. As mentioned, preventing access to care can increase the maternal mortality rate by 29%.

Regardless of the political or religious stances of an individual physician, it is our duty as physicians to safeguard our patient's access to safe care in Missouri, which this resolution helps with. I support this resolution and the MSMA should adopt it.

Ashley Glass - Medical Student - Kansas City - Representing Self - No Disclosures

I support this resolution. Abortion services are healthcare and this resolution is backed by research.

Lauren Van Winkle - Medical Student - Kansas City - Representing Self - No Disclosures

The MSMA's goal is to "ensure Missourians´ access to quality health care." This includes evidence-based reproductive healthcare. I support this resolution and its further consideration.

Priya Thakur - Medical Student - Kansas City - Representing Self - No Disclosures

I am in support of this resolution.

Maren Loe, MD - Washington University - St. Louis - Representing Self - No Disclosures

I support this resolution.

Nikita Sood, MD - Washington University - St. Louis - Representing Self - No Disclosures

I am in SUPPORT of this resolution. As a student pursuing a career in OB/GYN, I and many of my peers had to focus our residency applications outside of Missouri so that we could better ensure we would get appropriate training and avoid unnecessary politicization of the care we provide. It is important to me that MSMA supports access to abortion care (and, by extent, abortion training) in our state.

Satya Sivasankar - Medical Student - University of Missouri - Columbia - *Representing Self - No Disclosures*

I support this resolution. Evidence-based medicine forms the cornerstone of medical practice. Being unable to provide medical care that is supported by evidence is a disservice to our patients. It is important to recognize that medicine is unique because it is ever changing. Ideas and practices that were acceptable years ago are later found to be nonoptimal. Medicine should never stay stagnant as that would only result in poor care for patients. I believe that is the core of this resolution and why we should support it.

Ramona Behshad, MD - Dermatology - St. Louis - Representing elf - No Disclosures

Highly personal. Deeply divisive. Membership not united on this front. Do not adopt.

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

WHEREAS, there were 48,953 fatalities from firearms in the United States in 2021, the highest number since the CDC began tracking fatalities in 1981[1]; and

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

WHEREAS, gun violence is now the leading cause of death among children 1-19 years of age[3], and specifically in Missouri, 60% of youth under the age of 18 lost to suicide used a firearm[4]; and

WHEREAS, in 2022 there were 50 school shootings in the United States that resulted in injuries or death[5]; and

WHEREAS, in October, 2022 a teacher and student lost their lives at the Central Visual and Performing Arts High School due to firearm violence that would have been prevented by red flag laws[6]; and

WHEREAS, the American Medical Association is establishing a task force focused on Firearms Violence Prevention[7]; and

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

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

Fiscal Note: None

Current Policy: None

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4. Missouri Foundation for Health
5. *Education Week*
6. *St. Louis Post-Dispatch*, December 7, 2022
7. American Medical Association Policy Recommendation adopted November 14, 2022

Resolution #8 - Firearms Safety and Violence Prevention - Sponsored by Robert A. Brennan, Jr. MD, and the St. Louis Metropolitan Medical Society

Frank Cornella, MD - Oral Maxillofacial Surgery - Springfield - Representing Self - No Disclosures

Excellent. Long overdue. I would just add that MSMA should also support smart gun technology legislation: https://www.americanprogress.org/article/smart-guns-technology-that-can-save-lives/

William White, MD - Ophthalmology - Kansas City - Representing Self - No Disclosures

This is a BAD IDEA. Leave politics to the voters. This will divide our association.

Gary Gaddis, MD, PhD - Emergency Medicine - Chillicothe - Representing Self - No Disclosures

The last "Resolved" is a bit imprecise, yet clearly well-intended. What is a "high capacity" magazine? What is an "assault rifle"? Would it not be more precise to propose to ban private ownership of weapons that have a capacity in excess of a precisely-stated number of rounds per unit time (e.g. anything greater than x rounds per y min)?

ALSO, might the "Whereas" clauses benefit from a statement that modern firearms have advantages in ease of firing, in accuracy of targeting and in number of rounds fired per second that did not exist in Colonial times, when the Second Amendment was written (and therefore, the Second Amendment must be viewed as a source that does not and cannot be logically argued to support the bearing and use of weapons that have been designed and manufactured to modern specifications not possible at the time of the adoption of the Constitution)?

After all, if the "originalist" view of the Constitution of the United States holds that no support for the right to abortion can be held to exist, because the Constitution was silent on the matter, and if "Originialists" wish to be consistent (e.g. you can't be an "originalist" for one part of the Constitution and not another), then by extension, the Constitution is also silent on the issues of modern firearms, and thus a logical Originalist would limit the available firearms to those available in the latter Colonial times.

John Holds, MD - Ophthalmology - St. Louis - Representing Self - No Disclosures

This resolution is divisive and highly political and will be evaluated negatively by many dues paying MSMA members. Support for or opposition to gun control/bans is a electrified rail that MSMA should not touch. Such resolutions should not be adopted by the house of delegates. If adopted as a MSMA position, this resolution will cause a loss of many dues paying members and likely alienate legislators whose support we need on many matters. This resolution is peripheral to the purpose and goals of MSMA which stress unifying active members around core shared issues for physicians and their patients and this resolution should not be approved.

Adam Buchanan - Ophthalmology - St. Louis - Representing Self - No Disclosures

Strongly oppose - should not be adopted. This is a politically divisive resolution taken directly out of the far-left anti-gun handbook. It uses intentionally vague terminology such as "assault-type firearms" and "high-capacity ammunition magazines" to confuse the reader. I assume the sponsor is referring to what would be more accurately classified as "modern sporting rifles" and "standard capacity magazines" which are in common use with tens of millions of Americans. The statistics cited are intentionally misleading to provoke an emotional response. The facts show that semiautomatic rifles are rarely used in criminal homicide (the entire category of "rifles" is only 3%), and are almost never used in suicide. Banning them will not significantly address either problem. Furthermore, most so-called red-flag laws present serious due-process legal issues as written, and we currently have a mandatory background check requirement.

James Donnelly, MD - Dermatology - Chesterfield - Representing Self - No Disclosures

I oppose this resolution as it is controversial, inappropriately politically polarizing, contrary to MSMA's policy of avoiding resolutions that will alienate many dues paying MSMA members and our friends in the Missouri State Legislature. MSMA should not take a position on this resolution, and not accept it for discussion by the delegates due to its threat to MSMA viability.

Madeline Sauer - Medical Student - University of Missouri - Columbia - Representing Self - No Disclosures

Any argument that this resolution (or any other resolution for that matter) should not be adopted based solely on the potential political or religious stances of individual members of MSMA is inherently missing the point of MSMA and these resolutions.

This resolution is in keeping with AMA policy to focus on Firearms Violence Prevention and increase the safety of all Americans. Firearm safety is an important medical issue, and it is MSMA's duty to diligently craft and approve firearm safety resolutions since it keeps our patients and fellow Missourians safe.

Additionally, there is support for firearm safety by our national medical societies, and Missouri would be remiss not to also provide resolutions and support in keeping with the national medical community.

Nikita Sood, MD - Washington University - St. Louis - Representing Self - No Disclosures

I am speaking in SUPPORT of this resolution. Firearm violence is the #1 cause of death in children. Our patients in Missouri are affected by firearm violence every day. This resolution proposes support for reasonable measures to reduce firearm violence.

As the resolution itself says: "the intention of this resolution is not to take guns from sportsmen and restrict second amendment rights, firearm safety measures are needed to protect the health and well-being of our citizens, especially our children; while there is no simple solution to reducing gun violence in Missouri, there are several common-sense steps from which to begin."

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

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

WHEREAS, patients who identify with these demographics, as well as other demographics that are underrepresented in medicine, suffer disproportionately high rates of disease[2]; and

WHEREAS, diversity, equity, and inclusion (DEI) refers to a conceptual framework of education and training that promotes the fair treatment and full participation of all people in the workplace, including those who have been historically underrepresented[3,4]; and

WHEREAS, diversity, equity, and inclusion (DEI) education in medical school increases diversity in the future physician workforce, which is associated with reduced health disparities, improved patient care, and better financial performance[5,6]; and

WHEREAS, diversity, equity, and inclusion (DEI) education in medical school increases cultural competency among future physicians of all backgrounds, which is associated with better health outcomes, increased patient satisfaction, and reduced per capita costs[7,8]; and

WHEREAS, the Liaison Committee on Medical Education (LCME), the accrediting body for U.S. allopathic medical schools, includes student diversity requirements within its accreditation standards[9]; and

WHEREAS, the Commission on Osteopathic College Accreditation (COCA), the accrediting body for U.S. osteopathic medical schools, includes student diversity and DEI education requirements within its accreditation standards[10]; and

WHEREAS, legislation that would ban medical schools from requiring diversity, equity, and inclusion (DEI) education has previously been introduced in the Missouri General Assembly[11,12]; and

WHEREAS, the American Medical Association has existing policy that supports diversity in medical education, encourages partnerships with state medical societies to promote programs aimed at increasing the number of minority medical school admissions, and supports the development and implementation of training regarding implicit bias, diversity, and inclusion in all medical schools[13,14]; therefore be it

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

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

Fiscal Note: None

Current Policy: None

References:

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9. Liaison Committee on Medical Education. Functions and Structure of a Medical School: Standards for Accreditation of Medical Education Programs Leading to the MD Degree. Published March 2022.

10. Commission on Osteopathic College Accreditation. Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards. Published 2023.

11. Missouri Senate Bill No. 410, 102nd General Assembly (2023). https://senate.mo.gov/23info/pdf-bill/intro/SB410.pdf. Accessed February 13, 2023.

12. Missouri House Bill No. 489, 102nd General Assembly (2023). https://house.mo.gov/billtracking/bills231/hlrbillspdf/1261H.01I.pdf. Accessed February 13, 2023.

13. American Medical Association. Diversity in Medical Education H-350.970. Updated 2015. Accessed February 13, 2023.

14. American Medical Association. Racial and Ethnic Disparities in Health Care H-350.974. Updated 2021. Accessed February 13, 2023.

Resolution #9 - Opposing Bans on Medical School DEI Requirements - Sponsored by Jay Devineni, University of Missouri - Columbia - School of Medicine; Missouri State Medical Association Medical Student Section Governing Council

William White, MD - Ophthalmology - Kansas City - Representing Self - No Disclosures

This is a bad idea and totally unnecessary. You either have a Y chromosome or you don't. This is a divisive idea and will harm our association.

John C. Hagan, III, MD - Ophthalmology - Kansas City - Representing Self - No Disclosures

This resolution is peripheral to the purpose and goals of MSMA which stress unifying active members around core issues for physicians and their patients. This resolution is divisive and highly political and will be evaluated negatively by many dues paying MSMA members. This resolution should not be submitted to a reference committee nor considered by MSMA delegates. If adopted as a MSMA position, this resolution will cause a loss of many dues paying members and likely alienate MSMA from the political norms of the state legislature.

William Robert Reynolds, MD - Plastic and Reconstruction Surgery - Representing Self - No Disclosures

Another bad idea which is politically fraught with consequences that MSMA does not need.

Jay Devineni, MPH - Medical Student - Columbia - Representing Self - Author of Resolution

Thank you to all who have provided feedback on this resolution. I am the primary author, and I would like to address the concerns that have been raised and clarify exactly what the resolution is and is not asking.

First and foremost, this resolution is asking MSMA to oppose anti-DEI bills that directly threaten the accreditation of our medical schools. If passed, these bills would prohibit our medical schools from requiring education in diversity, equity, and inclusion (DEI), despite the fact that the LCME (accreditation body for allopathic schools) and COCA (accreditation body for osteopathic schools) both require instruction of these concepts in their accreditation standards. Protecting the accreditation of Missouri's medical schools is well within the scope of MSMA's mission, as a loss of accreditation would impede our state's ability to maintain an adequate supply of medical graduates and address physician shortages.

Secondly, I want to clarify exactly what "DEI Education" means in the context of medical education. It largely refers to teaching medical students about the social determinants of health that underlie various health disparities, which is essential for students to learn if they want to provide high-quality, patient-centered care. Although the presence of DEI education tends to attract a more diverse pool of medical school applicants, it is NOT the same thing as affirmative action and does not involve any alteration of admission standards. It also does not punish anyone for their opinions - in fact, it encourages diverse perspectives.

As such, this resolution is not asking MSMA or its members to subscribe to any belief or position on affirmative action, gender affirming care, or any other issue that MSMA typically finds controversial.

All it is asking is for MSMA to oppose a specific type of bill that: 1) directly jeopardizes the accreditation of our medical schools; and 2) fundamentally undermines the teaching of important health concepts. Thank you.

Gary Gaddis, MD, PhD - Emergency Medicine - Chillicothe - Representing Self - No Disclosures

I support this student-submitted resolution. Just as we rightly decry instances in which the state interposes itself inappropriately into the patient examination room, as has occurred with the abortion issue, so we should stake out an objection to permitting the state to make curricular mandates. Legislators can be very bad for enabling the implementing of what science tells us is possible. It is very easy to cite proposed legislation that would be scientifically impossible to implement. Consider, for example, the recent proposal from an Ohio legislator in 2021 to require fetuses removed as an ectopic pregnancy to be re-implanted into the uterus. Consider MO Rep Caleb Rowden's 2022 proposed law to make the removal of an ectopic pregnancy a felony offense. We as men and women of science are in a much better position than any legislator to determine what is appropriate for our patients, AND for a medical school or residency curriculum. It is a well-recognized fact that patients at risk for health care disparities can benefit from DEI initiatives in medical schools, so as to better educate the students and residents who are the learner community, toward enabling better patient outcomes. We should stand behind the idea that the state needs to keep its unwelcome and invasive nose out of this matter of social science.

Keep the unwanted legislators' "camel's nose" out of our medical education enterprise "tent."

Yak Nak - Medical Student - University of Missouri-Columbia - Representing Medical Students - No Disclosures

Recent legislative efforts to ban diversity, equity, and inclusion (DEI) requirements in medical schools are deeply concerning. Efforts to limit DEI education in medical schools is a disservice to both medical students and the patients they will one day serve. Medical education must reflect the diversity of the communities being served, and that includes education in DEI topics. Without a strong foundation in DEI, medical students will be ill-equipped to provide culturally competent care to patients from diverse backgrounds. It is imperative that we oppose any attempts to limit DEI education in medical schools and continue to prioritize education that reflects the needs of our diverse patient populations.

Amanda Faust - Medical Students - *University of Missouri-Columbia* - Representing Self - No Disclosures

As a fellow medical student at the University of Missouri I am in support of continuing DEI in our curriculum. It is an essential part of our medical education and should be treated as such. The principles and ideologies taught in DEI educate shape physician-patient interactions and ultimately the delivery of care. This piece of our education should be protected.

John Holds, MD - Ophthalmology - St. Louis - Representing Self - No Disclosures

This resolution is divisive and highly political and will be evaluated negatively by many dues paying MSMA members. Support for or opposition to DEI education is a controversial matter that MSMA should not touch. Such resolutions should not be adopted by the house of delegates.
To the extent that diversity or DEI education is required for accreditation by allopathic and osteopathic schools, MSMA will defend the need of the schools and can certainly lobby in favor of our schools' compliance with their accreditation standards. MSMA does not have to be bound to support these principles beyond that. If adopted as a MSMA position, this resolution will cause a loss of many dues paying members and likely alienate legislators whose support we need on many matters. This resolution is peripheral to the purpose and goals of MSMA which stress unifying active members around core shared issues for physicians and their patients and this resolution should not be approved.

Brent Davidson, MD - Ophthalmology - Fenton - Representing Self - No Disclosures

Should not be adopted.

Charlie Adams - Medical Student - Kansas City - Representing Self - No Disclosures

I personally would not like to see my school or any medical school in Missouri lose its accreditation for such an unnecessary reason. DEI education makes us more competent and empathetic physicians. It improves care for patients. If we want to lessen the healthcare gaps of underserved communities, we must start by informing the next generation of doctors about these issues. I am in full support of this resolution.

Nicole Neville - Medical Student - Kansas City - Representing Self - No Disclosures

I support this resolution. Banning diversity, equity, and inclusion in healthcare is based on ignorance and hatred. There are clear and present racial divides in medicine that need to be discussed if we have any hope of making them any better. It is absolutely ridiculous to think that we can become better physicians by learning less. Our vulnerable populations depend on us being educated about their healthcare needs in order to receive quality healthcare.

Attempts at banning diversity, equity, and inclusion, are a sad attempt to deny healthcare to those who need it most. Removing DEI would harm black women, the LGBTQ+ community, homeless populations, survivors of abuse, immigrants, etc. Our job as physicians is not to pass judgement on who deserves healthcare it is to provide it to everyone.

Adam Buchanan - Ophthalmology - St. Louis - Representing Self - No Disclosures

Strongly oppose - should not be adopted. This is a politically divisive resolution sponsored by non-physician, non-dues-paying members. It will severely damage MSMA membership and our standing with the Missouri state government and the citizens of Missouri.

James Donnelly, MD - Dermatology - Chesterfield - Representing Self - No Disclosures

I oppose this resolution as it is controversial, inappropriately politically polarizing, contrary to MSMA's policy of avoiding resolutions that will alienate many dues paying MSMA members and our friends in the Missouri State Legislature. MSMA should not take a position on this resolution, and not accept it for discussion by the delegates due to its threat to MSMA viability.

Madeline Sauer - Medical Student - University of Missouri - Columbia - Representing Self - No Disclosures

As the resolution states, diversity, equity, and inclusion (DEI) education helps to reduce health disparities, improved patient care, and better financial performance.

Diversifying our workforce, training, and allowing physicians to connect more with their patients is imperative to patient outcomes. Regardless of the political or religious stances of an individual physician, it is our duty as physicians to safeguard our patient's access to healthcare and equitable treatment within the healthcare system. I support this resolution and think the resolution should be adopted by MSMA.

Nikita Sood - Medical Student - Washington University - Representing Self - No Disclosures

I am speaking on behalf of myself in support of this resolution. The crux of this resolution is that Missouri legislators' initiatives to prohibit DEI education in medical schools directly threaten the accreditation of our Missouri medical schools. MSMA should oppose bills that threaten the accreditation of Missouri medical schools. I do not think that MSMA protecting Missouri medical school accreditation is politically divisive or should lead to us losing members.

Bina Ranjit - Medical Student - Kansas City - Representing Self - No Disclosures

DEI education provides the much-needed human context to our basic sciences curriculum. It also prepares you to be a resident and physician in whatever part of the country your training takes you. Social determinants of health education has been excellent so far in informing students on issues pertinent to a diverse America today. Removing this from the curriculum would be a disservice to Missouri students.

Emily Schaff - Medical Student - Representing Self - No Disclosures

As a medical student myself, I would like to voice strong support for this resolution. DEI initiatives are a requirement for LCME accreditation of medical schools. Current Missouri HB 489 poses a threat to our medical schools' ability to retain accreditation, and this resolution would give explicit foundation in MSMA policy to oppose this proposed bill. We are very aware that Missouri is facing a physician crisis and that physicians are likely to practice close to where they train. Without accredited medical schools, students will be forced to train elsewhere, and this crisis will be further exacerbated.

Even if you do not agree with DEI ideologies, it should not be disputable whether LCME accreditation is imperative for our schools to achieve. Please support this resolution as it will allow MSMA to oppose HB 489 and keep Missouri medical schools accredited.

David Kuhlmann, MD - Sleep Medicine - Sedalia - Representing Self - No Disclosures

I support Resolution #9. Medical schools should be allowed to shape their own curriculum. I actually wish that I would have had DEI education when I was in medical school. So many of our patients are from different backgrounds. It would have been nice to have a little training on that in the 90's. Anyone opposed to heavy-handed government should support this resolution that attempts to ban what medical schools currently teach.

Maren Loe, MD - Washington University - St. Louis - Representing Self - No Disclosures

I support this resolution. Medical schools need to be able to change their curricula to comply with LCME requirements. State level legislation will complicate this.

Missouri State Medical Association
House of Delegates

Resolution # 10
(A-23)

Introduced by: Bina Ranjit – Kansas City University, and the Missouri State Medical Association Medical Student Section Governing Council

Subject: MSMA Human Rights/Discrimination Policy

Referred to: Reference Committee A

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

WHEREAS, the sentiment behind our current policy is admirable, our ability to have productive discourse to protect MSMA members and enhance organizational diversity will be hampered without properly defining protected classes3; and

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

WHEREAS, with recent declines in MSMA membership and emphasis on increasing recruitment, MSMA membership participation will be encouraged when members and prospective members perceive themselves to be welcomed, fully enfranchised, protected, promoted, and supported by their association, free from discrimination, and equally eligible for leadership1,2; and

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

Fiscal Note: None

Current Policy: None

References:

1. Wilga CAD, Nishiguchi M, Tsukimura B. Broadening Participation in the Society for Integrative and Comparative Biology. Integr Comp Biol. 2017;57(1):7-17. doi:10.1093/icb/icx004
2. Satiani B, Vaccaro PS, Go MR. Diversity in membership and leadership positions in a regional vascular society. J Vasc Surg. 2010;51(4 Suppl):47S-52S. doi:10.1016/j.jvs.2009.09.063

3. Orzechowski M, Nowak M, Bielińska K, et al. Social diversity and access to healthcare in Europe: how does European Union's legislation prevent from discrimination in healthcare?. BMC Public Health. 2020;20(1):1399. Published 2020 Sep 14. doi:10.1186/s12889-020-09494-8

Resolution #10 - MSMA Human Rights/Discrimination Policy - Sponsored by the Missouri State Medical Association Medical Student Section Governing Council

Frank Cornella, MD - Oral Maxillofacial Surgery - Springfield - Representing Self - No Disclosures

Perfect. A great improvement over the existing statement.

William White, MD - Ophthalmology - Kansas City - Representing Self - No Disclosures

This is a terrible idea. We should stick with the science. This is an area for fools to trod. If we pass this, it will divide our association.

Gary Gaddis, MD, PhD - Emergency Medicine - Chillicothe - Representing Self - No Disclosures

I stand in opposition to this proposal. I oppose overly prescriptive attempts to add clarity to an issue. The current broadly-worded resolution appears to me to already be in alignment with AMA policy. I find nothing unclear about, "All human beings..." As a 65-year-8-month old, I could cite numerous examples where, in attempting to add clarity, one "paints one's self into a corner." This appears to me to be one of those types of situations. Please vote against this well-intended resolution.

John Holds, MD - Ophthalmology - St. Louis - Representing Self - No Disclosures

This resolution is divisive and unnecessarily political and will be evaluated negatively by many dues paying MSMA members. The existing human rights/discrimination policy is thorough and adopted last year. This resolution should not be adopted by the house of delegates. If adopted as a MSMA position, this resolution will cause a loss of dues paying members and likely alienate legislators whose support we need on many matters. This resolution is peripheral to the purpose and goals of MSMA which stress unifying active members around core shared issues for physicians and their patients and this resolution should not be approved.

Brent Davidson, MD - Ophthalmology - Fenton - Representing Self - No Disclosures

Should not be adopted.

Charlie Adams - Medical Student - Kansas City - Representing Self - No Disclosures

I think it is necessary to specify all protected groups. Otherwise, it leaves room for certain individuals to take issues with a group and claim they do not need to respect them. This is often religiously-based with people claiming they don't need to recognize another group's humanity if it does not align with their religious views. This has been especially prevalent in much of society as we've all seen in the news. Leaving it general may have the same intent but it lacks the amount of protection spelling it out grants.

I will say that I, as a transgender medical student, looked into the discrimination and diversity statements of every single school I applied to. If they did not specify protection of gender identity or LGBTQ populations, I did not apply there. It would be awful to go to a medical school and have to wait until I got there to find out if it is actually a good place for someone like me. KCU spelled all of that out in a way that I knew I was protected and the school has been wonderful as far as how supported I feel as a trans student. To make other students and physicians from marginalized groups feel they have a place in the MSMA, we should explicitly write out that we see, acknowledge, and protect people from these varying perspectives and life experiences.

Adam Buchanan - Ophthalmology - St. Louis - Representing Self - No Disclosures

Strongly oppose - should not be adopted. It amounts to virtue signaling, as these groups are already protected by current anti-discrimination policies. This is a politically divisive resolution sponsored by non-physician, non-dues-paying members. It will severely damage MSMA membership and our standing with the Missouri state government and the citizens of Missouri.

Madeline Sauer - Medical Student - University of Missouri - Columbia - Representing Self - No Disclosures

This is a no-brainer resolution that should be adopted. We are providing inclusive language that is in keeping with AMA language.

Bina Ranjit - Medical Student - Kansas City - Representing Self - No Disclosures

Clarity in a non-discrimination policy is key in empowering members to feel safe, accepted, and free to report incidence of discriminatory practices/behavior. Studies have shown positive outcomes where state-level policies were protective, such as reduced suicidal ideation/attempts and better health outcomes.

A visiting physician speaker once said to my class that most people may not even notice a non-discrimination statement at your clinic but the people who've been hurt before will and that's why you have one—that's why you should make it visible to everyone.

Physicians in Missouri deserve to practice freely and not worry about perceptions of their attributes like age or color as long as their competency is intact.

Should we need to amend this statement in the future to add protected classes, I think that would be an easy fix. Almost every organization has a detailed non-discrimination policy to protect their members and Missouri physicians deserve the same.

Nikita Sood, MD - Washington University - St. Louis - Representing Self - No Disclosures

I am in support of this resolution.

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

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

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

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

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

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

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

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

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

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

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

Fiscal Note:

Current Policy:

References:

1. Ioannides KLH, Dekker A, Shin M, Schriger DL. Ambulances required to relieve overcapacity hospitals: A novel measure of hospital strain during the COVID-19 pandemic in the United States. *Ann Emerg Med.* 2022; 80:301-13.

Resolution #11 - Waiver of Network Considerations in Emergencies - Sponsored by Gary Gaddis, MD, and the St. Louis Metropolitan Medical Society

Gary Gaddis, MD, PhD - Emergency Medicine - Chillicothe - Representing Self - Author of Resolution

As the author of this proposed resolution, I welcome ideas from others to improve the proposal, but ask that you note that this resolution grows from a human-caused gap in flexibility of transfer of patients in emergencies. Right now, if a patient is at an over-subscribed hospital and a bed is available down the street at another hospital, if that hospital is "out of network", the patient will probably object to the transfer. That is bad for the general public health of a region. That cause for objection can be eliminated, and we should work toward this goal. One of the senior authors of the paper that stimulated this resolution is a colleague, and I have emailed a copy of this to him (Dave Schriger, Assoc Editor of Annals of Emergency Medicine). He has emailed me a message that this resolution is EXACTLY what he hoped would happen as a result of the recognition that sufficient ambulance capacity existed all through the time of COVID to have enabled patient transfers from oversubscribed hospitals to undersubscribed ones. Thank you for also considering this perspective.

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

WHEREAS, non-consensual pelvic exams are performed on unconscious patients under anesthesia for "learning opportunities" of medical students[1], and

WHEREAS, although the rate of non-consensual pelvic exams is unknown because they are not reported and patients are unaware that they are being performed, the procedure is prevalent in teaching hospitals[1], and

WHEREAS, a recent survey of 101 medical students from seven American medical schools indicated that 92% of students had performed pelvic exams on anesthetized female patients where 61% of those students didn't have consent from the patients involved[2], and

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

WHEREAS, the supreme court case *Schloendorff v Society of New York Hospital* (1914), establishes that a clinician who performs a procedure on a patient without informed consent is held liable at the court of law[5], and

WHEREAS, informed consent requires that the patient has capacity, has enough information to base their decision on, and is free of coercion[5], and

WHEREAS, institutional policies for physical exam consent do not clearly distinguish between intimate exams and those on other "neutral" body parts in current processes, patients view intimate exams as necessitating additional consent[6], and

WHEREAS, performing pelvic exams without informed consent violates one's inherent bodily autonomy, basic rights, and trust[7], and

WHEREAS, non-consensual pelvic exams may harm the patient psychologically and physically[7], and

WHEREAS, medical students who perform these pelvic exams may also be negatively impacted such as experiencing PTSD, guilt, and distrust[5], and

WHEREAS, medical students who do not conduct intimate exams because of the lack of consent may jeopardize their career by showing "unwarranted disobedience" to preceptors or attendings[2], and

WHEREAS, 21 states have outlawed unauthorized pelvic exams[8], and

WHEREAS, in Missouri, House Bill No. 459 has been proposed to ban non-consensual pelvic exams[9], and

WHEREAS, House Bill No. 459 has not progressed from its assigned committee[10]; therefore, be it

RESOLVED, that our MSMA oppose non-consensual pelvic exams of anesthetized patients solely for 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
3. AMA Council on Ethical and Judicial Affairs. (2001, March). Medical student involvement in patient care: Report of the Council on Ethical and Judicial Affairs. https://journalofethics.ama-assn.org/article/medical-student-involvement-patient-care-report-council-ethical-and-judicial-affairs/2001-03. [PubMed]
4. American College of Obstetricians and Gynecologists. (2009). *Professional responsibilities in Obstetric-Gynecologic Education*. ACOG Committee Opinion 2007; 358, January 2007.
5. Hammoud MM, Spector-Bagdady K, O'Reilly M, Major C, Baecher-Lind L. Consent for the Pelvic Examination Under Anesthesia by Medical Students: Recommendations by the Association of Professors of Gynecology and Obstetrics. Obstet Gynecol. 2019;134(6):1303-1307. doi:10.1097/AOG.0000000000003560
6. Valencia, Misha. "Hospitals are Allowing Medical Students to Perform Pelvic Exams on Unconscious Women - without Their Consent. Healthy Women, 24 May 2021.
7. Friesen, P. Educational pelvic exams on anesthetized women: Why consent matters. Bioethics. 2018; 32: 298– 307. https://doi-org.proxy.kansascity.edu/10.1111/bioe.12441
8. Unauthorized pelvic exams: Public engagement initiative. The Epstein Health Law and Policy Program. https://www.epsteinprogram.com/states-banning-unauthorized-pelvic-exams. Published September 4, 2021. Accessed February 14, 2023.
9. Pelvic Examinations, HR 459, 101st General Assembly, First Regular Session (2021).
10. Bill Information. Missouri House of Representatives - Bill Information for HB459. https://house.mo.gov/Bill.aspx?bill=HB459&year=2021&code=R. Published May 14, 2021. Accessed February 15, 2023.

Resolution #12 - Pelvic Exams for Anesthetized Patients - Sponsored by Ashley Glass, Charles Adams, Bethany Baumgartner - Kansas City University

Gary Gaddis, MD, PhD - Emergency Medicine - Chillicothe - Representing Self - No Disclosures

I hope all MSMA members strongly support this resolution and therefore support respect for individuals' rights and autonomy.

Charlie Adams - Medical Student - Kansas City - Representing Self - No Disclosures

The fact that this is such a comment practice still is shocking and warrants we take action. Such a practice is grossly invasive and serves to lessen the trust of society in doctors. We are sworn to respect people's autonomy, not invade them when they are not awake and unable to give consent. In any other case this exact action would be considered assault. Somehow it is legal, but it is absolutely not right. We should work to end this inhumane practice. I support the resolution.

Bina Ranjit - Medical Student - Kansas City - Representing Self - No Disclosures

I agree with this resolution. There is growing support for this cause around the country and Missouri should do our part in protecting our patient's rights.

Ashley Glass - Medical Student - Kansas City - Representing Self - No Disclosures

I support this resolution. Performing pelvic exams on anesthetized patients without their consent is a complete violation. This should not be common practice or even permissible.

Lauren Van Winkle - Medical Student - Kansas City - Representing Self - No Disclosures

I am in full support of this resolution. It is incomprehensible that non-consensual pelvic exams are happening in 2023. We need to advocate for patients' informed consent and autonomy. Moreover, we need to prevent this practice from happening in medical education in the state of Missouri.

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

WHEREAS, the US pharmaceutical industry leads the world in development of medications and spends on average $1.3 billion dollars developing a single new medication each year [1] ; and

WHEREAS, patients spend $1,200 annually on medications with 80% of people in America believing prescription costs are "unreasonable," [2] and

WHEREAS, 29% of Americans forego their medications because of the price of prescriptions [3] and 3 in 10 people report not taking their medications as prescribed due to costs [2] and,

WHEREAS, Projections prove that in the next 10 years, unaffordable drug prices will cause 1.1 million premature deaths and $177.4 billion of avoidable Medicare medical costs [4]; and

WHEREAS, lowering drug prices for Medicare patients alone could reduce deaths by 93,900 people each year [4]; and

WHEREAS, children 0-4 years old are five times more likely to experience anaphylaxis compared to their adult counterparts requiring essential medications like EpiPens to survive, along with 200,000 children who are diagnosed with Type 1 Diabetes relying on Insulin to survive with 25% of those with diabetes reportedly rationing their insulin due to the high prices of life saving medications [5]; and

WHEREAS, Americans of all ages, but especially children, are at risk of having worsening health outcomes or life-threatening medical emergencies as a result of foregoing medications due to price gouging by pharmaceutical companies [3]; and

WHEREAS, pharmaceutical companies sell their medications to patients up to 30 times more than what it costs them to produce the medication and from 2000 to 2018 [4] , 35 of the largest companies received $11.5 trillion dollars in revenue [6] ; and

WHEREAS, medical professionals and organizations including MSMA must respect the inherent dignity of all people and uphold their oath to do no harm by ensuring patients have access to life saving medications and quality care; and

WHEREAS, the addition of policy and patent lengthening legislation limits generic drug development and leads to less feasible and economical ways to introduce competition into the drug market and lower drug prices [7]; and

WHEREAS, the Drug Price Competition and Patent Term Restoration Act of 1984 extended patents by 5 years, prolonging the wait for generic drugs to begin development therefore limiting competition in the

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

WHEREAS, the increasing volume of policies passed by legislators that limit the development and introduction of generic drugs into the market, cause price inelasticity and the formation of thin markets which keep drug prices high and call for an alternative policy to lower drug prices [10]; and

WHEREAS, pharmaceutical companies are most in need of funding to begin development during the first years of their inception [11]; and

WHEREAS, basic discovery research for pharmaceutical development is primarily funded through government programs, government grants, and philanthropic organizations [11]; and

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

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

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

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

Fiscal Note: None

Current Policy: None

Resolution #13 - Price Caps for Drugs Developed Utilizing State Grants - Sponsored by Bethany Baumgartner, Kansas City University

Gary Gaddis, MD, PhD - Emergency Medicine - Chillicothe - Representing Self - No Disclosures

I oppose this well-intended resolution because that which it proposes aims at the wrong "target". Most public funding of science that is related to the eventual development of a new pharmaceutical is done at the federal level. I have little patience with the big pharma argument that they spend so much on research, because that position inappropriately dismisses the huge role of publicly-funded science that permitted the recognition of a new pharma agent as a possible and developable new drug. However, new drug prices should be constrained by the relative amount of federal funding that underlies the development, all the way back to the basic science that discovered the metabolic pathway to be altered or exploited. This is a federal issue, not a state issue.

Charlie Adams - Medical Student - Kansas City - Representing Self - No Disclosures

I am in support of this resolution. We should oppose anything that makes it unreasonably difficult for patients to access life-saving medication. Especially if money to develop the drugs comes from taxes, they should be sold in a way that most benefits all in society. I am especially concerned about the statistics in the resolution regarding the disproportionate affect drug prices have on children. They can do nothing about their life situation or lack of access to medical care. We should do all we can to protect this vulnerable population, starting by removing barriers to medication access.

Ashley Glass - Medical Student - Kansas City - Representing Self - No Disclosures

I support this resolution. Although I agree the amount of federal funding should be taken into consideration and help determine price caps, I think it would still be valuable for MSMA to have a stance on this issue.

Maren Loe, MD - Washington University - St. Louis - Representing Self - No Disclosures

I support this resolution.

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

WHEREAS, access to a licensed physician remains a critical issue in Missouri among rural and underserved areas; and

WHEREAS, telehealth provides an opportunity to help bridge the health care gap in rural and underserved areas – for both primary care and specialty care; and

WHEREAS, current state and federal policies require physicians delivering telehealth services to be licensed in the state where the patient receives the services which present a limitation to care for patients who may reside in another state where the physician is not currently licensed; and

WHEREAS, the tasks and time required to become licensed in multiple states may discourage physicians from being licensed in neighboring states where telehealth services could be provided; and

WHEREAS, a streamlined licensing process for physicians currently licensed in neighboring states would encourage more physicians to become licensed in Missouri and potentially aid the physician shortage in rural and underserved areas through telehealth services; and

WHEREAS, the Interstate Medical Licensure Compact (IMLC) currently provides an expedited process in thirty-nine states to help facilitate license portability and allow physicians to practice medicine—including telemedicine—in a safe and accountable manner that expands access to care without compromising patient protections; and

WHEREAS, The IMLC offers a single online process to apply for licensure in multiple states at a cost less than applying to multiple states via the single-state traditional process; and

WHEREAS, the IMLC does not change a participating state's existing Medical Practice Act or usurp state authority to regulate the practice of medicine; and

WHEREAS, the IMLC does not supersede a state's authority over the practice of medicine in a given state; rather, it reflects the effort of the state medical board to develop a dynamic, self-regulatory system of expedited state medical licensure over which the participating states maintain control through a coordinated legislative and administrative process; and

WHEREAS, in 2019 the American Medical Association's Council on Medical Service passed a report in support of the IMLC and encourages states that are not part of the IMLC to consider joining the Compact

as a means of enhancing patient access to and proper regulation of telemedicine services, therefore be it

RESOLVED, that the Missouri State Medical Association support legislation that enrolls the Missouri 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

Resolution #14 - Support for the Interstate Medical Licensure Compact - Sponsored by Joanne Loethen, MD, Betty Drees, MD, Sarah Florio, MD, Lancer Gates, DO, and Fariha Shafi, MD

Gary Gaddis, MD, PhD - Emergency Medicine - Chillicothe - Representing Self - No Disclosures

This resolution has an "ask" that is "spot-on". Where I now work occasional Emergency Dept. shifts, Chillicothe, Missouri, there is a paucity of resources for the community of the addicted. People in recovery from alcoholism probably are best-served by 12-Step programs like AA, and those are available anywhere. However, for methamphetamine and opiates, the picture differs. Opiate addiction is best met by three resources, when the patient becomes amenable. One is access to cognitive behavioral therapy, and to gain that in a rural place can be a challenge, but there exist counselors with expertise who are available by virtual telemedicine-like links to cover that. The second is periodic drug screening, and any community has that, because periodic urine screens are typically ordered for "drunk driving" offenders. That leaves methadone or buprenorphine therapy. What better way to offer buprenorphine than via virtual telemedicine visits, to make buprenorphine treatment more readily available for rural Americans who could benefit from that treatment? This WILL become the way forward for rural America as we move through the evil opiate death epidemic. And what better way to enable physicians with an expertise in addiction medicine to become Missouri-licensed, an outcome that would be enhanced by this visionary proposal from its authors, than to have licensure facilitated by this mechanism? Please support Resolution 14.

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

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

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

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

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

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

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

Fiscal Note: None

Current Policy: None

Resolution #15 - Elected Officials on MSMA Executive Committee - Sponsored by Fariha Shafi, MD

Marc Taormina, MD - Gastroenterology - Lee's Summit - Representing Self - No Disclosures

I oppose this resolution. Public service should be encouraged and MSMA members who are elected officials can effectively represent MSMA interests and bring a unique perspective on legislative priorities and trends to the MSMA leadership. The executive committee is not autocratic. The committee decisions and recommendations are made by consensus and should include various viewpoints to address members' concerns to direct MSMA policy and recommendations to leadership. I applaud members who serve the public in an elected position. MSMA leadership should encourage, not prohibit, members to serve in elected positions.

Gary Gaddis, MD, PhD - Emergency Medicine - Chillicothe - Representing Self - No Disclosures

Please oppose Resolution 15. Nearly every legislator also has a "real job" or "real career", and their perspectives are highly informed by their life experiences. Those who are the more passionate, articulate, and intelligent people employed in or having a career in any endeavor could be expected to be drawn to that occupation's leadership positions. I find this also to be true for medicine. Let's not erect a needless barrier to limit the degree of public service our leaders can offer.

Missouri State Medical Association
House of Delegates

Resolution # 16
(A-23)

Introduced by: Fariha Shafi, MD

Subject: Council Parliamentarian

Referred to: Reference Committee A

WHEREAS, the MSMA Council does not include the presence of a parliamentarian at the MSMA Council meetings; and,

WHEREAS, the absence of a parliamentarian at MSMA Council meetings may risk a failure of adherence to parliamentary procedure; which might cause confusion, questions of fairness, and prolongation of MSMA Council meetings; therefore, be it,

RESOLVED, that the MSMA Constitution & Bylaws Committee review and Chapter VI of the MSMA Bylaws to include the appointment of a Council Parliamentarian; and be it further,

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

Fiscal Note: None

Current Policy: None

Resolution #16 - Council Parliamentarian - Sponsored by Fariha Shafi, MD

Marc Taormina, MD - Gastroenterology - Lee's Summit - Representing Self - No Disclosures

I oppose this resolution. It is not necessary as effective leadership and control of a meeting according to Roberts Rules of Order are the responsibility of the President of the Council. If a meeting requires a parliamentarian to establish order, the president can appoint a member during the meeting to be the acting parliamentarian. This resolution creates another layer of bureaucracy that is not necessary to run effective and efficient meetings.

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

WHEREAS, "the number of Medicare-funded graduate medical education (GME) positions has been capped at 1996 levels, and there is little political will for increasing Medicare's contribution to GME";[1] and

WHEREAS, the "AMA has long been an advocate for preservation and expansion of GME funding to mitigate projected physician shortages and ensure that positions are available for medical school graduates applying to residency programs;" [2,3] and

WHEREAS, in some states, state legislatures have funded several graduate medical education positions; and

WHEREAS, for example, the Commonwealth of Virginia has been funding 25 new residency slots (the "majority of which must be in primary care," and "encouraging applications from programs that offer the opportunity to train in underserved areas") since 2018;[4-9] and

WHEREAS, in 2022, the state of Utah also passed legislation to provide state funding for GME programs, focused on psychiatry;[10-11] and

WHEREAS, in the state of Indiana, "the Graduate Medical Education Board was created in 2015 to expand medical education in Indiana by funding new residency program slots at licensed hospitals and qualifying non-profit organizations. The board may grant funds to support residents who are not federally funded, provide technical assistance to organizations that wish to establish residency programs, cover infrastructure costs for residency program expansion, and provide startup funding for residency programs;" [12] and

WHEREAS, in Indiana, their new rural internal medicine residency program will be graduating its first class of 16 graduates in internal medicine, 6 of whom have committed to staying with that rural hospital (personal communication, 2/1/23), which saves a considerable amount in outreach and recruitment costs; and

WHEREAS, there is excellent AAMC data showing that physicians often practice in the location (or in the state) that they do their residency training in; and given the large number of medical schools in Missouri versus the dearth of residency spots in our state, Missouri is a "net exporter of medical education;" and

WHEREAS, creating more residency spots in Missouri will likely help alleviate the shortage of physicians in our state; and other states have found that state legislature funding has been a good investment in their future physician workforce; and

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), 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), 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), 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), 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)>
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

Resolution #17 - Support for State GME Funding - Sponsored by Albert L. Hsu, MD

Gary Gaddis, MD, PhD - Emergency Medicine - Chillicothe - Representing Self - No Disclosures

I support this resolution, as it addresses a persistent and verifiable problem, access disparities to obtain care from primary care physicians in rural patients' communities. These people grow our food and do any number of tasks that characterize them as "good citizens", and they would benefit if the vision of this resolution were to be realized. That said, doctors can be notoriously bad with budgets, and this "ask" has no mechanism to address the impact of the "ask". I suggest an added "Resolved" clause to offer the suggestion that the impact of this program be assessed after about 10 years, so one can determine whether it has been having its intended effect. Without assessing a measurable outcome, which could be leveraged to either extend or terminate the program, as the data would suggest, we risk being portrayed as "hat in hand" doctors asking for funds without any measure of accountability. Let's not ask the state to "write a blank check" on this issue. Thank you for considering my ideas.

Lauren Van Winkle - Medical Student - Kansas City - Representing Self - No Disclosures

I support this resolution, because it provides clear strategies for supplying rural Missourians with adequate access to quality healthcare, while also giving more opportunities for medical students to stay here.

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

WHEREAS, current statutes extant in the State of Missouri do not describe the act of using a mobile telephone to compose or send a text message to be an activity that can result in criminal penalties; and,

WHEREAS, it is incontrovertible that the act of "texting while driving" increases the hazard for the driver and all in the vicinity of the driver who is engaged in the creating or sending such a "text" message; and,

WHEREAS, among the hazards of such activities are death to pedestrians, bicyclists, motorcyclists, safety marshals, and occupants of nearby vehicles that are involved in collisions with the vehicle being operated by the driver who has become distracted by the task of composing or sending a text message while operating a motor vehicle; and,

WHEREAS, the act of "texting while driving" is illegal in every state in the United States except Missouri and Montana, demonstrating the broad acceptance of the premise that texting while driving is a dangerous activity that should be proscribed; therefore, be it,

RESOLVED, that one of the legislative priorities toward which the Missouri State Medical Association will work will be the enactment of legislation to permit prosecution of individuals who have been cited by public safety officers for the act of composing or sending a text while operating a motor vehicle; and be it further,

RESOLVED, that mobile telephone company records will be included among the resources that will serve as evidence when an individual is accused of the act of sending a text message while operating a motor vehicle.

Fiscal Note: None

Current Policy: None

Resolution #18 - Texting-and-Driving - Sponsored by Gary Gaddis, MD, PhD

Frank Cornella, MD - Oral Maxillofacial Surgery - Springfield - Representing Self - No Disclosures

I am all for measures to prevent hands-on texting while driving, or use of any handheld keyboard device, but I find that the first RESOLVED a little confusing. Why not just, more generally, be it RESOLVED that MSMA will introduce or push /support legislation that: 1. puts Missouri inline with the vast majority of states in SPECIFICLLY making texting while driving illegal (because I think distracted driving is already illegal) and 2. that provides to educate the public on the dangers of distracted driving? I also would be concerned about using such laws as pretexts for law enforcement. As one State Rep/critic of a Texas bill put it, "There is also the problem of expanding probable cause after enacting a texting ban. Passing such a bill means that law enforcement would have another tool in its arsenal to routinely stop individuals — especially those who are black drivers. People don't like to face this issue, but far too often a pretext is used by law enforcement officers for stopping black folks while driving." Personally, I think making it illegal without a robust public education campaign would not save lives so much as increase incarceration. Also, in the second RESOLVED, phone records do not distinguish between hands-free communications and hands-on communications, do they? And if there is an accident/injury, aren't these records already part of the discovery process in any litigation? I will admit I am not well versed on this issue, but do agree Missouri is behind on issue.

Gary Gaddis, MD, PhD - Emergency Medicine - Chillicothe - Representing Self - No Disclosures

Thank you, Dr Cornella, for your numerous insightful comments. I especially find your comments about "probable cause" quite insightful. Let me offer this. Surely, among the 48 states that ban texting while driving, there are states in which well-crafted legislation is working as intended, and other states, not so much. So, maybe the "ask" should be for our MSMA to support new legislation that bans texting while driving, in the interest of creating less "distracted" drivers, and that in order to most effectively bring this about, that our MSMA deputize a working group to look into the matter of which states have the best-functioning statutes, so that our "deputies" could suggest to Missouri legislator a new Missouri statute which could be closely patterned after statutes that are having their intended effects in other states. One nice thing about having a nation with 50 states is that each state can be a "laboratory". Let's look at the various "laboratories" to find the ones with the best statutes to accomplish this worthy purpose.

Missouri State Medical Association
House of Delegates

Resolution #19
(A-23)

Introduced by: MSMA Council

Subject: Resolutions

Referred to: Reference Committee A

WHEREAS, the MSMA Bylaws is the governing document of the Missouri State Medical Association; and

WHEREAS, a number of provisions within the MSMA Bylaws are obsolete or are no longer being followed; and

WHEREAS, nonprofit organizations should update their bylaws in a timely fashion to ensure compliance with current internal governance practices, and to ensure the presence of sound governance policies; and

WHEREAS, the current bylaws regarding the submission of resolutions were adopted when the only way to submit resolutions was via the US Mail; and

WHEREAS, MSMA receives all resolutions electronically, which the current bylaw does not take into account: and,

WHEREAS, the current late resolution process is burdensome and time-consuming for MSMA staff; and

WHEREAS, this resolution was approved by the MSMA Council, therefore, be it

RESOLVED, that the MSMA Bylaws Chapter III, Section 1, be amended as follows:

Chapter III. House of Delegates

Section 1. The House of Delegates shall meet annually at the time and place of the Annual Convention. All resolutions must be received at the Association office no later than ~~45~~ 21 days prior to the opening session of the Annual Convention ~~will~~ to be accepted as business of the House of Delegates and ~~will~~ be included in the Delegate's Handbook. ~~Any additional resolutions to be introduced at the opening session must be made available to each member of the House of Delegates at least 24 hours before the opening session. These will be accepted as business of the House at the opening session and will be referred to an appropriate Reference Committee. Resolutions introduced at the opening session, but which did not meet the 24-hour deadline, will be referred to a Reference Committee only if approved by two-thirds of the Delegates voting. Sufficient copies of the resolution, printed in standardized format, must be supplied by the individual or society introducing the resolution.~~ At the discretion of the Speaker, these conditions would not apply for resolutions of good wishes, condolences, congratulations and others of a personal nature.

Fiscal Note: **None**

Current Policy:

Resolution #19 - Resolutions - Sponsored by the MSMA Council

William White, MD - Ophthalmology - Kansas City - Representing Self - No Disclosures

This is a bad idea amongst many bad resolutions being entered this year. If the policies are good, they will stand the test of the current time limit. None of these are emergencies. Changing this will allow more fringe elements in the association to move in a clandestine manner. BAD IDEA.

Gary Gaddis, MD, PhD - Emergency Medicine - Chillicothe - Representing Self - No Disclosures

This resolution was introduced by MSMA leaders who are arguably best-positioned to make experience-derived suggestions on this matter. I look forward to hearing testimony from those who authored this, so that our delegates can better discern the rationale for these suggestions.

John Holds, MD - Ophthalmology - St. Louis - Representing Self - No Disclosures

The proliferation of highly divisive and politicized resolutions this session that would prove injurious to MSMA shows the need for resolutions to be available well in advance of the meeting. Shortening the timetable, especially at this time, appears foolhardy and inappropriate. Resolutions need to be viewed and reviewed, not short-circuited.

Adam Buchanan - Ophthalmology - St. Louis - Representing Self - No Disclosures

Strongly oppose - should not be adopted. Shortening the time for public discovery and comment will only serve to facilitate fringe groups seeking to sneak through their divisive resolutions. Just look at the catalog of topics for this meeting. We should be trying to expand, not limit, member involvement.

Missouri State Medical Association
House of Delegates

Resolution # 20
(A-23)

Introduced by: MSMA Council

Subject: Council Representation

Referred to: Reference Committee A

WHEREAS, the MSMA Bylaws is the governing document of the Missouri State Medical Association; and

WHEREAS, a number of provisions within the MSMA Bylaws are obsolete or are no longer being followed; and

WHEREAS, nonprofit organizations should update their bylaws in a timely fashion to ensure compliance with current internal governance practices, and to ensure the presence of sound governance policies; and

WHEREAS, this resolution was approved by the MSMA Council, and is a result of the Ad Hoc Committee on Council Representation's review of the MSMA bylaws; therefore, be it

RESOLVED, that the MSMA Bylaws Chapter IV, Section 5, be amended as follows:

Chapter IV. Election of Officers
Section 5. Each Councilor District shall be entitled to one Councilor for each ~~400~~ 250 active, retired and resident members, or a fraction thereof, in that Councilor District as of ~~December~~ August 31 of the preceding year. Each District shall be entitled to one Vice Councilor; and be it further

RESOLVED, that current MSMA districts six and eight be combined into district eight, so that the new district eight will be comprised of the following counties: Barry, Barton, Bates, Benton, Cedar, Christian, Dade, Dallas, Greene, Henry, Hickory, Jasper, Johnson, Laclede, Lafayette, Lawrence, McDonald, Newton, Pettis, Polk, Ray, Saline, St. Clair, Stone, Taney, Vernon, and Webster; and be it further

RESOLVED, that current MSMA districts nine and ten be combined into district six, so that the new district six will be comprised of the following counties: Bollinger, Butler, Cape Girardeau, Carter, Crawford, Dent, Douglas, Dunklin, Howell, Iron, Jefferson, Madison, Maries, Mississippi, New Madrid, Pemiscot, Perry, Phelps, Pulaski, Oregon, Ozark, Reynolds, Ripley, Scott, Shannon, St. Francois, Ste. Genevieve, Stoddard, Texas, Washington, Wayne, and Wright.

Fiscal Note: **None**

Current Policy:

Resolution #20 - Council Representation - Sponsored by the MSMA Council

No comments were presented.

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

WHEREAS, Missouri Representative Jonathan Patterson MD is a surgeon who has been a member of the House of Representatives of the State of Missouri since 2018, representing the 30th District (which includes parts of the cities of Lee's Summit, Independence and Blue Springs), and

WHEREAS, Representative Patterson was elected by his peers to become the House Majority Leader for the 2023-24 session of the Missouri House of Representatives by a vote of his peers in November of 2021[1], and

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

RESOLVED, that the Missouri State Medical Association commends Dr. Patterson for his excellent prior 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/

Resolution #21 - Commendation for Rep. Jon Patterson, MD - Sponsored by Gary Gaddis, MD, and the St. Louis Metropolitan Medical Society

Gary Gaddis, MD, PhD - Emergency Medicine - Chillicothe - Representing Self - No Disclosures

Whether you are politically "left" or "right", for a physician to serve in the legislature is remarkable enough, because to do so occurs at significant personal and professional sacrifice. That said, when one of our Missouri physicians becomes elected by their peers to a leadership position such as Dr. Patterson has achieved in such a short time, special commendation is indicated. I hope that this suggestion in no way belittles current or former Missouri legislators who have served or do serve, and who are also physicians. There is no intent to slight anyone. However, let's celebrate the fact that one of our own is in such an elevated leadership position. Thank you for considering my views.

Missouri State Medical Association
House of Delegates

Resolution # 22
(A-23)

Introduced by: John Holds, MD, and William Reynolds, MD, DDS

Subject: Resolutions by Medical Students

Referred to: Reference Committee A

WHEREAS the MSMA Constitution and By-Laws permit the Medical Student Section to submit resolutions to the MSMA House of Delegates; and,

WHEREAS the MSMA Constitution and By-Laws permits the Medical Student Section to serve as delegates of the MSMA House of Delegates; and,

WHEREAS medical students do not pay MSMA dues; and,

WHEREAS medical students are not licensed by the Missouri Board of Healing Arts to practice medicine in Missouri; and,

WHEREAS many medical students in Missouri will not practice medicine in the state of Missouri; and,

WHEREAS the resolutions that the medical students draft and vote upon may not affect them, but will affect the physicians practicing in Missouri; therefore be it,

RESOLVED, that the MSMA Constitution and Bylaws Committee review Article IV of the MSMA Constitution and Chapter III, Section 3 of the MSMA Bylaws to consider prohibiting medical students from:

(1) Serving as delegates at the MSMA House of Delegates, and
(2) Submitting resolutions to the MSMA House of Delegates; and be it further,

RESOLVED, that this resolution be referred to the MSMA Constitution and Bylaws Committee.

Fiscal Note: None

Current Policy: Medical students may serve as delegates and submit resolutions to the MSMA House of Delegates.