166th Missouri State Medical Association Delegate Handbook

House of Delegates—Opening Session
Saturday, April 6, 2024 / 8:30 a.m.

Reference Committee
Saturday, April 6, 2024 / 9:30 a.m.

Presidential Inauguration
Saturday, April 6, 2024 / 6:30 p.m.

House of Delegates—Second Session
Sunday, April 7, 2024 / 8:15 a.m.

www.msma.org/convention

ST. LOUIS

166th Missouri State Medical Association Annual Convention

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MSMA Conflict of Interest Policy

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

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

1. **Definition of Conflicts of Interest**. A conflict of interest arises when a person in a position of authority over the Association may benefit financially from a decision he or she could make in that capacity, including indirect benefits such as to family members or businesses with which the person is closely associated. This policy is focused upon material financial interest of, or benefit to, such persons.

2. **Individuals Covered**. Persons covered by this policy are the Association's Officers, Councilors, Vice-Councilors, Delegates, Executive Vice President, Finance Manager, and other key employees.

3. **Facilitation of Disclosure**. Persons covered by this policy will annually disclose or update to the Conflict of Interest Committee, on a form provided by the Association, their interests that could give rise to conflicts of interest. The form may include such information as substantial business or investment holdings, transactions and affiliations with businesses and/or other associations, and potential conflicts of family members of covered individuals. In addition, such persons shall disclose such previously reported and any as yet unreported conflicts prior to participation in discussions or decisions on issues involving such conflict of interest.

4. **Procedures to Manage Conflicts**. For each interest disclosed to the Conflict of Interest Committee, the Committee will determine whether to:
   (a) take no action;
   (b) assure full disclosure to the Council and other individuals covered by this policy;
   (c) ask the person to withhold from participation in related decisions within the Association.

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

Adopted by MSMA Council 01/25/09

Missouri State Medical Association

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

March 2024

Dear Doctor:

This is your copy of the Delegate's Handbook for the Missouri State Medical Association's 166th Annual Convention which will be held April 5-7 at the Renaissance St. Louis Airport 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,

Lancer Gates, DO
MSMA President

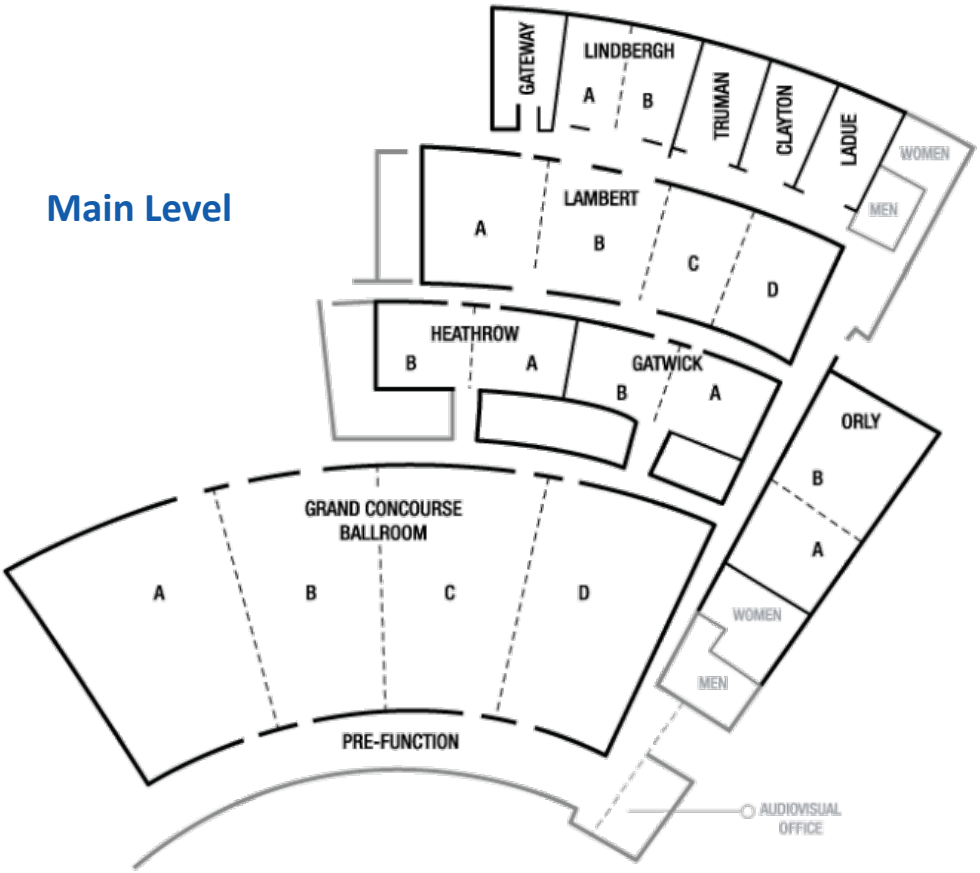
Timothy Swearengin, DO
Speaker, MSMA House of Delegates

For further information, please contact:

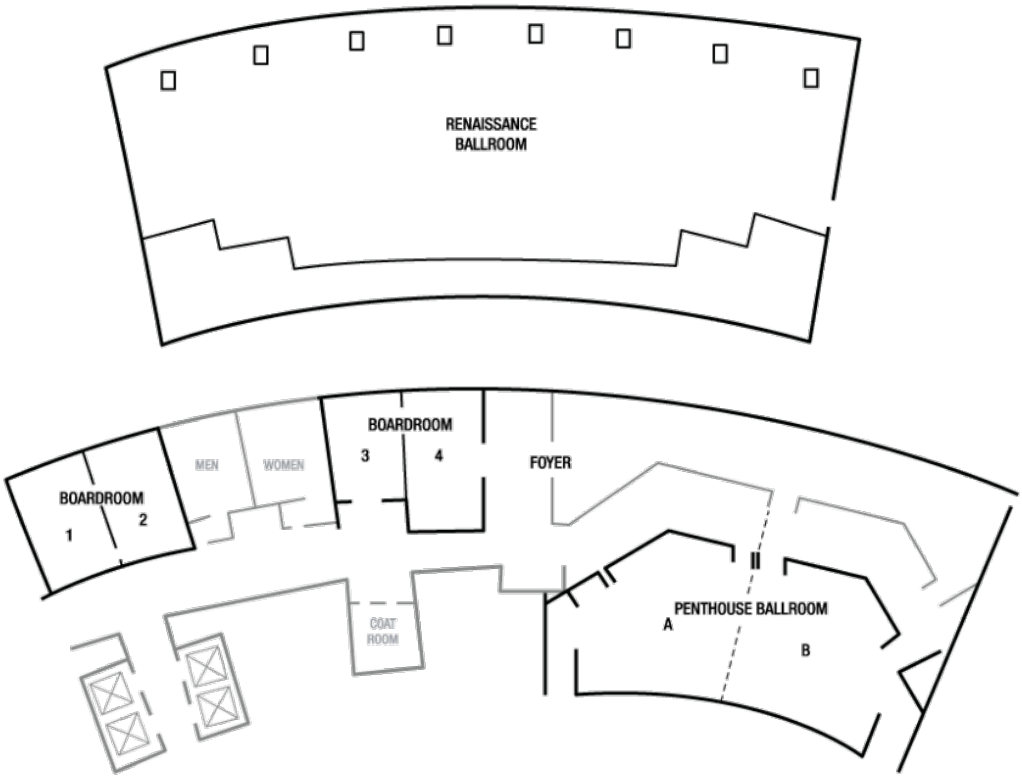
Jeff Howell, Executive Vice President – Resolutions, House of Delegates
Benita Stennis – Meeting Planning
Carol Meyer – Registration
www.msma.org/convention
573-636-5151

Renaissance St. Louis Airport Hotel Floor Maps

Main Level



12th Floor



Missouri State Medical Association

Presidential Inauguration & Reception

David L. Pohl, MD, FACR
St. Louis, Missouri
2024-2025 MSMA President

ALL MEMBERS & GUESTS ARE INVITED TO ATTEND

Saturday, April 6
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

Donna Corrado
Mexico, Missouri

2024-2025
MSMA Alliance President

during MSMA's Presidential Inauguration & Reception

Saturday, April 6
6:30 p.m. - Presidential Inauguration
7:30 p.m. - Presidential Reception

Entertainment, Hors d'oeuvres & Cash Bar

MSMA 166th Annual Convention
Schedule of Events

Friday, April 5

1:00-2:00 pm **MSMA Insurance Agency**
Board Meeting
Clayton – Ballroom Level

2:00-4:00 pm **MSMA Executive Committee**
Board Meeting
Clayton – Ballroom Level

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

4:15-5:15 pm **CME General Session**
"Injections vs. Scalpels or Continuum of Care? Updates in Obesity Treatment"
Speaker: Matthew B. Lindquist, DO, DABOM
Concourse AB – Ballroom Level

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

7:00-8:00 pm **Women Physicians Section**
Young Physician Section
International Medical Graduate Section
Mixer
The Library – Renaissance Lobby

7:00-8:00 pm **MSMA Medical Student Section**
Business Meeting
Heathrow A – Ballroom Level

Saturday, April 6

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

6:30-7:30 am **MSMA International Medical Graduate Section**
Business Meeting
Clayton – Ballroom Level

6:30-7:30 am **MSMA Medical Student Section**
Business Meeting
Heathrow A – Ballroom Level

6:30-7:30 am **MSMA Resident and Fellow Section**
Business Meeting
Gatwick A – Ballroom Level

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

7:00 am **Alliance**
Centennial Annual Meeting
Registration & Information
Renaissance Ballroom – 12th Floor

7:30-8:30 am **Moneta Financial Group**
Product Theater Breakfast
(Free with registration)
Concourse CD – Ballroom Level

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

9:00-10:00 am **Alliance**
Business Meeting
Renaissance Ballroom
12th Floor

9:30-11:30 am **MSMA Reference Committee**
Lambert AB – Ballroom Level

9:30-11:30 am **Missouri Physicians Health Program**
Board Meeting
Clayton – Ballroom Level

10:00-11:00 am **Alliance**
Program: "Connecting Hearts, Creating Hope: How My Family's Substance Abuse Journey Was a Call to Action"
Speaker: Kathie Thomas, Executive Director and Founder of Hope Creates
Renaissance Ballroom
12th Floor

11:00-11:30 am **Alliance**
Program: "American Medical Association Alliance Update"
Speaker: Racheal Kunesh, AMA Alliance President
Renaissance Ballroom
12th Floor

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

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

11:30 am-12:30 pm **Frost Law**
Product Theater Lunch
(Free with registration)
Concourse CD – Ballroom Level

11:30 am-1:00 pm **Alliance**
Spirit of the Alliance Lunch
Renaissance Ballroom
12th Floor

12:45-1:45 pm **CME General Session**
"Artificial Intelligence in Health Care"
Speaker: Carl D. Dirks, MD
Concourse AB – Ballroom Level

1:00 pm **Alliance**
Officer Installation & Memorial Service
Renaissance Ballroom
12th Floor
Board Meeting
Renaissance Ballroom
12th Floor

2:00-3:00 pm **CME General Session**
"Managing Mental Health Disorders"
Speaker: Erick Messias, MD, MPH, PhD
Concourse AB – Ballroom Level

2:00-3:00 pm **Missouri State Medical Foundation**
Annual Meeting
Clayton – Ballroom Level

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

3:00-4:30 pm **Alliance**
Centennial Reception
Boardrooms #1 & #2 – 12th Floor

3:15-4:15 pm **CME General Session**
"Physician Employment Issues"
Speaker: Richard Levenstein, Esq.
Concourse AB – Ballroom Level

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

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

4:30-6:30 pm University of Missouri – Columbia
Lambert CD – Ballroom Level

4:30-6:30 pm University of Missouri – Kansas City
Lambert AB – Ballroom Level

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

6:00 pm **Seating Opens for MSMA Presidential Inauguration**
Penthouse Ballroom – 12th Floor

6:30-7:30 pm **MSMA Presidential Inauguration**
Penthouse Ballroom – 12th Floor

7:30 pm **MSMA Presidential Reception**
Hors d'oeuvres & Cash Bar
Renaissance Ballroom
12th Floor

Sunday, April 7

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

- Breakfast Buffet – *Lambert D*
- District #1 – *Lambert B*
- District #2 – *Lambert B*
- District #3 – *Orly B*
- District #4 – *Heathrow A*
- District #5 – *Lindbergh AB*
- District #6 – *Gatwick B*
- District #7 – *Gatwick A*
- District #8 – *Heathrow B*
- International Graduate Section – *Lambert A*
- Medical Student Section – *Lambert A*
- Resident and Fellow Section – *Lambert C*
- Women Physicians Section – *Lambert C*
- Young Physician Section – *Lambert C*
- Additional Breakfast Seating – *Truman*

8:15 am **MSMA House of Delegates**
Second Session
Concourse AB – Ballroom Level

Immediately Following HOD **MSMA Council**
Meeting
Concourse CD – Ballroom Level

MSMA ANNUAL CONVENTION
2024 MSMA GENERAL SESSIONS

Friday, April 5 4:15 pm Ballroom Level

Injections vs. Scalpels or Continuum of Care? Updates in Obesity Treatment

Speaker
Matthew B. Lindquist, DO, DABOM
Founder of University Health Weight Management, University of Missouri-Kansas City; UMKC Director of the Obesity and Nutrition Elective; Founder of MoKan Weight and Metabolic Health

Objectives
1. Explain treatment in context of chronic disease.
2. Recognize the patient's and physician's challenge with metabolic adaptation.
3. Describe treatment expectations.
4. Discuss current and future anti-obesity medications.
5. Identify who should be referred for surgery.
6. Compare outcomes with medications and surgery for obesity and diabetes.

Moderator
Lancer G. Gates, DO

CME
1.0 AMA PRA Category 1 Credits™

Saturday, April 6 12:45 pm Ballroom Level

Artificial Intelligence in Health Care

Speaker
Carl D. Dirks, MD
Assistant Professor, Department of Internal Medicine, University of Missouri - Kansas City; Chief Medical Information Officer, St. Luke's Health System, Kansas City

Objectives
1. Discuss the foundational concepts of artificial intelligence (AI).
2. Review the regulatory and patient safety landscape regarding clinical decision support (CDS) and AI.
3. Describe how to transform your health care organization and improve health outcomes using CDS and AI.

Moderator
Brian Biggers, MD

CME
1.0 AMA PRA Category 1 Credits™

Saturday, April 6 2:00 pm Ballroom Level

Managing Mental Health Disorders

Speaker
Erick Messias, MD, MPH, PhD
Chair, Department of Psychiatry and Behavioral Neuroscience,
Saint Louis University School of Medicine

Objectives
1. Clarify the diagnoses of common psychiatric disorders.
2. Discuss first step in treating common psychiatric disorders.
3. Discuss the interplay between addiction and common mental health disorders.

Moderator
Joanne Loethen, MD

CME
1.0 AMA PRA Category 1 Credits™

Saturday, April 6 3:15 pm Ballroom Level

Physician Employment Issues

Speaker
Richard Levenstein, Esq.
Attorney at Nason, Yeager, Gerson, Harris & Fumero, P.A., Palm Beach Gardens, Florida - Practice specialty: physician and medical staff representation and healthcare law; Adjunct Professor, Healthcare Law, Tulane University Law School, New Orleans, Louisiana

Objectives
1. Discuss current issues impacting physician employment.

Moderator
Kevin Weikart, MD

CME
1.0 AMA PRA Category 1 Credits™

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MSMA HOUSE OF DELEGATES

First Session – 8:30 a.m. – Saturday, April 6, 2024
Renaissance St. Louis Airport Hotel

AGENDA

Call to order – Timothy Swearengin, DO, Speaker

Pledge of Allegiance – Timothy Swearengin, DO

Housekeeping Items – Timothy Swearengin, DO

Report of the Committee on Credentials – Kelly Schmidt, MD

Approval of Minutes of 2023 Meeting (Published in *Missouri Medicine*, May/June 2023) – Timothy Swearengin, DO

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

President's Message – Lancer Gates, DO, President

Report of the President of the MSMA Alliance – Sana Saleh, MPH

Presentation of Awards

Appointment of the Committee on Nominations – Lancer Gates, DO

New Business – Timothy Swearengin, DO

MSMA HOUSE OF DELEGATES

Second Session – 8:15 a.m. – Sunday, April 7, 2024
Renaissance St. Louis Airport Hotel

AGENDA

Call to order – Laurin Council, MD, Vice Speaker

Housekeeping Items – Laurin Council, MD

Report of the Committee on Credentials – Kelly Schmidt, MD

Report of the Nominating Committee – Matthew Atwood, University of Missouri-Columbia

Election of the President Elect – Timothy Swearengin, DO

Appointment to the Council on Ethical and Judicial Affairs – David Pohl, MD, President

Report of the Election of Councilors – Ellen Nichols, MD, Secretary

Report of the Reference Committee – George Hruza, MD

New Business – Timothy Swearengin, DO

Delegate Instructions

On-Site Registration

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

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 6.

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 166th MSMA House of Delegates will convene with the Opening Session at 8:30 a.m. on Saturday, April 6, and conclude around 9:30 a.m. It will consist of reports and speeches. On Sunday, April 7, 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 6, following the first House of Delegates.

Resolutions

All resolutions must be received at the Association office no later than 5:00 p.m. on Friday, March 15, to be accepted as business of the House of Delegates and be included in the Delegate's Handbook.

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*.

2023-2024 Officers, Councilors, AMA Delegates, Committee & Commission Chairs, and Staff

Officers

President
Lancer Gates, DO – Kansas City

President Elect
David Pohl, MD – Town & Country

Immediate Past President
George Hubbell, MD – Lake Ozark

Secretary
Ellen Nichols, MD – Joplin

Treasurer
Elie Azrak, MD – St. Louis

1st Vice President
James DiRenna, Jr., DO – Kansas City

Honorary Vice President
Jeff Copeland, MD – St. Peters

Honorary Vice President
Alexander Hover, MD – Ozark

Speaker, House of Delegates
Timothy Swearengin, DO – Springfield

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

Councilors

Chair of the Council – 8th District
Brian Biggers, MD – Springfield

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

1st District
Chakshu Gupta, MD – St. Joseph

2nd District
Hossein Behniaye, MD – Hannibal

3rd District
Erin Gardner, MD – St. Louis
Jennifer Page, MD – St. Louis
Inderjit Singh, MD – St. Louis
Christopher Swingle, DO – St. Louis

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

6th District
Dorothy Munch, DO – Poplar Bluff
Lirong Zhu, MD – Clayton

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

8th District
David Kuhlmann, MD – Sedalia

Organized Medical Staff Section
Amy Patel, MD – Kansas City

International Medical Graduate Section
Louis DelCampo, MD – Springfield

Young Physician Section
Rachel Kyllo, MD – St. Louis

Women Physicians Section
Adriana Canas-Polesel, MD – St. Louis

Resident & Fellow Section
Rachana Raghupathy, MD – St. Louis

Medical Student Section
Jay Devineni – University of Missouri-Columbia

Vice Councilors

1st District
Vacant

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
Nathaniel Barbe, DO – Mountain Grove

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

8th District
Timothy Swearengin, DO – Springfield

Organized Medical Staff Section
Albert Hsu, MD – Columbia

International Medical Graduate Section
Raghuveer Kura, MD – Poplar Bluff

Young Physician Section
Sara Hawatmeh, MD – Ballwin

Women Physicians Section
Kelly Schmidt, MD – Columbia

Resident & Fellow Section
Julia Dmowska, MD – Columbia

Medical Student Section
Lacey Raper – University 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

George Hruza, MD – Chesterfield
Ravi Johar, MD – Chesterfield
Joanne Loethen, MD – Kansas City
Charlie Adams – Kansas City 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

Rachel Bauer
Director of Government Relations

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

Cheri Martin
Executive Services Specialist

Carol Meyer
Administrative Assistant

Jacob Scott
Director of Legislative Affairs

Benita Stennis
Director of Education and Operations

Cassie Williams
Member Data & IT Specialist

2023
Actions on Resolutions from the Annual Meeting

RES #	SUBJECT	FINAL ACTION
1	Access to Gender-Affirming Surgery and Hormone Replacement Therapy for Transgender and Gender-Diverse Individuals	Substitute resolution adopted
2	Access to Puberty-Suppressing Hormone Blockers for Transgender and Gender-Diverse Youth	Resolution not adopted
3	Allowing Transgender and Gender-Diverse Individuals to Change Their Gender marker on Birth Certificates	Resolution not adopted
4	Dobbs - EMTALA Medical Emergency	Substitute resolution adopted
5	Dobbs - Liability Insurance Exceptions for Certain Criminal Conduct	Amended resolution adopted
6	Dobbs - Medical Staff Privileges Protections for Certain Criminal Conduct	Amended resolution adopted
7	Support Access to Evidence-Based Reproductive Healthcare	Substitute resolution adopted
8	Firearms Safety and Violence Prevention	Amended resolution adopted
9	Opposing Bans on Medical School DEI Requirements	Amended resolution adopted
10	MSMA Human Rights/Discrimination Policy	Resolution not adopted
11	Waiver of Network Considerations in Emergencies	Substitute resolution adopted
12	Pelvic Exams for Anesthetized Patients	Resolution not adopted
13	Price Caps for Drugs Developed Utilizing State Grants	Resolution not adopted
14	Support for the Interstate Medical Licensure Compact	Resolution adopted
15	Elected Officials on MSMA Executive Committee	Resolution not adopted
16	Council Parliamentarian	Resolution not adopted
17	Support for State GME Funding	Resolution adopted
18	Texting-and-Driving	Substitute resolution adopted
19	Resolutions	Resolution adopted
20	Council Representation	Resolution adopted
21	Commendation for Rep. Jon Patterson, MD	Resolution adopted
22	Resolutions by Medical Students	Resolution not adopted

Missouri State Medical Association Insurance Agency, Inc.

Your MSMA Insurance Agency underwent significant change at the end of 2023. After more than 20 years as an independent insurance agency owned and directed by MSMA, the Agency entered into a co-marketing agreement with Wallstreet/Acrisure on January 1, 2024. This arrangement allows MSMA members to access a much wider range of insurance products and services. Complete integration with Wallstreet/Acrisure is expected to occur sometime this spring.

MSMA benefits from the relationship with Acrisure and encourages members to engage them for all your insurance needs. Although the employees of the Agency have become full-time employees of Wallstreet/Acrisure, they are still available to discuss your needs and their larger portfolio of products. They can be reached at rstaggs@wallstreetins.com or 573-659-0571.

MSMA Insurance Agency Board of Directors

Brian Biggers, MD
Lancer Gates, DO
George Hubbell, MD
Ravi Johar, MD
Amy Zguta, MD
Marc Mendelsohn, MD
Jeff Howell

Report of the Commission on Medical Economics, Third Party Medicine, & Government Relations

The Commission on Medical Economics, Third Party Medicine, and Government Relations met by videoconference on July 6, 2023, to discuss one resolution referred to us by Council. We entertained lively discussion on it, and offered the following recommendation for Council, which was approved:

Resolution #11 –Waiver of Network Considerations in Emergencies

Mr. Chairman, the original resolution did not contain a directive for MSMA. Rather, it only made a request of the AMA, and therefore does not establish new MSMA policy. We consolidated some of the repetitive language in the resolution and cleaned it up significantly. The first resolved statement gives direction to AMA and the second calls for submission to the AMA House of Delegates. We do think the issue is proper for AMA consideration; therefore, we recommend Council adopt the following substitute resolution:

***RESOLVED**, that the American Medical Association work with hospitals and insurers to waive network considerations for patients who are transferred to an out-of-network facility during a state of emergency declared by either the federal or a state government; and be it further,*

***RESOLVED**, that this resolution be submitted to the American Medical Association House of Delegates.*

Respectfully submitted,
Jeffrey Copeland, MD, Chair
David Barbe, MD
Ramona Behshad, MD
Erin Gardner, MD
Gordon Jones, MD
James Rogers, MD
Amy Zguta, MD
David Kuhlmann, MD

2023 Actions of the Commission on Continuing Education

Accreditation Actions

MSMA Provider Reaccreditations:

Institute for International Medicine-Kansas City, MO
Capital Region Medical Center-Jefferson City, MO
Mercy Hospital St. Louis-St. Louis, MO

Progress Reports Accepted and Approved:

Esse Health-St. Louis, MO
St. Francis Medical Center-Cape Girardeau, MO

Providers Withdrawn from Accreditation:

Capital Region Medical Center-Jefferson City, MO
Lake Regional Health System-Osage Beach, MO
Boone Hospital-Columbia, MO

MSMA Accredited Providers:

The Missouri State Medical Association currently accredits sixteen entities statewide.

Annual Convention Continuing Education

2023 Annual Convention:

The MSMA Commission on Continuing Education approved the 2023 Annual Convention for ***4.0 AMA PRA Category 1 Credits.***

Staff and Volunteer Educational Opportunities

Outreach and Educational Offerings:

MSMA staff attended the ACCME's Spring Meeting May 15-18, 2023. Staff participated in educational sessions regarding the Standards for Independence and Integrity in Accredited Continuing Education, State Medical Society Collaborations, Planning and Evaluation Tips for Accredited CME, and Cultivating CME Leadership.

The ACCME held its State Medical Society meeting November 30-December 1, 2023, in Chicago, IL. MSMA staff and Douglas Wallace, MD, attended. Attendees reviewed The Standards for Independence and Integrity in depth, shared tools to market continuing medical education programs to increase the number of accredited providers and continued discussing states with fewer than twenty accredited providers establishing regional recognition bodies as recommended by the ACCME.

Additionally, staff and Commission members completed required education sessions at their leisure via the ACCME's online portal.

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

2023-2024 MSMA Alliance Report

To the Esteemed MSMA Delegates and MSMA Alliance Members:

As my two-year term as Alliance President comes to an end, I would like to highlight the importance of the relationship between the MSMA and the Alliance. We have worked closely in the past years on many levels.

Whether it be advocacy, drug overdose prevention, Stop the Bleed, Physician Family Day, Doctors' Day, or plain social networking, the physician family is the core of why we are the Alliance and the community to which we serve. I am proud of the achievements and strides we have made, and yet despite the challenges we face as physician families, today we celebrate our Centennial 1924-2024 and celebrating 100 years of partnership.

Our Fall Conference this past October focused on Artificial Intelligence and Cybercrime. We continue to provide our members with education and keep them up to date with information on current issues that face us and our communities.

The Alliance in Missouri trains young students on Stop the Bleed as our team in St. Louis did with the Loyola Middle School students. The St. Louis Metropolitan Medical Society Alliance with its Hungry Heroes project is in its third consecutive year. They initiated a Physician Family Day outing in August for the first time and hope to grow their event in the future.

In Greene County, there is a significant and strong participation in the annual Physician Family Day at the Dickerson Zoo with more than 300 in attendance, followed by the Discovery Center Family Event in February.

I had the pleasure of attending the Buchanan County Medical Society's holiday luncheon in December with the joint attendance of Alliance and medical society members. The event had an engaging historical presentation by Robert Corder, MD, followed by a synopsis of MSMA's President, Lancer Gates, DO, on medicine in Missouri and the challenges it faces.

Buchanan Alliance members support bullying prevention in schools by providing "Hands Are Not for Hitting" and other skill building books for elementary school aged students.

The Kansas City Medical Society Alliance provides up to three scholarships annually through the Truman Medical Foundation to nursing students in need of financial assistance. Their health project of the pillowcase dresses is in its ninth year to prevent girls from trafficking.

For 32 years, the MSMA Alliance has supported Match Day events at Kansas City University, both Kansas City and Joplin campuses, University of Missouri, both Kansas City and Columbia campuses; and in St. Louis a luncheon at the Ritz Carlton for Saint Louis University medical students. It is always a joy to watch young medical students being matched and the look of joy on their faces! Our volunteers provide pizzas to the KCU events to cheer them on.

The MSMA Alliance advocates for Missouri medical students whether through our annual MSMA Foundation fundraisers taking place twice a year through our Holiday Sharing Card and this weekend's Foundation Fundraiser to support our medical student scholarship programs. If you have not contributed to the MSMA Foundation already at last night's reception there will be QR code cards available during this convention or you can reach out to any of the MSMA staff.

Another joint effort between the MSMA and Alliance was the Cape Girardeau Social/Dinner that took place in March. Along with my presence, our President Elect, Donna Corrado, and MSMA's President and his spouse, Lancer and Stacey Gates, as well as Jeff Howell, MSMA's Executive Vice President, made presentations to invigorate active participation and membership in the Cape Girardeau County Medical Society and Alliance.

We are so excited for this year as the MSMA Alliance turns 100 years old! Our state Alliance was created two years after our national AMA Auxiliary in 1922.

You are all invited to visit our Centennial Room display on the 12th floor in Boardrooms I & II and take a tour of our archives, projects, awards, and photos we have collected from our county Alliances across Missouri.

I would like to welcome Racheal Kunesh, our AMA Alliance President, who joins us from North Carolina for this special occasion. Please take a moment to greet Racheal personally whose motto this year has been "Be A Catalyst" since Racheal comes from a chemical engineering background.

We are also celebrating the honor of receiving the 2024 American Medical Association Alliance Physician Family Day/Doctors' Day Award for our MSMA state project regarding the carnation pins we give away to honor our physicians on National Doctors' Day.

Finally, I would like to thank everyone from the MSMA office to all members of the Council and physicians who welcomed me and my colleagues and have shown support for our projects. My successor, Donna Corrado, will be an excellent leader to take over the helm of the Alliance.

Respectfully Submitted,

Sana Saleh, MPH
MSMA Alliance president, 2022-2024

Report of the MSMA Membership Committee

The 2023 MSMA membership year closed with 1,747 active members (a 6% decrease from 2022), 656 residents, 1,803 students, and 280 retired members. Active membership has decreased 46% since the end of the 2014 dues year (August 2014). A large increase in resident and student members of the same timeframe results in a 5% gain in membership.

Approximately 101 physicians have joined as new active members so far in the 2024 dues year. In addition to traditional recruiting methods, there was a positive response to MSMA phone calls to non-renewals. Peer-to-peer outreach is the most beneficial way to maintain and grow membership.

MSMA offered a "Summer Special" discounted membership rate in 2023 that attracted 24 new members. Over the past two summers, 112 physicians have joined at the discounted summer rate.

MSMA staff was able to participate in a number of events across the state in 2023, 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.

MSMA increased its active membership dues for the 2024 dues year to $450. This was the first dues increase in more than 10 years.

Committee on Publication Report

Missouri Medicine

The Journal of the Missouri State Medical Association - Since 1904

Volume 120 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 (Dermatology, Whole Person Healthcare, Post COVID Pandemic Perspective, Psychiatry, Molecular Medicine), and one issue presenting an informative variety of scientific topics and micro-series. It contained 468 pages and 41 scientific articles. This included one First Literature Report.

Additional Perspectives included continued coverage of poisoned pills, fentanyl, and physician liability for failure to stock naloxone; Missouri requirements regarding APRNs; advertising in the digital age; artificial intelligence; and continuing post-COVID issues. *Missouri Medicine* launched a new series of Perspectives: Inspiring Lives & Careers, highlighting physicians around the state and how they are an inspiration to others. The Journal featured a two-part series on the History of Medical Illustration. These articles are being linked to the website of the National Association of Medical Illustrators.
In 2023, *Missouri Medicine* received a record number of unsolicited manuscripts. About one in five was accepted for publication. The Journal has an international footprint and manuscripts were submitted from several foreign countries. Our theme issues are fully subscribed through September/October 2025. Theme issues have regular contributions from faculty at the four allopathic and two osteopathic medical schools in Missouri on 8 campuses.

We would like to thank these highly qualified physicians for doing invited peer-review: Douglas W. Scharre, MD; Brandon D. Barthel, MD; Albert Hsu, MD; Fernanda Bellolio, MD; Jesse Pines, MD; Stephen C. Kosa, MD; Anand Chockalingam, MD; David Ingram, MD; Carri Mintz, MD; Blake Cooper, MD; Sandeep Gautam, MD; Munish Goyal, MD; Albert David, MD, PhD; Kumar Rao, MD; Catherine E. Hagan, PhD, DVM; Sean Gratton, MD; Carrie Beth Robertson, MD; and Tyler Chamberlain, PharmD.

Here are the changes in our 2024 editorial board: Amanda M. Kingston, MD, is the new Editorial Board member for Psychiatry. She replaces Jessica A. Gold, MD, who relocated out of state. Stephen T. Keithahn, MD, will move into the vacated position in Physician Wellness and Joanne Loethen, MD, will move into the Internal Medicine/Pediatrics slot. Erik M. Grossmann, MD, is the new Editorial Board member for Colon and Rectal Surgery; he replaces Jose M. Dominguez, MD, who is retiring after nearly a decade in this position. Sherry X. Zhou, MD, PhD, is the new Editorial Board member for Endocrinology. Dr. Zhou replaces Howard M. Rosen, MD, who represented Endocrinology on the board for nearly 15 years and is retiring. Jeffrey F. Scherrer, MA, PhD, an MSMA Affiliate member, is the new Editorial Board member for Statistics and Methodology. He replaces Christopher R. Carpenter, MD, MSc, who moved to the Mayo Clinic. Douglas M. Burgess, MD, is the new Editorial Board member for Toxicology and Addiction Medicine. He replaces Evan S. Schwarz, MD, who coordinated several theme series on addiction medicine and emergency medicine. Dr. Schwarz has joined a medical school in California. Scott W. Kujath, MD, FACS, FSVS, is the new Editorial Board member for Vascular Surgery. He replaces Jonathan M. T. Bath, MD. Kent K. Huston, MD, is the new Editorial Board member for Rheumatology. Dr. Huston replaces Anne Winkler, MD, who is retiring after 15 years in this position.

Our Journal has changed its disclosure statement to include the use of Artificial Intelligence in scientific studies and in manuscript preparation. This follows the lead of most major world medical journals. We will use the JAMA guidelines.

The most significant change in 2023 was a directive from MSMA to reduce our maximum page count by about 10% and in the May/June issue, our largest which reports the proceedings of the MSMA Annual Meeting, to not publish non-theme scientific. These changes were necessitated by the unprecedented inflation in this nation. This has lengthened our publication queue, raised our already high standards for peer-review and necessitated stopping the offer of a Dean's Report for the medical school doing the theme issue. Without these changes the cost of production and postage would be untenable.

Missouri Medicine remains one of the country's foremost state medical journals. Thanks go to MSMA for 120 years of supporting its journal, Walsworth Publishing Company for 100 years of printing and digital production, our highly qualified and experienced Contributing Editors, our specialty board experts, and the chairs and coordinators at Missouri's six outstanding medical schools on eight campuses.

The Committee on Publication 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 Committee on Publication 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, FAOO, Editor & Chair MSMA Committee on Publication since 2000

Items Referred to Reference Committee
9:30 a.m., Saturday, April 6, 2024

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 Bylaws Change - Committees
#2 Bylaws Change – AMA Delegation
#3 Bylaws Change – Retired Membership Status
#4 Cannabis Marketing Guardrails
#5 Waiver of Due Process Clauses
#6 Co-Sponsoring of Resolutions
#7 Unmatched Graduating Physicians
#8 Continued Ozempic Research
#9 Treatment of Family Members
#10 Cybersecurity Legislation
#11 Protecting the Practice of Medicine from Third Party Interference
#12 Diabetes Telehealth Initiatives
#13 Surgical Smoke
#14 Doula Care Coverage and Reimbursement
#15 Supporting Physician Candidates for Public Office
#16 Emergency Medical Services Vehicles
#17 Promoting Sustainable Practices in Operating Rooms
#18 Endometriosis Disparities and Research
#19 Promoting Physician Wellness
#20 Medical Student Clinical Education
#21 Physician Licensure Question
#22 Medicare Reimbursement for Telemedicine
#23 Opioid Use Disorders During Pregnancy
#24 Opposing “Personhood” Rights for Embryos

Missouri State Medical Foundation Report

The Missouri State Medical 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 now funds Missouri State Medical Association scholarships, which have been awarded over the past 17 years.

In 2023, the Foundation awarded $5,000 MSMA scholarships to ten Missouri medical students at each of the six medical schools. This totals $300,000 in scholarships, benefiting 60 Missouri medical school students. The Foundation has provided a cumulative scholarship total of $2.17 million awarded to Missouri natives who are attending a medical school in Missouri.

The Foundation also matches 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 more than $8,000 in 2023.

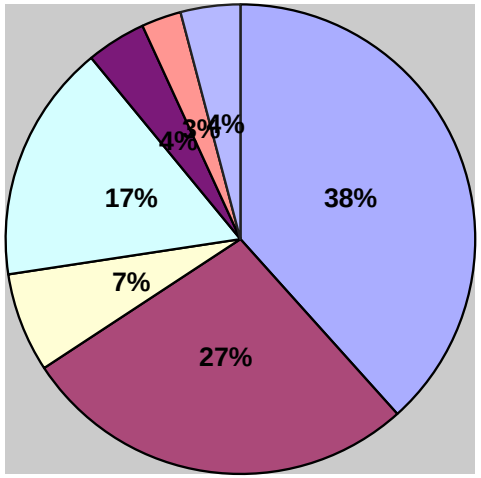
Missouri State Medical Association
Physicians Health Foundation
Year End **2023**

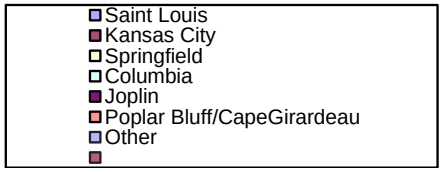
January 1, 2023 to December 31, 2023

Physicians Health Program Statistics
Year End 2023

Current Geographic Distribution

Saint Louis	28
Kansas City	20
Springfield	5
Columbia	12
Joplin	3
Poplar Bluff/CapeGirardeau	2
Other	3
Total	**73**





2023 Participants

2023 New Participants	23
Participants Released	
Successful Completion	18
Administrative Release	7
Deceased	0
TYPE OF CONTRACT	
Recovery	61
Mental Health	10
Mental Health/Recovery	2
Referrals for this quarter	12
Total for year	40
Potential participants in treatment or in process of agreement with MPHP	3

Specialties
(current participants)

Anesthesiology	7
Cardiology	3
Cardiothoracic Surgery	1
Dermatologist	0
Emergency Medicine	4
Family Practice	9
Hospitalist	2
Internal Medicine	10
Medical Students	5
Orthopedics	4
Neurosurgery/Neurology	1
OB/GYN	3
Oncology	4
Optometry with MD	0
Otolaryngology/Otology	0
Pathology	0
Pediatrics/neonatal/oncol	4
Pathology	1
Pain management	0
Psychiatry	1
Pulmonary Critical Care	1
Radiology	2
Residents	4
Rheumatology	0
Surgery	6
Urology	1
Total	**73**

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 2023 – December 31, 2023

	Annual Budget	YTD 2023
Contributions	$349,000	$295,106.3
Participant Fees	$217,000	$156,677.5
Total Revenue	$566,000	$451,783.8

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 2023.

State Legislative Activities

Your MSMA lobbyist team enjoyed a very good year in the state Capitol in 2023. 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's four lobbyists and two consultants are involved in more legislative healthcare issues than any other organization in the state; everything from scope of practice to tobacco, and tort reform to licensure. 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*, 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 Cape Girardeau to Washington, and from St. Joseph to St. Charles, 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 addition to its regular duties, your MSMA staff also provides top-rate administrative services for other medical societies, and serves on or maintains liaisons with a large number of external governmental and private-sector committees, task forces, boards and commissions. In 2024, MSMA is providing administrative services to the Missouri State Orthopedic Association, the Missouri Society of Gastroenterology, and the St. Louis Metropolitan Medical Society.

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. Three 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. You can also make donations to MMPAC and MSMF.

Missouri Medicine, MSMA's outstanding award-winning scientific journal, is free to you with your membership. It is published in digital format as well as the traditional paper copy. The journal's scientific content is accessible in the renowned PubMed database. You can find current and archived electronic editions on our website.

Progress Notes, our quarterly newsletter (free to members), is chock-full of timely news items, tips, and information. An electronic version, e-Progress Notes, is 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 16 entities to offer CME, many of which participate in joint providership across the state. Yet another membership benefit. MSMA has partnered with MAOPS to offer live CME through the VOC. The VOC is held live during President's Day weekend, but enduring materials can be accessed through the spring. Enrollment fees for the VOC benefit MSMA.

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.

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 2023, 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 can 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 73 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. In 2024, MPHP will begin assisting other health professionals as well.

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 $100,000 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. In 2024, the Agency entered a co-marketing agreement with Wallstreet/Acrisure to expand its insurance products and services portfolio. This agreement provides some financial support for MSMA. Please contact rstaggs@wallstreetins.com 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 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 aspects of CME programming. **Rachel Bauer**, your Director of Government Relations, spends her springs in the Capitol advocating for your best interests. She also manages two sections and the MSMA Legislative Committee. 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 Women Physicians Section. **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. **Jacob Scott** is the Director of Legislative Affairs and manages the International Medical Graduate section. He is an advocate for you in the Capitol and a well-regarded healthcare policy guru. **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

Report of Secretary

The Missouri State Medical Association had 4,562 members at the end of the 2023 dues year (August 31, 2023). This was a net gain of 463 members from our membership of 4,099 as of August 31, 2022. Following is a breakdown according to classification.

Year	Students	Residents	Active	Honor	Total
2022	1,578	387	1,859	275	4,099
2023	1,776	762	1,744	280	4,562

The number of member deaths reported during 2023 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 James A. DiRenna, Jr., DO, Kansas City; Jeff Copeland, MD, St. Peters; and Alexander Hover, MD, Ozark.

Speaker and Vice Speaker to fill the expired terms of Timothy Swearengin, DO, Springfield; and Laurin Council, MD, St. Louis.

Two Delegates and Five Alternate Delegates to the AMA to fill the vacancies created by the expiration at the conclusion of the 2024 Annual Convention of the terms of Delegates: Edmond Cabbabe, MD, St. Louis; and Joseph Corrado, MD, Mexico; and Alternate Delegates: Peggy Barjenbruch, MD, Mexico; George Hruza, MD, Chesterfield; Ravi Johar, MD, Chesterfield, Joanne Loethen, MD, Kansas City; and Charlie Adams, Kansas City University (one-year term). The new two-year terms will begin at the conclusion of the 2024 MSMA Annual Convention and end at the conclusion of the 2026 MSMA Annual Convention.

The terms of the following Councilors will expire in 2024: 3rd District – Inderjit Singh, MD, St. Louis; Christopher Swingle, DO, St. Louis; 5th District – Lisa Thomas, MD, Lake Ozark; Amy Zguta, MD, Columbia; 6th District – Lirong Zhu, MD, Clayton; 7th District – Fariha Shafi, MD, Overland Park, KS; Joanne Loethen, MD, Kansas City; Organized Medical Staff Section – Amy Patel, MD, Kansas City; International Medical Graduate Section – Louis DelCampo, MD, Springfield; Resident and Fellow Section – Rachana Raghupathy, MD, St. Louis; Medical Student Section – Jay Devineni, University of Missouri-Columbia.

The terms of the following Vice Councilors will expire in 2024: 3rd District – Ramona Behshad, MD, St. Louis; 5th District – Jennifer Powell, MD, Osage Beach; 6th District – Nathaniel Barbe, DO, Mountain Grove; 7th District – Sarah Florio, MD, Lee's Summit; Organized Medical Staff Section – Albert Hsu, MD, Columbia; International Medical Graduate Section – Raghuveer Kura, MD, Poplar Bluff; Resident and Fellow Section – Julia Dmowska, MD, Columbia; Medical Student Section – Lacey Raper, 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 6, at 8:30 a.m., and its second session on Sunday, April 7, at 8:15 a.m.

Registration will take place online at https://www.msma.org/event-5263036, and in-person at the Annual Convention from 3:00-6:00 p.m. on Friday, April 5, and 6:30 a.m.-5:00 p.m. on Saturday, April 6.

Ellen Nichols, MD

Report of Treasurer

The preliminary audited financial statement may be available by the time of the Convention. The financial statement will be published in the May/June 2024 issue of *Missouri Medicine*.

Elie Azrak, MD

2023-2024 Council Meeting Highlights

Meeting of April 2, 2024 – Westin Kansas City at Crown Center

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

Meeting of July 16, 2023 – Courtyard by Marriott, Jefferson City, Missouri

For the first time in over a decade, MSMA will be increasing its dues for active members for the 2024 membership year. At its July meeting in Jefferson City, the MSMA Council approved the increase of $51 dollars per member for an annum total of $450.

In the past 22 years, active dues have increased by only $20. That represents an increase of 6%. During that same time, cumulative inflation rose 63%. The Council concluded an adjustment was needed to account for increases in expenses over that time. Even with the increase, MSMA remains $40 below the average state medical society dues. The move takes MSMA from having the 48th least expensive dues among the state societies to the 40th least expensive. No changes were made to the retired, resident/fellow, or medical student categories.

In other membership news, MSMA announced a new texting service available through our member management software will allow members to sign up for text alerts. See related article in this newsletter on how to opt-in for the alerts.

Lancer Gates, DO, MSMA President, asked that everyone utilize the many services and benefits offered by MSMA: discounted DEA MATE training, the Physician Wellness Seminar at the Lake of the Ozarks in October, and Physician Advocacy Day on March 5, 2024, to name a few. He challenged everyone to help recruit new members by promoting the Summer Special; MSMA has already surpassed the membership number for 2022. MSMA also has wallet/business-sized cards with a QR code to join MSMA. Members can request the business cards to hand out to nonmembers by emailing communications@msma.org. MSMA staff are also attending student organization fairs at the medical schools to sign up new members.

MSMA is pursuing several avenues for non-dues revenue including securing sponsors for the 2024 Annual Convention and for *eProgress Notes*. A Physician Wellness Conference will be held in October in collaboration with MAOPS and the Missouri Academy of Family Physicians. The Virtual Osteopathic Conference will be offered again next year, also held in conjunction with MAOPS. MATE training, discounted for MSMA members, is another non-dues revenue stream. Our member management software offers a Job Board feature, so please consider utilizing this if you are looking for a job or looking to hire a new employee.

Advocacy

Dr. Gates reported that he and MSMA EVP Jeff Howell met with Heidi Miller, MD, the new Chief Medical Officer of the State of Missouri and discussed graduate medical education and Missouri's funding of GME positions. They also discussed the recent change in hospital physician re-credentialing from two years to three years, and asked Dr. Miller if BNDD licensing could likewise be changed to every three years; it is currently required each year.

The Legislative Committee reviewed Resolutions 8, 12 and 14 from the 2023 Annual Convention and made recommendations, motions and duly seconded:
Resolution 8 – Firearms Safety and Violence Prevention was referred to the Committee on Public Health;
Resolution 14 – Support for Interstate Medical Licensure Compact was approved;
Resolution 12 – Pelvic Exams for Anesthetized Patients – due to law having been passed in Missouri, this resolution was not adopted.

MSMA has hired two new lobbyists, Rachel Bauer and Jacob Scott, who bring a combined 30 years of experience. He encouraged everyone to use the *Legislative Review* as a recruitment tool and reported that the lobbyists will be traveling throughout the state to visit physicians in their home districts. You can find the *Legislative Review* online at msma.org/advocacy, MMPAC is hosting several fundraisers this summer and Dr. Gates encouraged members to attend any of three campaign fundraisers for Tony Luetkemeyer that are being held throughout the state.

Registration is now open for Physician Advocacy Day, March 5, 2024, in Jefferson City. MSMA is once again teaming up with MAOPS to host this event.

Education
The Committee discussed the 2024 Annual Convention, which will be held April 5-7 at the Renaissance St. Louis Airport Hotel. Future conventions dates are: 2025 - University Plaza Hotel in Springfield; 2026 - St. Louis, and 2027 in Kansas City.

Topics for the 2024 Annual Convention include artificial intelligence in healthcare, DEA-MATE training, healthcare trends post-pandemic including telehealth, shortages of health care workers, and clinic closures, and weight loss management, treatment of diabetes, and medications.

The Commission approved Esse Health's progress report and accepted the expired accreditation term of Lake Regional Health System. MSMA currently accredits 18 providers.

Medical Economics
The Commission on Medical Economics, Third Party Medicine, and Government Relations recommended that Council adopt the following substitute for Resolution #11 – Waiver of Network Considerations in Emergencies:
RESOLVED, that the American Medical Association work with hospitals and insurers to waive network considerations for patients who are transferred to an out-of-network facility during a state of emergency declared by either the federal or a state government; and be it further,
RESOLVED, that this resolution be submitted to the American Medical Association House of Delegates.

AMA Report
The report of the AMA Delegation is published in the July/August *Missouri Medicine*. It highlighted the 2024 Annual Meeting and its many topics of discussion. Several physicians from Missouri serve in leadership roles. David Barbe, MD, is Past President of the AMA and the World Medical Association. Edmond Cabbabe, MD, serves as Chair of the Council for Long Range Planning and Development. Elie Azrak, MD, serves on the Board of AMPAC, the AMA Political Action Committee. Jerry Kennett, MD, Jerry Kennett, MD, serves on the Board of the AMA Foundation. Deepu Sudhakaran, MD, is on the Governing Council of the International Medical Graduate Section. Marc Mendelsohn, MD, was elected to the Council on Science and Public Health. Charles Van Way, III, MD, was elected Secretary of OSMAP.

Physicians Health Program
The Missouri Physicians Health Program reported that has a total of 69 participants going through recovery or mental health/recovery. The MPHP is available to all Missouri physicians, physicians-in-training, and medical students and all communications are kept strictly confidential. If you struggle with substance abuse, mental health complications, or any other difficulties, or you know someone in the medical field who does, please contact us at 800-958-7124 or visit www.themphp.org.

Alliance
Sana Saleh, Alliance President and Donna Corrado, President Elect, ceremonially presented a check to the Missouri State Medical Foundation for $8,850, representing funds raised by the Alliance in the past year. This was an increase of $780 over the previous year's fundraising.

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

Districts and Sections Report (selected)
Districts 1 & 2
Chakshu Gupta, MD, (District 1) and Hossein Behniaye, MD, (District 2) both reported that the Buchanan County and Hannibal areas, respectively, are encouraging younger members to join, and the societies are offering medical scholarships.

District 3
Inderjit Singh, MD, announced that the St. Louis Metropolitan Medical Society SLMMS is offering two educational opportunities in September: September 12, Kanika Cunningham, MD, Director of the St. Louis County Department of Public Health, and Mati Davis, MD, Director of Health for the City of St. Louis, will present an update on "Public Health Needs in the St. Louis Region." On September 27, MSMA staff will present a virtual Legislative Update via Zoom.

District 6
Dorothy Munch, DO, reported that Cape Girardeau met with good attendance from students and residents. She reported that Mercy is buying Southeast Hospital in Cape Girardeau.

District 7
Joanne Loethen, MD, reported the Kansas City Medical Society has a new Executive Director, Micah Flint. KCMS is hosting a networking and learn event on how physicians can engage in advocacy on October 26. Fariha Shafi, MD, reported that the KCMS Wellness and Prevention Committee is partnering with the Foundation on a project focusing on opioid prevention and education in schools. This will include public service announcements about fentanyl poisoning and how to administer Narcan.

District 8
David Kuhlmann, MD, reported that the Sedalia area is now combined with the Springfield area in District 8. Dr. Biggers reported that the Greene County Medical Society has been having social activities, including an upcoming trip to Breckenridge that will include CME.

Organized Medical Staff Section
Albert Hsu, MD, offered the report. Dr. Gates and Amy Patel, MD, (OMSS Councilor) have been researching CMS reappointment practices. Following CMS' move to a three-year reappointment cycle in November 2022, Dr. Patel considers this an opportune time for Missouri to move from its current 2-year recredentialing to 3-year recredentialing.

International Medical Graduate Section
Chakshu Gupta, MD, reported that they had met and discussed the Conrad-30 visa waiver program for international medical school graduates. There are 20-30 positions per state that IMGs are eligible for and there is talk of increasing the number of positions, especially in underserved areas.

Women Physicians Section
Adriana Canas-Polesel, MD, reported that the WPS is working on recruiting and networking with more women members. They are considering in-person meet-ups in key areas, and possibly opening those events up to women physicians who are not currently members to help with MSMA membership.

Medical Student Section
Jay Devineni, University of Missouri-Columbia, stated that this is the season for student fairs and they appreciate having Jeff Howell and the lobbyists attend those events to help with recruitment. Free student dues make it very easy to sign students up for membership. They are promoting the MSMA advocacy workshop and are also planning their own internal workshop to help students understand the resolution process. Goals of the workshop include making sure that resolutions are well-researched and do not overlap with current MSMA policy. They are also planning to offer education to students on the legislative process at the Capitol.

Meeting of October 15, 2023 – Courtyard by Marriott, Jefferson City, Missouri
During its October Council Meeting on October 15 in Jefferson City, leadership previewed the upcoming legislative session, discussed membership, and future events.

Lancer Gates, DO, MSMA President, continues hosting Fireside Chats this Autumn, which have included speakers from the Board of Healing Arts, the Missouri Prescription Drug Monitoring Database, and Show-Me Health Information Network. He attended a meeting at North Kansas City Hospital with Missouri Physicians Health Program in response to recent physician suicides. His recent article in *Missouri Medicine*, "MSMA – Your Oxygen Mask," addressed the issue of physician burnout. Other visits and meetings included attending the Physician Wellness Seminar, a networking event hosted by the Kansas City Medical Society.

Dr. Gates reminded the group that MSMA is offering MATE training to satisfy the requirements for DEA licensure, as well as CME provided through the VOC program which is being offered in collaboration with the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS). He also reported that the Executive Committee discussed ways to involve MSMA's retired physicians more in the organization. The Organized Medical Staff Section discussed the benefits of Safe Haven, a group that ensures physicians can seek support for burnout, career fatigue, and mental health reasons without the fear of undue repercussions to their medical license.

Advocacy
MSMA lobbyists have been traveling throughout the state to visit legislators in their home districts. The Doctor of the Day program will be reinstated at the Capitol beginning in January. Physicians can sign up at msma.org/DoctorDay. This program will offer volunteers the opportunity to visit with legislators in an advocacy capacity, without the medical service aspect of the former program. Physician Advocacy Day will be held on March 5, 2024. MSMA will form a committee with members of MAOPS to discuss strategic partnerships, with an emphasis on advocacy.

Jeff Howell, MSMA EVP, thanked everyone who attended the MMPAC fundraiser dinner for Senator Karla Eslinger. Ravi Johar, MD, reported that the Legislative Committee discussed upcoming strategies and issues and heard a presentation on the results of the 2024 legislative survey.

The Committee discussed two resolutions that were referred out of the House of Delegates. The first, Resolution 8 – Firearms Safety was adopted by the Council.
RESOLVED, that our Missouri State Medical Association support legislation for a universal background check requirement to purchase firearms and support firearms safety education.
The second, after much discussion, Resolution 2 - Access to Puberty-Suppressing Hormone Blockers for Transgender and Gender Diverse Youth, was not adopted.

Annual Convention
Preliminary topics for the 2024 Annual Convention include artificial intelligence, medical/legal issues, weight loss management (medical or surgery), and mental health issues/crisis. Registration is open at msma.org/Convention. MSMA staff has secured sponsorships for several Convention programs and physicians are encouraged to reach out to bstennis@msma.org with any information on potential sponsors. The site for the 2026 and 2028 Conventions is the DoubleTree Chesterfield. A Committee on Governance, which was called for at the 2023 House of Delegates, will convene in late November to explore ways to modernize MSMA's governance structure, streamlining the sections, committees, and the House of Delegates to increase member engagement in MSMA.

Education
MSMA's Commission on Continuing Education reported that Capital Region Medical Center was granted full accreditation for four years. Commission members reviewed the progress report for St. Francis Medical Center and approved it with an addendum of Criterion 11. Boone Hospital has relinquished its accreditation as of August 2023. MSMA now accredits 17 providers.

Physicians Health Program
The Missouri Physicians Health Program reported that it currently is helping 69 physicians in 26 different medical specialties in recovery and mental health. MPHP runs entirely on contributions. If you would like to support the program, visit www.themphp.org/donate.

Reports of Councilors (Selected)
District 1
Chakshu Gupta, MD, reported that the Buchanan County Medical Society has been meeting monthly with lectures on medical topics and has continued medical scholarships. BCMS has provided its Alliance with a donation to support anti-bullying activities for school children. Dr. Gupta informed the group of a text resource for physicians who are experiencing burnout and need help: Text "SCRUBS" to 741741.

District 2
Hossein Behniaye, MD, reported that District 2 continues with its scholarship program. He announced that Hannibal will be offering internal medicine residencies. Long time MSMA Michael Bukstein, MD, has retired and was honored recently.

District 3
Inderjit Singh, MD, thanked Dr. Gates, Rachel Bauer, and Jacob Scott for joining the St. Louis Metropolitan Medical Society's annual Legislative Update in September. SLMMS hosted a virtual Public Health Forum the Director of the St. Louis County Health Department and the Director of Health for the City of St. Louis.

District 5
Amy Zguta, MD, reported that Audrain County will be re-opening its hospital in December. Boone Hospital has a new CEO, who will start in November. MU has formed a new strategic relationship with Northeast Medical Center in Kirksville and Moberly. Boone County Medical Society held a roundtable legislative presentation in October. Lisa Thomas, MD, added her appreciation for being included in the BCMS roundtable.

District 7
Betty Drees, MD, reported that the Wellness Committee continues to work on the opioid crisis, partnering with an organized student group associated with the Northland on educational materials on fentanyl and Narcan use. There has been state funding to break ground on a new psychiatric facility in Kansas City to address mental health needs.

District 8
David Kuhlmann, MD, reported that District 8 had joined an accountable care organization and has received its first shared savings this year from Medicare. Dr. Biggers reported that Greene County Medical Society has been very active with CME activity and discussions on medical school expansion. Cox Hospital has increased physician leadership.

Women Physicians Section
Adriana Canas-Polesel, MD, reported the Section has met and is working on a newsletter. A survey will identify topics that members would like to see the WPS address, and everyone is encouraged to join in the virtual meeting later this month.

Resident and Fellow Section
Rachana Raghupathy, MD, reported that the RFS has been working on recruitment of members, as well as retention and engagement. Leadership members have been designated to spearhead various endeavors, including newsletters. They are also coordinating with the Medical Student Section to have an in-person mixer for networking.

Medical Student Section
Jay Devineni, University of Missouri-Columbia, reported the section is planning a combination resolution-writing/advocacy direct testimony workshop next year to encourage strong, robust resolutions. They are also pairing students with physicians for the vetting of resolutions.

AMA Report
Elie Azrak, MD, reported that the AMA Delegation is preparing to attend the Interim Meeting in Maryland this month. Charles Van Way, MD, will compile and edit the report of the AMA's proceedings for our members. Dr. Azrak, who also serves on the AMA Political Action Committee, commended the quality of MSMA's Advocacy Workshop and emphasized the importance of financial support for political action. He encouraged everyone to contribute to the Missouri Medical PAC. The AMA PAC supports federal congressional campaigns of physician-friendly members of Congress. He called on current AMA members to support the PAC and encouraged non-members to join.

Edmond Cabbabe, MD, outlined the representation and positions held by members of Missouri's Delegation to the AMA. He reported that he has presented a resolution twice to have the AMA Board study the Assistant Physician issue and guide us toward a solution, but the proposition was not adopted. He shared his concerns about the effects of legislation being considered in other states that would allow international medical graduates to work with a licensed physician for two years as an alternative to residency. Missouri law currently limits the number of years an assistant physician can collaborate with a licensed physician, and this could result in assistant physicians moving to other states where they can obtain full licensure without residency.

Alliance
MSMA Alliance President Sana Saleh offered highlights from summer and fall events and announced that the Alliance would be celebrating its 100th anniversary in April 2024. The MSMA Alliance continues to support Cape Girardeau in its efforts to re-establish its area Alliance. The Executive Board voted unanimously to rename an annual award from the "Jean E. Duensing Literary Award" to the "Lizabeth Starnes Fleenor Literary Award" to honor Mrs. Lizabeth Fleenor who has been the MSMA Director of Communications for 30 years and also the MSMA Alliance Liaison for 24 years.

Meeting January 27, 2024 – Via Videoconference
MSMA President Lancer Gates, DO, has been representing organized medicine around the state, at activities that include the October 2023 Physician Wellness Seminar hosted jointly by MSMA, MAOPS and MAFP. He attended an October Kansas City Medical Society networking event and the KCMS Annual Meeting in November. He participated in the MSMA/MAOPS Collaboration Task Force in November and again in January. He met with Jefferson City physicians at the Cole County Social in November. In December, Dr. Gates attended the meetings of the St. Charles-Lincoln County Medical Society and the Buchanan County Medical Society; he also participated in the MSMA/MAOPS Legislative Summit via Zoom.

Fireside Chats continue as February will feature Heidi Miller, MD, the Missouri Department of Health and Senior Services Director, and March will feature MAOPS President Victoria Damba, DO. They will take questions and have discussion about the collaborative task force, and everyone is welcome to attend. Also in February, Kansas City Medical Society and MSMA will combine to host a collegiality event for physicians to field questions about local hospital mergers (St. Luke's-Kansas City merging with BJC-St. Louis, and Liberty Hospital merging with University of Kansas Hospital system), as well as discuss legislative issues being addressed in Jefferson City.

Advocacy
Ravi Johar, MD, reported the many advocacy opportunities for members including Physician of the Day, Physician Advocacy Day, and testifying at committee hearings as legislation arises. These testimonies will be needed on Tuesdays and Thursdays. Physician response is critical when committee hearings occur.

The Doctor of the Day program is back in place, and volunteers are needed on Tuesdays and Wednesdays. Physician Advocacy Day is scheduled for March 5. After guest speaker Lt. Governor Mike Kehoe makes opening remarks, physicians will proceed to the Capitol and be recognized in the House of Representatives.

MSMA along with MAOPS and MAFP will host a Zoom meeting on, February 4 to discuss collaborative practice – where we are, what physicians need to know, and how these statutory changes will affect what collaborative practice looks like.

The Committee discussed several of the legislative bills currently being considered. Scope-of-practice bills were discussed, notably optometry, CRNAs and APRNs. A bill on adaptive questionnaires has resurfaced and is being opposed. MSMA is supporting bills for truth-in-advertising and prior authorization. MSMA remains constant in its lobbying efforts with the executive branch and will be weighing in on the rule-making that follows the legislative process. The Board of Healing Arts recently voted to rescind the 75-mile proximity rule for collaborative practice, although the concept of geographic proximity is still a requirement.

David Barbe, MD, offered the Committee a federal update and discussed the new CMS rules regarding prior authorization. The Committee recommended that Senator Tony Luetkemeyer receive the MSMA Legislator of the Year award at Physician Advocacy Day.

Committee on Publication
Forty-eight physicians representing 44 medical specialties and four MSMA medical sections and nine physicians representing the Committee on Publication were approved to the 2024 Missouri Medicine Editorial Board.
John Hagan, III, MD, thanked the Council which approved the recommendations.

Education
The MSMA's 2024 Annual Convention will be held at the Renaissance St. Louis Airport Hotel, April 5-7, 2024. The General Sessions include: Injections vs. Scalpels or Continuum of Care? Updates in Obesity Treatment; Managing Mental Health Disorders; Artificial Intelligence; and Physician Employment Issues.

As of January 1, 2024, the MSMA will have sixteen accredited providers. MSMA accredited providers received the Annual Report/Annual Maintenance Fee notification letter the first week of October and MSMA staff worked with the ACCME who directly invoiced and collected their Annual Maintenance fee (based on its tiered fee structure) from MSMA accredited providers.

The Commission began hosting virtual accreditation interviews in 2023. Commission members reviewed the evaluation summary of the virtual accreditation interviews for 2023. The reviews were favorable for the virtual format and surveyors were commended for being familiar with the accreditation materials and displaying professionalism.

The ACCME SMS Meeting was held November 30-December 1, 2023, in Chicago, IL. MSMA staff and Douglas Wallace, DO, attended the meeting. Attendees participated in professional development activities, discussed enhancing provider support and education, received updates regarding maintaining provider data in PARS, and reviewed data as it related to equivalency in decision-making and compliance with the markers of equivalency. MSMA encourages members to take advantage of upcoming CME offerings: the VOC and the MATE training. MSMA receives a royalty payment for everyone that signs up.

AMA Report
The MSMA Delegation to the American Medical Association participated in the AMA's Interim Meeting in November. The summary of the meeting can be found in the November/December *Missouri Medicine*.

MSMA Insurance Agency
The MSMA Insurance Agency has now merged with Acrisure and Wallstreet Insurance and can offer a much wider range of products and services to help MSMA members. Complete integration of the old Insurance Agency database and policies over to Wallstreet should be completed soon. Ronnie Staggs is still available to discuss your needs and will now have a much bigger portfolio of products.

Alliance
Sana Saleh, MSMA Alliance President, reported that preparations are underway for Match Day on March 15 at both KCU campuses in Kansas City and Joplin and at Saint Louis University. University of Missouri-Columbia will hold its Match Day party later this summer. The MSMA Alliance, in conjunction with physicians in Cape Girardeau and Quad County will host a SEMO Social on March 22 with the goal of increasing membership in both the society and its Alliance.

The MSMA Annual Meeting will feature a celebration of the Alliance's Centennial (1924-2024). Mrs. Saleh thanked everyone for welcoming her during her presidency and for the help she received from the MSMA staff.

Reports of Councilors (selected)

District 1
Chakshu Gupta, MD, reported that the Buchanan County Medical held an annual meeting in December that included spouses and the Alliance, and was attended by Dr. Gates, Mrs. Saleh, and Jacob Scott. Monthly meetings will begin in March, with a focus on medical affairs and medical education.

District 2
Hossein Behniaye, MD, reported that Hannibal Regional Hospital now has an electrocardiology program, in addition to the established open-heart surgery, thoracic, and bariatric surgery programs. The local society is trying to get more members after a significant decrease in members due to retirement and trying to revitalize the in-person meetings.

District 3
The St. Louis Metropolitan Medical Society's Annual Meeting and officer installation dinner will be on February 3., at the Living World at the Saint Louis Zoo, and Kirsten Dunn, MD, will be installed as the 2024 SLMMS president. Ravi Johar, MD, will receive the Schlueter Leadership Award. The SLMMS Award of Merit will be presented to Daniel Holt, MD, of Saint Louis University School of Medicine. Also

recognized will be David Nowak, who is retiring after eleven years of service as SLMMS executive vice president.

The SLMMS has entered into a three-year association management agreement with MSMA, who will provide executive oversight and operations management, with Patrick Mills (former MSMA Executive Vice President) to serve as Executive Director. The SLMMS office in St. Louis will remain open, staffed by business manager Chris Sorth.

District 4
Kevin Weikart, MD, reported that the St. Charles-Lincoln County Medical Society will meet on January 30 and prepare resolutions for the MSMA Annual Convention.

District 5
Albert Hsu, MD, reported that the Boone County Medical Society had an excellent legislative roundtable in October, hosted by MSMA and featuring speaker Lisa Thomas, MD.

District 7
Betty Drees, MD, reported that the Kansas City Medical Society has a new president, Greg Unruh, MD, who replaces Carole Freiberger, DO. KCMS and its Foundation have a joint wellness committee which continues working on the opioid crisis, particularly trying to get Narcan into schools. They are also working on physician burn-out, reaching out to regional chief medical officers, and asking them to share what the hospitals and medical staff are doing to address the issue. Dr. Mark Steele, the CMO at University Health of Kansas City, will be one of the first speakers. Amy Patel, MD, shared information on a recent cyber-attack at Liberty Hospital.

District 8
Dr. Biggers reported that Jim Rogers, MD, was recently installed as Greene County Medical Society president. Society is getting re-invigorated, with a summer CME event being planning in Colorado. At Cox, they are in a growth phase with expansion planned and several new physicians coming in.

Young Physician Section
Rachel Kyllo, MD, reported that the YPS is planning a mixer with the WPS at the upcoming Annual Convention with Women Physicians and International Medical Graduate Sections.

Resident and Fellow Section
Rachana Raghupathy, MD, reported that they had an Intro to Advocacy session for trainees in conjunction with some of their recruitment efforts, which was well-received and well-attended. Future events include a financial literacy event, an insurance event, and a coaching and mentoring session.

Medical Student Section
Lacey Raper reported a Zoom workshop on February 13 will take place regarding resolution-writing and testimony.

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 just under 2,600 pieces of legislation, roughly one-third 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.

Adaptive Questionnaires – HB 1532 & SB 851
As introduced, these bills would allow for augmented reality to take the place of a physician-patient relationship by utilizing adaptive questionnaires to diagnose and treat patients without physician involvement in any way. MSMA opposes these bills.

APRN Independent Practice – HB 1773, HB 1875, HB 2217, SB 807 & SB 809
As introduced, these bills would allow APRNs to independently practice medicine in a variety of ways. These bills 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.

Birth Control – HB 1874, HB 2190, SB 821, SB 1128, & SB 1317
These bills would allow for insurance coverage for up to a 12-month supply of self-administered contraceptives with physician approval. MSMA is monitoring these bills.

Cardiac Emergency Response Plan – HB 1991 & SB 1032
These bills would require school districts to establish a cardiac emergency response plan and have automated external defibrillators (AEDs) available on campus. MSMA is in favor of these bills.

Collateral Source Rule – HB 1965
This bill fixes a problem in current law that allows a plaintiff's attorney to utilize costs billed rather than costs paid when determining damages in malpractice cases.

CON Repeal – HB 1087 & SB 1087
These bills would repeal the Certificate of Need program, which advocates claim interferes with the free market.

Copay Accumulator – HB 1628 & SB 844
These bills would allow for the total out-of-pocket cost pain by an enrollee or on behalf of an enrollee in an insurance plan to include the cost of medication when a generic substitute is not available. MSMA is in favor of these bills.

Covenants Not-to-Compete – HB 2754 & SB 1396
This bill would prohibit covenants-not-to-compete in employment contracts between health care professionals and nonprofit facilities. MSMA is in favor of these bills.

CRNAs – HB 1561 & SB 910
This bill would eliminate supervision requirements for certified registered nurse anesthetists and allow them greater access to controlled substances, including the ability to run pain clinics and administer controlled substances without a DEA license. MSMA is opposed to these bills.

Daylight Savings Time – HB 1607, HB 1797, & HB 1625
Inspired by slow movement at the federal level, these bills would establish one standard time for the state to adhere to instead of changing the clock forward and backward one hour, twice a year. MSMA is in favor of these bills.

Dental Compact – HB 2075 & SB 778
These bills establish the Dental and Dental Hygienist Compact Commission and encourage Missouri to participate in the inter-state compact. Furthermore, these bills give the newly created board powers to act on matters of healthcare. MSMA is watching this legislation.

Doula Services – HB 1446 & HB 2632
These bills would allow for insurance reimbursement for certain doula services. MSMA is watching these bills.

Emergency Room Staffing – HB 2548 & SB 1406
Common sense and perception would prevail that a physician would be on staff in an emergency department. Alas, that is not the case. These bills would require emergency departments to be staffed by a physician when the ED is open. MSMA supports these bills.

Naturopath Licensure – HB 2446 & SB 1329
This act establishes the "Naturopathic Physician Practice Act" which provides licensure for naturopathic physicians. The act establishes the Board of Naturopathic Medicine. Furthermore, these bills would allow naturopaths to perform primary care, some office-based surgeries, prescribe controlled substances, and order diagnostic testing. MSMA is opposed to these bills.

Non-Opioid Alternatives – HB 2182 & SB 830
These bills would require the Department of Health and Senior Services to develop an educational pamphlet on non-opioid alternatives for the treatment of acute, subacute, and chronic pain.

Psilocybin (Magic Mushrooms) – HB 1830 & SB 768
These bills would allow individuals to enter into clinical trials of psilocybin. These bills would also require the Department of Health and Senior Services to work with the FDA to perform a study of the psilocybin clinical trials.

Prenatal Testing – HB 1979 & SB 1260
These bills require an additional blood sample to be taken, with the woman's consent, at 28 weeks of pregnancy, and expands the list of diseases for screening to include hepatitis C and HIV. MSMA is in favor of these bills.

Prior Authorizations – HB 1976 & SB 1313
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. This process has become known as Gold Carding. MSMA supports this legislation.

Statute of Limitations – HB 1964 & SB 853
These bills modify the statute of limitations for personal injury claims from five years to two years. MSMA supports these bills.

Surgery Centers – HB 2808
This bill creates a new tiered regulation and licensing scheme for office-based surgery to be overseen by the Department of Health and Senior Services. The bill was brought by the Department as a means test to assess problem areas with the policy as proposed. MSMA is watching this legislation closely.

Telehealth – HB 1421, HB 1873, HB 1907, & SB 931
These bills would add the use of audio-only telehealth visits to the list of telehealth services eligible for reimbursement. These bills keep the establishment of a physician-patient relationship as it is currently required under telehealth services. MSMA supports these bills.

Tobacco 21 – HB 1484 & SB 911
Under these bills, the state's laws shall preempt any local laws, ordinances, orders, rules, or regulations enacted by a county, municipality, or other political subdivision of the state regulating the sale of tobacco products, alternative nicotine products, or vapor products. MSMA is watching theses bills closely as we would like to see the sale of tobacco prohibited to anyone under 21.

Truth in Advertising – HB 2534 & SB 1313
These bills establish provisions relating to fraudulent misrepresentation in advertisements of health care practitioners including the use of proper titles and credentialing on name-tags and in advertisements. MSMA fervently supports these bills.

2023-24 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
**Lancer Gates, DO, Kansas City
**David Pohl, MD, St. Louis
**James DiRenna, Jr., DO, Kansas City

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
Barbara White, DO, Hannibal
**Brian Biggers, MD, Springfield
**Kevin Weikart, MD, Lake St. Louis

** Ex-officio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Missouri State Medical Association
House of Delegates

Resolution # 1
(A-24)

Introduced by: Committee on Constitution and Bylaws

Subject: Bylaws Change - Committees

Referred to:

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

WHEREAS, Chapter VII, Section 1, of the Bylaws lists the standing committees of the association; and,

WHEREAS, the Physicians Health Committee became a self-governing committee in 2020 under the direction of the Physicians Health Foundation Board of Directors; and,

WHEREAS, the Physicians Health Foundation Board of Directors oversees operations and management of the Missouri Physicians Health Program (MPHP); and,

WHEREAS, the members of the Physician Health Foundation Board of Directors will be nominated by the MSMA House of Delegates beginning in 2025; and,

WHEREAS, some of MSMA's current policies are over 30 years old; and,

WHEREAS, MSMA needs mechanisms to review current policies for relevance and redundancy and resolutions to ensure they fit within the association's mission statement; and,

WHEREAS, membership enrollment and participation are extremely important issues related to the association's viability and influence; and,

WHEREAS, MSMA has convened an informal membership committee in the past, but has never had a bylaws-created Membership Committee; and,

WHEREAS, the Past Presidents Committee was enacted by a Bylaws change in 2017 and has never met; and,

WHEREAS, nonprofit organizations should update their bylaws in a timely fashion to ensure compliance with federal and state law and current internal governance practices, and to ensure sound governance policies are in place; and,

WHEREAS, this proposed Bylaws change does not require a change to the MSMA Constitution; therefore, be it,

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

Chapter VII. Committees and Commissions

Section 1. Standing Committees of the Missouri State Medical Association, the Chairs of which shall be appointed by the Association President unless otherwise provided in these Bylaws, will be as follows:

- Executive Committee
- Committee on Constitution and Bylaws
- Committee on Publication
- Committee on Legislative Affairs
- ~~[Physicians Health Committee]~~
- **Policy Review Committee**
- **Membership Committee**
- Conflict of Interest Committee
- ~~[Past Presidents Committee]~~

The Executive Committee shall consist of the Association President, the Immediate Past President, President-Elect, First Vice President, Secretary, Treasurer, Council Chair and Council Vice Chair. The President of the Association shall be Chair of the Executive Committee. The Executive Committee shall plan and execute such work as may be necessary for the welfare of the Association and the conduct of the Executive Vice President's office between meetings of the Council, but shall be responsible at all times to the Council.

The Committee on Constitution and Bylaws shall consist of five members named by the President and shall propose such amendments to the Constitution and Bylaws as are deemed wise and expedient and bring before the House of Delegates such amendments as it or other members of the Association may present for consideration. The President shall appoint one member for one year, two members for two years and two members for three years. As the term of each expires, a successor shall be appointed for a term of three years.

The Committee on Publication shall consist of five members and be appointed annually by the Council and shall be responsible for general publication and distribution policies of the Journal. The editor of the Journal shall be designated by the Council and also shall serve as Chair of the Committee on Publication. The Editor shall be empowered to nominate an Editorial Board, subject to approval by the Council. The members of the Editorial Board will assist the Editor in soliciting, preparing and reviewing material for publication in the Journal.

The Committee on Legislative Affairs shall consist of fifteen members of the Association, appointed annually by the President, and five ex officio members. The ex officio members shall be the Association President, First Vice-President, President-Elect, Council Chair, and Council Vice-Chair. The Committee shall consider legislative proposals affecting health problems of the people of the state and the practice of medicine and shall make recommendations to the Council and the House of Delegates as well as directing staff activities in such matters.

~~[The Physicians Health Committee shall consist of members of the Association appointed by the President for a term of three years. The Physicians Health Committee shall plan and execute programs of professional assistance for members of this Association who may require assistance to continue or return to their professional activities.~~

~~The Committee shall evaluate, maintain, or monitor the quality and utilization of health care services or exercise any combination of such responsibilities of the members in this program.]~~

The Policy Review Committee shall consist of five members of the Association, appointed by the President for a term of three years. For the initial appointments, The President shall appoint one

member for one year, two members for two years and two members for three years. As the term of each expires, a successor shall be appointed for a term of three years. The Policy Review Committee shall meet at least annually to review association policies that have been in place for ten years or longer to ensure MSMA's policies remain relevant. The Committee must review each association policy at least once every ten years. The Committee shall present its policy review recommendations to the membership for approval. The Committee shall also review proposed policy resolutions to ensure resolutions fall within the association's mission, are relevant to MSMA's areas of influence, and avoid redundancy with current policies.

The Membership Committee shall consist of nine members of the Association. Seven active members shall serve a term of three years. One medical student member shall serve a one-year term. One resident physician member shall serve a one-year term. No district shall have more than two active members on the Committee. For the initial appointments, The President shall appoint three members for one year, three members for two years, and three members for three years. As the term of each expires, a successor shall be appointed. The Membership Committee shall meet at least semiannually to review membership data and trends, review and initiate membership programs, and review membership marketing. The Membership Committee shall report to the MSMA Council. The Council Chair shall be an ex-officio member of the Membership Committee.

The Conflict-of-Interest Committee shall consist of five members of the Association, appointed by the President for a term of two years. The Committee shall monitor any reported conflicts of interest and determine appropriate outcomes. The Committee shall make recommendations to Council for the amendment of the Conflict-of-Interest Policy when appropriate to adhere to statutory and regulatory law.

~~[The Committee of Past Presidents shall consist of the MSMA Past Presidents who are members of the Association and who volunteer to serve on the Committee. The Committee shall provide the MSMA Council and House of Delegates with advice on such matters as may be necessary to advance the Association's mission and causes.]~~

Fiscal Note: None

Current Policy:

Missouri State Medical Association
House of Delegates

Resolution # 2
(A-24)

Introduced by: Committee on Constitution and Bylaws

Subject: Bylaws Change - AMA Delegation

Referred to:

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

WHEREAS, Chapter III, Section 11, of the Bylaws gives the MSMA House of Delegates the authority to elect delegates to the American Medical Association; and,

WHEREAS, AMA delegates may only serve a total of eight years on the delegation; and,

WHEREAS, AMA delegates term limitations should be extended if a delegate is serving in a leadership role at the AMA; and,

WHEREAS, MSMA needs a formal process for removing a delegate when required by the AMA; and,

WHEREAS, nonprofit organizations should update their bylaws in a timely fashion to ensure compliance with federal and state law and current internal governance practices, and to ensure sound governance policies are in place; and,

WHEREAS, this proposed Bylaws change does not require a change to the MSMA Constitution; therefore, be it,

RESOLVED, that the MSMA Bylaws, Chapter III, Section 11, be amended as follows:

The House of Delegates shall elect Delegates and Alternate Delegates to the House of Delegates of the American Medical Association in accordance with the Constitution and Bylaws of that body. MSMA members may serve a maximum of eight years as an AMA Delegate; however, **MSMA members who are elected to serve on** ~~[term limits are suspended while serving as a member of]~~ an AMA House of Delegates Council**, the AMA Board of Trustees, or the AMPAC Board of Directors may serve more than eight years until their term on the AMA Council or Board on which they serve has ended**. **If the AMA Bylaws require the number of MSMA delegates and/or alternate delegates to be reduced, the most recently elected delegate and/or alternate delegate who is not a medical student shall withdraw from the delegation.**

Fiscal Note: None

Current Policy:

Missouri State Medical Association
House of Delegates

Resolution # 3
(A-24)

Introduced by: Committee on Constitution and Bylaws

Subject: Bylaws Change - Retired Membership Status

Referred to:

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

WHEREAS, Chapter I, Section 2, of the Bylaws describes the six classes of MSMA membership; and,

WHEREAS, Retired members of MSMA are required to be at least 68 years of age; and,

WHEREAS, the pandemic has led to a number of physicians electing to retire early; and,

WHEREAS, the age-68 policy has inhibited some retired physicians from joining MSMA; and,

WHEREAS, nonprofit organizations should update their bylaws in a timely fashion to ensure compliance with federal and state law and current internal governance practices, and to ensure sound governance policies are in place; and,

WHEREAS, this proposed Bylaws change does not require a change to the MSMA Constitution; therefore, be it,

RESOLVED, that the MSMA Bylaws, Chapter I, Section 2, be amended as follows:

Retired members shall be limited to physicians who have ~~[reached the age of 68 and have~~] retired from the practice of medicine and other healthcare-related employment. Association members must request retired status. Retired members may not serve as officers, councilors, vice-councilors, AMA delegates, or AMA alternate delegates. They shall enjoy all other privileges of active membership.

Fiscal Note: None

Current Policy:

Resolution #3 - Bylaws Change - Retired Membership Status - Introduced by Committee on Constitution and Bylaws

Gary M. Gaddis, MD, PhD - Emergency Medicine - Chillicothe - Representing Self - Disclosures: I am 66 years old and not looking to retire but looking to stay active in MSMA.

The resolution specifies that, "Retired members may not serve as officers, councilors, vice-councilors, AMA delegates, or AMA alternate delegates." I think we should encourage retired members to fulfill these roles. They can keep current on issues of importance to medicine via their still-active colleagues, yet may have more time to devote to these matters than would an actively-practicing doctor. I don't understand the rationale for barring retired physicians from these roles, which an interested retired physician could serve quite capably.

Missouri State Medical Association
House of Delegates

Resolution # 4
(A-24)

Introduced by: Albert L. Hsu, MD

Subject: Cannabis Marketing Guardrails

Referred to:

WHEREAS, the cannabis-legalization movement has swept the country; and

WHEREAS, In many states, "medical cannabis" and "medical marijuana" laws have put physicians in the uncomfortable position of being asked to prescribe cannabis for questionable medical indications; and

WHEREAS, In states where medical cannabis has been legalized, marketing for cannabis for "all your ills" has become excessive; and

WHEREAS, Emerging research in Colorado has shown that "marijuana use during pregnancy, concerns related to marijuana in homes with children, and adolescent use should continue to guide public health education and prevention efforts:

- The percentage of women who use marijuana in pregnancy … is higher among younger women, women with less education, and women with unintended pregnancies. Marijuana exposure in pregnancy is associated with decreased cognitive function and attention problems in childhood;
- Unintentional marijuana consumption among children under age 9 continues a slow upward trend, as do emergency visits due to marijuana. Additionally, an estimated 23,000 homes with children in Colorado have marijuana stored potentially unsafely. Marijuana exposures in children can lead to significant clinical effects that require medical attention;" [1] and

WHEREAS, Inadequate information about the potential dangers/harms of cannabis (especially among vulnerable populations) is available, especially amid the storm of pro-cannabis marketing from that industry; and

WHEREAS, This results in the lay public considering cannabis to be as safe as Tylenol, or carrots; and

WHEREAS, Regulation of supplements continues to be highly flawed; and

WHEREAS, There are a small number of cannabinoid products (such as marinol) which are indeed FDA-approved for specific indications; and

WHEREAS, There appears to be a need for "guardrails" for the marketing of cannabis, especially to protect vulnerable populations; and

WHEREAS, American Medical Association policy H-95.936 "Cannabis Warnings for Pregnant and Breastfeeding Women" states that "our AMA advocates for regulations requiring point-of-sale warnings and product-labeling for cannabis and cannabis-based products regarding the potential dangers of use during pregnancy and breastfeeding wherever these products are sold or distributed;" and

WHEREAS, the American Academy of Pediatrics (AAP)[2-4] states that the child's brain will continue to grow and develop until about age 25, and that:

- Research shows that cannabis use in adolescence and early adulthood can cause:
  - *Difficulty thinking and problem-solving*
  - *Problems with memory and learning*
  - *Poor physical coordination and reaction time*
  - *Difficulty focusing and maintaining attention*
- It can hurt school performance: "kids who regularly use cannabis are much likelier to leave school before graduating or earning degrees"
- It can make life more dangerous: "driving, skateboarding, riding a bike or playing sports while high can lead to serious accidents"
- It can harm your child's lungs: "marijuana use can trigger bronchitis and cause coughing and mucus production that interfere with healthy sleep"
- It has been linked to mental health problems: "cannabis has been associated with depression and anxiety in teens. Cannabis has also been identified for the psychosis that can be an early sign of schizophrenia or bipolar disorder. There is evidence that young people who use cannabis face higher risks for suicidal thinking and actions."
- It can be addictive: "about 9% of all people who use cannabis develop substance use disorder with cannabis – but for those who start in their teens, the rate jumps to 17%. Substance use disorder happens when your child can't stop using, even when they experience negative consequences or even want to quit. More than 55% of kids between 12 to 17 who seek treatment for substance use disorder are addicted to cannabis;" and

WHEREAS, AAP also states that "Public health campaigns should help people of all ages understand why cannabis use is harmful to young bodies, brains and the future health and success of kids who start using it early."

WHEREAS, the American College of Obstetricians and Gynecologists[5] states that

- "you should **avoid marijuana before pregnancy and while breastfeeding**" and
- "**there is no evidence that marijuana helps morning sickness**" and
- "**if you use marijuana during pregnancy, you may be putting your health and your fetus's health at risk**." Possible effects on your fetus:
  - *Disruption of brain development*
  - *Smaller size at birth*
  - *Higher risk of stillbirth*
  - *Higher chance of being born too early*
  - *Behavioral problems in childhood and trouble paying attention in school*

WHEREAS, there is concern about the long-term impacts of using a neuroactive drug like cannabis or marijuana during early fetal brain development in pregnancy; and

WHEREAS, in one study,[6] the female partners of men who use marijuana more than once a week have twice the incidence of miscarriage compared to controls; and

WHEREAS, AMA Council on Science and Public Health (CSAPH) report 6 (I-23)[7] on "Marketing Guardrails for the 'Over-Medicalization' of Cannabis Use" states that

- "Research indicates advertising can normalize substance use and disproportionately targets youth, reflected in studies on alcohol and tobacco industries."
- "The US cannabis industry's rapid growth has seen increasing advertising expenditure, yet knowledge gaps persist in understanding and regulating these practices, particularly on platforms accessible to minors like social media."
- "States' advertising, marketing, packaging restrictions and national public health campaigns aim to safeguard consumers, especially children, and promote safe behaviors."
- "Research on cannabis marketing regulation and enforcement is sparse, especially concerning its efficacy in safeguarding vulnerable groups, notably youth."
- "While federal regulatory agencies oversee the marketing and advertising of hemp (including CBD), the regulation of cannabis and cannabis-derived products varies by state"
- "The challenges in the field of cannabis products are accentuated by the lack of research and guidance on dosing and adverse effects, leading consumers to rely on potentially inaccurate marketing sources like dispensary staff or online sites, emphasizing the need to ensure accurate and consistent information in marketing despite the known harms posed by cannabis"
- "A closer look at the marketing regulatory frameworks established for substances such as alcohol and tobacco could offer valuable insights into marketing and advertising practices for cannabis and its derived products; and

WHEREAS, 13 of 16 states[7,8] have "advertising exclusionary zones" around schools and other child-focused locations, to restrict advertising marijuana or marijuana products between 200-1500 feet of schools, childcare facilities, playgrounds, public parks, libraries, and/or game arcades; and

WHEREAS, 9 of 16 states[7,8] (such as Washington State) restrict adult-use cannabis advertising on public property and/or public transportation (such as public transit shelters, bus stops, transit waiting areas, train stations, airports, and other transit-related areas; and

WHEREAS, 9 of 16 states[7,8] restrict gifts, prizes, and other inducements relating to cannabis sales (and Massachusetts explicitly bans customer loyalty programs; and

WHEREAS, 14 of 16 states[7,8] restrict internet advertising of adult-use cannabis; and

WHEREAS, 9 of 16 states[7,8] restrict event sponsorship by adult-use cannabis companies; and

WHEREAS, 7 of 16 states[7,8] restrict location-based marketing (which uses a mobile device's location to alert the device's owner about an offering from a nearby business); and

WHEREAS, Missouri 19 CSR 100-1.120 "Packaging, Labeling, and Product Design (DHSS)[9] does specifically state that

- "all marijuana product shall be produced, packaged, and labeled in a manner that protects public health and is not attractive to children;"
- "no marijuana product or packaging may be designed using the shape or any part of the shape of a human, animal, or fruit, including realistic, artistic, caricature, or cartoon renderings;"
- "no marijuana product or packaging may be designed in such a way as to cause confusion between a marijuana product and any product not containing marijuana, such as where products or packaging are visually similar to any commercially similar product that does not contain marijuana;
- All marijuana product packaging, with the exception of marijuana seeds and plants, shall be resealable, opaque, and certified as child-resistant;
- All marijuana product packaging design, including that for exit packaging, may only utilize
    - A. Limited colors, including a primary color as well as up to two (2) logos or symbols of a different color or colors, whether images or text, including brand, licensee, or company

logos, provided that the widest part of a logo or symbol is no wider than the length or height, whichever is greater, of the word “Marijuana” on the packaging

WHEREAS, Missouri does *not* appear to have any restrictions on marketing of cannabis and cannabinoid products to children via location-based marketing (“geofencing”) and/or social media; and

WHEREAS, Missouri does *not* have any restrictions on the marketing of cannabis and cannabinoid products to women who are pregnant, breastfeeding, or trying to conceive; and

WHEREAS, the 2022 amendment to the Missouri State Constitution (“Amendment 3”)[10] states that “Any regulations regarding the advertising or promotion of marijuana sales will be no more stringent than regulations regarding the promotion or advertising of alcohol sales;” however alcohol advertising/marketing is federally-regulated, leaving open the question of whether state restrictions on marketing cannabis and cannabinoid products to pregnant women would potentially violate the Missouri State Constitution; therefore, be it

RESOLVED, that our Missouri State Medical Association (MSMA) support guardrails for marketing cannabis to children and pregnant women and other vulnerable populations in Missouri; and be it further

RESOLVED, that our Missouri State Medical Association (MSMA) support the creation of a state task force to monitor marketing of cannabis to vulnerable populations (including children and pregnant women) in Missouri.

Fiscal Note: **None**

Current Policy:

Resolution #4 - Cannabis Marketing Guardrails - Introduced by Albert L. Hsu, MD

James B. Wolfe, MD - Otolaryngology - Springfield - Representing District 8 - No Disclosures

Since Amendment 3 makes it likely that the proposed resolved can only be effectively implemented on a federal level, I suggest that the Resolved be amended to involve the AMA in the proposed efforts.

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

This timely resolution proposal notes quite clearly that few if any "guardrails" exist for the marketing and sale of cannabis products, despite the presence of many potential harms. So far, so good. However, the proposed resolution simply asks for a monitoring of/for "marketing guardrails" plus the creation of a task force to monitor for marketing guardrails. Yet, it does not propose lobbying or legislative advocacy. This is surely a "white hat" issue for which our MSMA could not only do monitoring, but also legislative advocacy. I believe that in addition to monitoring for the presence of any marketing guardrails, we should leverage the extensive supply of data to advocate for the CREATION of new, relevant, scientifically-appropriate guardrails, via proposed regulation or legislation.

Missouri State Medical Association
House of Delegates

Resolution # 5
(A-24)

Introduced by: St. Louis Metropolitan Medical Society

Subject: Waiver of Due Process Clauses

Referred to:

WHEREAS, the right to and access to "due process" protection is a fundamental right enjoyed by all employed Americans, unless specifically waived by the employee; and,

WHEREAS, approximately half of all physicians are employed[1] by employers that are not local, physician-owned groups; and,

WHEREAS, these physicians typically have signed an employment agreement with their non-physician employer; and,

WHEREAS, many employment agreements offered to such employed physicians contain "Waiver of Due Process" clauses, which the non-physician employer has inserted to nullify the physician-employee's due process rights; and,

WHEREAS, by working at the patient care interface, physicians are uniquely situated to detect threats to patients' health and well-being that have not been recognized or acknowledged by members of hospitals' administrations; and,

WHEREAS, hospital administrators have occasionally retaliated against physicians who have reported threats to patient or hospital worker safety in a manner that adversely impacts the physician's employment security, income stream and access to ongoing opportunities to provide patient care, especially after within-organization reporting has failed to result in the employer addressing or resolving those threats; and,

WHEREAS, "due process" protections are thus essential for physicians, because they are duty-bound to advocate for the best interest of patients and co-workers, without fear of adverse job actions on the part of their employer; and,

WHEREAS, federal legislation proposing to ban Waiver of Due Process provisions in the employment contracts of some physicians was introduced in the 116th Congress of the United States of America, the "ER Hero and Patient Safety Act", also known as HR 6910[2], a proposed law that was not enacted; and,

WHEREAS, the American Medical Association House of Delegates adopted Resolution I-205-2022, advocating that our AMA work for the abolition of "Waiver of Due Process" clauses in physicians' employment agreements; and,

WHEREAS, the AMA has since developed model state legislation on this topic[3], yet has not developed model federal legislation regarding this matter as had been envisioned within the "ER Hero and Patient Safety Act"[2]; therefore, be it,

RESOLVED, that the Missouri State Medical Association (MSMA) advocates that "Waiver of Due Process" clauses must be eliminated from all employment agreements between employed physicians and their non-physician employers, and be declared null and void in physicians' previously-executed employment agreements between physicians and their non-physician employers that currently exist; and, be it further,

RESOLVED, our MSMA will propose a Resolution to the 2024 Annual Meeting of the House of Delegates of the American Medical Association, asking that our AMA extend its prior state-level efforts, by drafting model federal legislation patterned after the "ER Hero and Patient Safety Act", which, once enacted, would make "Waiver of Due Process" clauses illegal in physicians' employment agreements between the physician and a non-physician employer, and, null and void within such employment agreements already in existence; and, be it further,

RESOLVED, that our AMA will engage in advocacy for adoption of such legislation at the federal level.

Fiscal Note: **None**

Current Policy:

References

1. American Medical Association. AMA examines decade of change in physician practice ownership and organizations. https://www.ama-assn.org/press-center/press-releases/ama-examinesdecade-change-physician-practice-ownershipand#:~:text=Employment%20status&text=In%20contrast%2C%20the%20sha re%20of%20physicians%20who%20were%20employed%20grew,fluctuations%20in%20the%20last%20decade. Accessed December 31, 2023
2. 116th Congress of the United States. HR 6910-Emergency Room Hero and Patient Safety Act. https://www.congress.gov/bill/116th-congress/house-bill/6910/text Accessed February 12, 2022
3. AMA Model State Legislation re Waiver of Due Process Clauses

Resolution #5 - Waiver of Due Process Clauses - Introduced by St. Louis Metropolitan Medical Society

Gary M. Gaddis, MD, PhD - Emergency Medicine - Chillicothe - Representing Self - Disclosures: My current employee agreement makes me an "Employee at Will" for an emergency medicine group.

As the author of Resolution proposal 5, I offer that I will bring on my laptop a copy of the model AMA legislation developed for use at the statehouse level, on this topic, between 2022 and 2023. Furthermore, to improve the resolution, we need to add to the "Resolved" clauses that everything we state about Waivers of Due Process also applies to the status of "Employee at Will." I have just learned of this matter in the past two weeks. To be an "employee at will" is to be the same as to be an employee who has waived due process, because these types of employment agreements make it clear that the employer has the unilateral right to terminate the employee without a hearing and without providing a reason. So, let's add "Employee at Will" status, along with "Waiver of Due Process" status, as the TWO employee statuses that should be eliminated.

Missouri State Medical Association
House of Delegates

Resolution # 6
(A-24)

Introduced by: Justin Albani, MD

Subject: Co-Sponsoring of Resolutions

Referred to:

WHEREAS, in August 2020, the MSMA Council voted to provide Missouri medical students and residents with MSMA memberships at no cost; and,

WHEREAS, since then, medical student membership in MSMA has grown by 135% and resident membership has grown by 93%; and,

WHEREAS, medical students now outnumber active members in MSMA; and,

WHEREAS, MSMA welcomes and strongly encourages the participation of residents and medical students; and,

WHEREAS, active members and local medical societies should offer increased collaboration with resident and medical student members; therefore, be it,

RESOLVED, that resolutions brought to the House of Delegates by residents and medical students be co-sponsored by an active member or a local component medical society.

Fiscal Note: None

Current Policy:

Resolution #6 - Co-Sponsoring of Resolutions - Introduced by Justin Albani, MD

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

This resolution seems well intentioned, but its passage would effectively mean that the no-cost membership provided to medical students would become something less than a free MSMA membership. I would suggest that in place of this, MSMA members who are students or retired, should be encouraged to seek a cosponsor, but it would not be a requirement. Better yet, all members who submit resolutions should be encouraged to seek a cosponsor, time permitting. If the worry is that non-paying, young members would outnumber those in practice in MO, then perhaps consider making membership not free, but greatly reduced, say free first two years of school then $29 a year. A structure like that would introduce MSMA to cash strapped students, giving them the chance to experience the benefits, but whittle down the numbers of those serious about continuing membership after school, by way of the token membership fee. I think that would be preferable than to begin to watering down what that free membership entails. If I were a medical student, I think I would feel better about participating in MSMA if I knew I was a paying member, and not something less that might be also less respected within the association. I am not opposed to this resolution, but wanted to offer some input.

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

The resolution proposes that student-originated resolutions must have a non-student co-sponsor. This is well-intentioned, but I wonder how students will have access to potential co-sponsors. Is there going to be a committee or subcommittee formed, by which the students can count on non-student members to be a resource for helping craft resolutions that may be shorter or more clear or more likely to gain support? I think the matter of resolution drafting may be an opportunity for mentorship of younger physicians in training by those of us a bit "longer in the tooth". I would support the creation of a Resolutions Committee by the students, which could then have several non-student members. There may be other creative solutions proposed during the discussion of this idea. I am reluctant to propose yet another MSMA committee, in light of the recent work of the Constitution and Bylaws Committee.

Charlie Adams - Medical Student - KCU - Representing Self - No Disclosures

This resolution would be prohibitive for the student voice. It makes the process less democratic and limits students' ability to participate fully in discourse within the organization. Thus, I am in opposition of the resolution.

Lorena Lasso - Medical Student - WU - Representing Self - No Disclosures

While I agree with the importance of collaboration between medical students/residents and active physician members in the MSMA, I do not believe that this resolution will further this objective.

Active members of the MSMA are practicing physicians with understandably busy schedules. Finding an active member who is responsive to requests for co-sponsorship may prove to be difficult, especially considering that there is no dedicated platform for students and residents to network and reliably communicate with potential co-sponsors, or any proposed requirements for the active membership of MSMA to fulfill these requests for co-sponsorship.

As proposed, this resolution stands to greatly diminish the voices of students and residents in the MSMA. It would be better if co-sponsorship were encouraged rather than required. Such an amendment would facilitate collaboration without impeding the ability of medical students and residents to meaningfully participate in the MSMA.

Jay Devineni - Medical Student - MU - Representing Self - No Disclosures

I have major concerns that this resolution will create substantial barriers to medical student membership and participation in this medical society. Many of the medical students across this great state are capable of writing strong, well-researched resolutions but simply do not know any physician members of MSMA. For these individuals, this resolution would constitute disenfranchisement. Even for those of us who are well-connected with MSMA's physician membership, it has frequently been a struggle to find physician co-sponsors on resolutions, including those that were ultimately passed by the House of Delegates. The Governing Council of the Medical Student Section highly encourages (and will continue to encourage) student collaboration with physicians on resolutions, but we do not have the capacity to connect every single medical student author with physician members of MSMA. A major reason for this is that physicians have such busy schedules that most of them are unresponsive to our requests for co-sponsorship. Others will tell us that they support our resolution but would prefer not to have their names associated with medical student resolutions. I'm sure there will be physicians who support resolution #6 by saying that they are willing to co-sponsor medical student resolutions, but history has proven that this is not the case. If you force this requirement upon medical students, the end result will not be much better than last year's resolution that sought to disenfranchise us completely. If you opposed that resolution, you should oppose this one as well.

Missouri State Medical Association
House of Delegates

Resolution # 7
(A-24)

Introduced by: St. Louis Metropolitan Medical Society

Subject: Unmatched Graduating Physicians

Referred to:

WHEREAS, the US is expected to have an alarming shortage of physicians in primary and speciatlies' care; and,

WHEREAS, the number of practicing physicians is decreasing due to burnout, retirement, and other causes; and,

WHEREAS, the current number of medical students, residents, and fellows will not prevent such a shortage; and,

WHEREAS, Congress has repeatedly failed to provide funding to educated the necessary number of physicians to provide needed care of our aging and expanding population; and,

WHEREAS, Physician Assistants (PAs), and Nurse Practitioners (NPs), have increasingly replaced licensed physicians in providing primary and some specialty care due to geographic, and economic shortage of physicians; and,

WHEREAS, many States have allowed non-physicians' extenders to practice medicine independently rather than under the control and in collaboration with licensed physicians; and,

WHEREAS, a large number of physicians graduate from medical schools, take and pass USMLE part one and two, then apply for residency, but fail to get one of the limited number of post graduate training spots in the US; and,

WHEREAS, these graduating physicians spend six to eight years in undergraduate and graduate studies before graduating, and some of them serve a year of internship required to graduate. They spend huge sums of money to complete their studies, sit for and pass the rigorous USMLE tests, spend thousands of dollars on their applications for the matching programs and interviews; and,

WHEREAS, these unfortunate physicians face the very hard reality of a sudden irreversible interruption of their careers, outstanding debts they cannot repay, and the grim fact that others who are less qualified, less educated, and less financially burdened individuals such as PAs and NPs can practice medicine with or without collaborating with a licensed physician; and,

WHEREAS, Missouri passed a law several years ago allowing these unfortunate graduating physicians to obtain a license called Assistant Physician (AP) which allow these physicians without residency to work in underserved areas in primary care in collaboration with a licensed Missouri physician; and,

WHEREAS, multiple other states have passed similar laws, under different titles and processes such as Graduate Physician, Associate Physician..., some of them allowing this group to gradually practice independently without a residency; and,

WHEREAS, these graduating physicians working in collaboration with licensed physicians face in their daily collaborative practices the denial of reimbursement by Medicare while Medicaid and private insurers recognize their billings; and,

WHEREAS, the AMA House of delegate opposed, several years ago, the creation of this class of licensees mainly because its creation may weaken our case in Congress for increased funding for GME; and,

WHEREAS, the number of these unfortunate graduating physicians has grown by the thousands each year, yet Congress did not provide the needed fund to create enough residency slots to train these physicians, while more non physicians providing medical care increased dramatically and many of them are now are allowed to practice independently; and,

WHEREAS, many of these graduating physicians, after practicing in collaboration with licensed physicians, acquiring additional skills and experience, were able to match into a residency program; therefore, be It,

RESOLVED, that our AMA work with State societies to support these unmatched graduate physicians through their legislators and regulators to allow these physicians to work in underserved areas, in primary care, only in collaboration with a licensed physicians; and further be it,

RESOLVED, that our AMA work with appropriate parties and CMS to reimburse for services rendered by these graduating physicians working in their collaborative practices as does private insurers and States' Medicaid programs; and further be it,

RESOLVED, that the AMA allows these graduating physicians, working in collaboration with a licensed physician, to become members of an AMA subgroup.

Fiscal Note: **None**

Current Policy:

Resolution #7 - Unmatched Graduating Physicians - Introduced by St. Louis Metropolitan Medical Society

Heidi B. Miller, MD - Internal Medicine/Primary Care - St. Louis - Representing Self - Disclosures: I am speaking from my role as primary care doctor in an underserved region in St. Louis for 21 years.

I have held these beliefs for a decade, since this bill was passed in 2014. For the past year, I have a new position working for Missouri Dept of Health and Senior Services. The implementation of the 2023 MO GME Program was assigned by the legislature to our department. In that process, I learned a great deal about how states across the nation are effectively solving their own GME shortages.
Further promoting the status of half-trained physicians is problematic because it:
(1) devalues the necessary respected trajectory of physician training,
(2) attracts the least qualified medical school graduates from across the nation to Missouri, and
(3) undermines current forward momentum from national/state efforts to actually address the real problem which has been the historical bottleneck of not having enough graduate medical education (GME) slots.

- The solution is not to cut training short; but rather to promote/provide/support resources to build GME. The federal government has already started to do this (Consolidated Appropriations Act of 2021, Teaching Health Center GME funding, HRSA Rural Residency Planning and Development Grants, as well as multiple current proposed bills). The majority of states have already used their own general revenue and Medicaid funds to directly expand GME in-state. Most states have over a decade of investment in GME. Missouri just started in 2023 - with 2.3 million already allocated to expand GME slots in MO, and Governor Parson proposed an additional 8.0 million for the next fiscal year. Wisconsin invested in its own GME efforts, resulting in an additional 120 new GME graduates every year, the majority of whom stay in-state and practice in rural areas.

- Assigning these half-baked physicians to our most disenfranchised populations (underserved) can further amplify health care disparities. Missouri can do so much better by supporting complete training of physicians.

- The limitation of this half-trained physician to work only in primary care perpetuates an unfounded short-sighted myth that primary care is easy. As a primary care internal medicine physician of 21 years in an underserved community, caring for patients with reams of chronic conditions and historical trauma, I can attest that there is nothing easy about this job. It requires every minute of my residency training to be able to care for my patients. To put this in perspective, would you want a med school graduate without residency to perform surgery? If the answer is no, then you likely don't want that same graduate to manage a patient with advanced congestive heart failure, new atrial fibrillation, hyperthyroidism, schizophrenia, and homelessness (typical patient in my primary care practice in an underserved area).

- Some individuals who finished medical school and couldn't get into a residency or dropped out of residency are tragically ill equipped to serve as a physician and excluded from residency for the sake of patient safety. These may be the extreme, but no need to attract these particular graduates to Missouri. For those who are indeed equipped to fulfill GME requirements, let's help them get into residencies as soon as possible. Other states that have similar statutes have a limited timeframe for medical school

graduates to work in the field, build their training/resume, and then reapply for residency in better standing.

- The goal is to guide our graduates through the entire trajectory of training. Missourians deserve fully trained physicians.

Lorena Lasso – Medical Student – WU – Representing Self - I attended the AMA Medical Student Advocacy Conference in March, where H.R. 2389/S. 1302 was one of the policies we advocated for on Capitol Hill.

While I appreciate the concern for the plight of unmatched graduating physicians as a medical student, I do not believe that settling for a partially-trained physician workforce is the solution. Medical students have chosen medical school over NP or PA school with the understanding that they will then go on to a residency program to be fully trained, and many do so because they see a particular value in the lengthy, in-depth training process involved in becoming a physician.

This resolution points to the concern of NPs and PAs being granted more independent practice rights, and adding physicians without residency training to this mix would only make matters worse for patients, who deserve fully-trained physicians to be involved in their care.

The AMA is currently advocating for H.R. 2389/S. 1302, the Resident Physician Shortage Reduction Act, which proposes to gradually provide 14,000 new Medicare-supported GME positions over 7 years, with positions targeted to hospitals in rural areas and in health professional shortage areas, which stands to benefit Missouri.

In light of this, I believe it would be better to support the effort by the AMA to increase GME spots instead of pursuing this course of action.

Dorothy Munch, DO – Representing Self - I am a primary care physician in southeast Missouri who has practiced for 38 years in southeast MO. I practiced in the small towns of Naylor, Malden, and Bernie in the past. I currently practice in the (big) city of Poplar Bluff.

I support this resolution. The reality of primary care where I live is that the majority of it is provided by nurse practitioners with master's (not medical) degrees. Many of those N.P.'s do a great job. Some have appropriate collaboration with a physician; some have little, if any, collaboration. Some are experienced; some are not.
I absolutely understand that the best case scenario for physician training is completing a residency. But that is not the reality in which we live. There simply aren't enough training facilities for graduating physicians. And, I fail to comprehend why a master's level NURSE should be given all the rights, privileges, and reimbursement of medical practice in a collaborative agreement but those same rights and privileges should be denied to an assistant PHYSICIAN in a similar collaborative agreement.

Missouri State Medical Association
House of Delegates

Resolution # 8
(A-24)

Introduced by: Morgan Martin, Bethany Baumgartner, Kansas City University

Subject: Continued Ozempic Research

Referred to:

WHEREAS, Ozempic, a glucagon-like peptide-1 agonist containing semaglutide, is prescribed as a weekly injection, approved in 2017 by the US Food and Drug Administration for type 2 diabetes use in adults; [1, 2] and,

WHEREAS, Ozempic has become prevalent in popular culture for its appetite-reducing effects and subsequent weight loss shown in patients, making it an appealing option for weight management and risk reduction of stroke, heart attack, and death in type 2 diabetic and/or obese patients; [2, 3] and,

WHEREAS, Ozempic has been debated for its risks presented to type 1 diabetic patients, patients without diabetes, or patients with multiple endocrine neoplasia type 2 or a family history of medullary thyroid cancer; [2] and,

WHEREAS, the risks for Ozempic use in general include but may not be limited to: hypoglycemia, gastrointestinal side effects, pancreatitis and pancreatic cancer, thyroid cancer, gallbladder events, cardiovascular aspects, acute kidney injury, diabetic retinopathy complications, and injection-site and allergic reactions; [4] and,

WHEREAS, the safety of using Ozempic and other semaglutide forms has been determined to have an overall favorable risk/benefit profile for type 2 diabetics, while the implications for non-diabetic patients using Ozempic solely for weight loss are currently debated. The efficacy for weight loss by Ozempic has shown in studies to be effective, but lacks clinical trials and long term research on the effects of use as a weight loss agent; [1,4,5] therefore, be it,

RESOLVED, the MSMA supports evidence-based medicine and the continuation of research for Ozempic and its off label uses, especially in weight loss, and be it further,

RESOLVED, the MSMA advises physicians use their discretion and practice caution for new medications which have not yet been approved for weight loss.

Fiscal Note: None

Current Policy:

References:

1. Ozempic for weight loss: Does it work, and what do experts recommend? Cultivating-health. Published July 19, 2023. https://health.ucdavis.edu/blog/cultivating-health/ozempic-for-weight-loss-does-it-work-and-what-do-experts-recommend/2023/07

2. Drugs.com. Ozempic. Drugs.com. Published 2020. https://www.drugs.com/ozempic.html

3. Are weight loss medications, like Wegovy, right for you? cultivating-health. https://health.ucdavis.edu/blog/cultivating-health/are-weight-loss-medications-like-wegovy-right-for-you/2023/09#:~:text=Ozempic%20is%20not%20approved%20for

4. Smits MM, Van Raalte DH. Safety of Semaglutide [published correction appears in Front Endocrinol (Lausanne). 2021 Nov 10;12:786732]. *Front Endocrinol (Lausanne)*. 2021;12:645563. Published 2021 Jul 7. doi:10.3389/fendo.2021.645563

5. Chao AM, Tronieri JS, Amaro A, Wadden TA. Semaglutide for the treatment of obesity. *Trends Cardiovasc Med*. 2023;33(3):159-166. doi:10.1016/j.tcm.2021.12.008

Resolution #8 - Continued Ozempic Research - Introduced by Morgan Martin, Bethany Baumgartner, Kansas City University

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

I believe the authors will be well-served, when this proposal is considered, to specify how that which is advocated for this medication differs from the approach a thoughtful and prudent physician would make for any off-label use of a pharmaceutical. Also, liraglutide (Victoza) and dulaglutide (Trulicity) are of the same GLP-1 agonist class, yet the data supports that at least liraglutide is less effective for weight loss. Also, the number of drugs of this class [(and similar classes, as exemplified by tirzepatide (Mounjaro)] continues to expand.

Lorena Lasso – Medical Student – WU – Representing Self – No Disclosures

In light of the lack of substantial research on Ozempic for off-label uses (including weight loss), it makes sense that the MSMA should support more evidence-based research on the subject. In the meantime, given the ongoing shortage of Ozempic, it also makes sense that the MSMA should advise physicians to practice caution when prescribing medications like Ozemic that are not yet approved for weight loss to ensure that access is prioritized for patients with Type 2 Diabetes.

Missouri State Medical Association
House of Delegates

Resolution # 9
(A-24)

Introduced by: St. Louis Metropolitan Medical Society

Subject: Treatment of Family Members

Referred to:

WHEREAS, the code of ethics of the American Medical Association (AMA) was written in the 19th century AD; and,

WHEREAS, the practice of medicine has taken giant steps since then in areas of diagnostic testing, medical records recordings, patient safety measures, documentations, verifications, consents, hospitals and outpatients credentialing of surgeons and procedurists, etc.; and,

WHEREAS, concerns about appropriateness of care, indications, and proper training of physicians performing a procedure, or a physician treating any patient has become a legal and ethical process witnessed by office, hospital, and medical facilities' staff including medical and non-medical personnel recording, and reviewing appropriateness of care besides the treating physicians; and,

WHEREAS, multiple documented surveys of specialists and PCPs showed that a large number of these physicians admitted treating family members when they felt comfortable and confident they can provide the best care for them; and,

WHEREAS, a much larger percentages of plastic, head and neck surgeons, dermatologists, have admitted treating their family members; and,

WHEREAS, the current code of ethics, as it is currently written, sadly label these physicians acts as unethical; and,

WHEREAS, many hospitals, and surgery centers have "discovered" lately this part of the code of ethics, and started enforcing it, therefore forcing the physicians to seek other venues to treat family members; and,

WHEREAS, rendering care or performing procedures outside approved facilities such as an uncredited office procedure room or un-accredited other facilities endanger the life and well-being of the patients; and,

WHEREAS, physicians ultimate concern is their patient's safety and wellbeing whether the patient is a family member, a staff person, a friend or none of these; therefore, be it,

RESOLVED, that our American Medical Association HOD asks CEJA to review and revise the current code of ethics as it relates to treating family members; and, be it further,

RESOLVED, that CEJA reports back to the HOD on this issue at the next interim meeting I-24.

Fiscal Note: **None**

Current Policy:

Resolution #9 - Treatment of Family Members - Introduced by St. Louis Metropolitan Medical Society

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

Per the AMA Code of ethics, "In general, physicians should not treat themselves or members of their own families. However, it may be acceptable to do so in limited circumstances:

In emergency settings or isolated settings where there is no other qualified physician available. In such situations, physicians should not hesitate to treat themselves or family members until another physician becomes available.
For short-term, minor problems."

I would think that what qualifies as "short-term minor problems" is somewhat subjective and would be something that should allow most office dermatology, plastic surgery, oral surgery procedures. Additionally, this resolution does not include any limits as to where the line is crossed on when it would be unethical to treat oneself or family member. Perhaps it should at least entertain that side of the coin. I do not see anything in the AMA code that precludes doctors from advising or participating in the care of family members, so it would not seem that they are excluded from participation as part of a team?

Though I am a strong proponent of treating oneself and family for short term minor problems, I am not of more serious, chronic, life-threatening conditions and would therefore speak out as opposed to this resolution as I think that the AMA code as written is sound and errs on the side of protecting the patient as well as the physician (from feeling obligated to treat a family member) while also allowing these exceptions. I would strongly be in favor of a resolution like this if simply written to reinforce the AMA code of ethics exceptions as noted above, as those should be allowed, in my opinion.

Jay Devineni - Medical Student - MU - Representing Self - No Disclosures

I have several concerns with this resolution. First, the resolution mentions that "multiple documented surveys of specialists and PCPs showed that a large number of these physicians admitted treating family members when they felt comfortable and confident they can provide the best care for them." However, the resolution does not include any references or citations for these surveys, so it is unclear where this information came from. In addition, a physician feeling "comfortable and confident that they can provide the best care" cannot be equated to actually providing the best care. In the absence of objective quality measures that actually show that the quality of physician treatment of family members is similar or superior to that of non-family members, I struggle to support this resolution. The AMA's current code of ethics is based on the very reasonable principle that physicians cannot provide treatment to their own family members in an objective manner and that both the physician and patient could be unduly influenced by their pre-existing relationship. For example, a patient (particularly minors) may feel uncomfortable disclosing sensitive medical information to their parents, which would hinder a physician parent's ability to provide the best possible care. From the physician's standpoint, they may feel compelled to over-test or over-treat their own family members, which could ultimately result in more harm than benefit. And while I am sympathetic to the authors' aims of reducing patient use of unaccredited facilities, the AMA code of ethics very clearly addresses this concern by saying that

treatment of family members is acceptable in "isolated settings where there is no other qualified physician available. In such situations, physicians should not hesitate to treat themselves or family members until another physician becomes available." While I am not necessarily opposed to CEJA reviewing and modernizing the current code, this resolution is clearly advocating for revising that code in a manner that broadly supports physician treatment of family members, which I don't think is well-supported by the evidence provided.

Missouri State Medical Association
House of Delegates

Resolution # 10
(A-24)

Introduced by: Samer Cabbabe, MD

Subject: Cybersecurity Legislation

Referred to:

WHEREAS, the escalating frequency of cyber threats poses a substantial risk to patients, their physicians and the physician practices; and,

WHEREAS, acknowledging the indispensable role of technology in contemporary business environments; and,

WHEREAS, recognizing the imperative need for legislation to establish clear guidelines, incentives, and protections for businesses (including medical practices) that diligently implement reasonable and standard cyber security measures; therefore, be it,

RESOLVED, that our Missouri State Medical Association work to enact comprehensive cyber security legislation that incentivizes and protects businesses that have implemented reasonable and standard security measures to safeguard sensitive digital information; and, be it further,

RESOLVED, that such legislation should define and promote a baseline of cyber security standards, aligning with industry best practices and adapting to evolving technological advancements; and, be it further,

RESOLVED, that such legislation ensures that businesses diligently implementing and regularly updating their cyber security measures should be shielded from disproportionate liability in the event of a cyber-incident; and, be it further,

RESOLVED, that legal frameworks should incorporate provisions that encourage businesses to adopt robust cyber security measures, offering protection from excessive financial and legal consequences when reasonable precautions have been taken.

Fiscal Note: None

Current Policy:

Resolution #10 - Cybersecurity Legislation - Introduced by Samer Cabbabe, MD

Gale Oleson, MD - Dermatology - Retired - Representing Self - No Disclosures

I will speak against this resolution as is. It appears to attempt to protect practices and businesses from damages created by computer and patient information breaches. There were well over 500 healthcare facility breaches affecting several million patients reported to HHS in 2023 alone (how many more were unreported?). "First Do You No Harm." With HIPPA, patients were deprived of right to consent protection. Furthering the issue, numbers of seemingly unregulated Health Information Exchanges have sprung up. This "Wild West" of patient data exchange without specific patient PIN for example for the protection of appropriate consent/acknowledgment. With the increased number of access points and terminal users associated with these HIE's I would expect breaches to go up rapidly, perhaps exponentially! So it appears that the only mechanism to ensure proper maintenance of security is with liability exposure. As an example of laxity in the security of records, I asked three practice managers of large practices who their security officer was and none of them knew who that individual was. Additionally, there seems to be no recurring security education practices in many offices. Until we respect the confidentiality of the patients record with proper restriction, with patient involvement with a PIN associated consent, create an "air gap" between internal records and external sharing of records large liability payouts are going to happen and justifiably so. When I was a Communications Intelligence Analyst at the NSA I was taught basic compartmentalization and individual liability (ref young National Guard airman facing 10 years in prison recently) to secure records. Few of these basics seem in place in the average office. Maybe it takes more fines and bigger fines for the medical industry to finally accept that "First Do You No Harm" means record control and true confidentiality too.

Gary M. Gaddis, MD, PhD – Emergency Medicine – Chillicothe – Representing Self – No Disclosures

I find that this resolution may need a bit more in the way of specifics, re just what constitutes adequate protections. However, I do believe we need a solution, as regards data security, to dissuade the "Monday Morning Quarterbacking" typically engaged in by a plaintiffs' attorneys, who snipe at us from the safety of knowing only later what could not be known at the time of the data breach, toward extorting the doctor or their insurer for financial "damages".

I think we need a data security expert to help us write a more definitive and detailed resolution proposal, but that Dr Cabbabe has raised an important issue.

Missouri State Medical Association
House of Delegates

Resolution # 11
(A-24)

Introduced by: Kansas City Medical Society and St. Louis Metropolitan Medical Society

Subject: Protecting the Practice of Medicine from Third Party Interference

Referred to:

WHEREAS, current MSMA policy states

> *The MSMA opposes any further governmental intrusion into the practice of medicine, particularly in the form of rules and regulations from federal agencies (1992);* and,

WHEREAS, in addition to governmental intrusion, other third-party organizations have also been considered to interfere with the practice of medicine; and,

WHEREAS, this interference has or has the potential to compromise the physician-patient relationship such that a physician is unable to provide evidence-based or clinically appropriate care to the patient; and,

WHEREAS, while current MSMA policy is sufficient to oppose governmental interference, it does not reference non-governmental third party entities that may also interfere with clinically appropriate care; and,

WHEREAS, though MSMA historically defends the patient-physician relationship by its position as the voice of Missouri's physicians, additional language would help strengthen MSMA policy and our position surrounding protection of the patient-physician relationship; therefore, be it,

RESOLVED, that the MSMA amend existing MSMA policy as follows

> *The MSMA opposes any ~~further political governmental~~ intrusion into the practice of medicine by government regulation or legislative action at the state and/or federal level ~~particularly in the form of rules and regulations from federal agencies.~~;* and, be it further,

RESOLVED, that the MSMA opposes any third-party intrusion into the practice of medicine without a compelling and evidence-based benefit to the patient, a substantial public health justification, or both (New MSMA Policy); and, be it further,

RESOLVED, that the MSMA defends the physician-patient relationship and physician-patient autonomy of medically necessary healthcare (New MSMA Policy).

Fiscal Note: None

Current Policy:
Resources:

Existing MSMA policy “Governmental Intrusion into Practice of Medicine”:

> *The MSMA opposes any further governmental intrusion into the practice of medicine, particularly in the form of rules and regulations from federal agencies. (1992)*

Government Interference in Patient Counseling, AMA policy H373.995:

> *1. Our AMA vigorously and actively defends the physician-patient-family relationship and actively opposes state and/or federal efforts to interfere in the content of communication in clinical care delivery between clinicians and patients.*
>
> *2. Our AMA strongly condemns any interference by government or other third parties that compromise a physician's ability to use his or her medical judgment as to the information or treatment that is in the best interest of their patients.*
>
> *3. Our AMA supports litigation that may be necessary to block the implementation of newly enacted state and/or federal laws that restrict the privacy of physician-patient-family relationships and/or that violate the First Amendment rights of physicians in their practice of the art and science of medicine.*
>
> *4. Our AMA opposes any government regulation or legislative action on the content of the individual clinical encounter between a patient and physician without a compelling and evidence-based benefit to the patient, a substantial public health justification, or both.*

MSMA Trigger Law Statement adopted by MSMA Council, July 2022

> *As physicians, our utmost responsibility is to the health and well-being of our patients. MSMA supports legislation that protects physician-patient autonomy, and opposes the criminalization of medically- necessary healthcare, and policies that restrict Missourians’ ability to access healthcare in Missouri and other states.*

Resolution #11 - Protecting the Practice of Medicine from Third Party Interference - Introduced by Kansas City Medical Society and St. Louis Metropolitan Medical Society

Gary M. Gaddis, MD, PhD - Emergency Medicine - Chillicothe - Representing Self - Disclosures: I have been a physician advisor in the past for a shelter for women leaving domestic abuse.

I strongly support the thrust of this proposal. We can talk about the exact language. For instance, is it an "intrusion" for state governments to require that doctors are licensed? I think what is being sought is that there be no government intrusion to delay the delivery of INDICATED medical care. And, not all "indications" are "medical", as I can offer when we discuss this.

Missouri State Medical Association
House of Delegates

Resolution # 12
(A-24)

Introduced by: Abhinav V. Raju and Mihir Patel, Kansas City University College of Osteopathic Medicine and Rockhurst University Helzberg School of Management; Dave Lingerfelt, MBA, FHIMSS, Rockhurst University College of Business, Influence and Information Analysis

Subject: Diabetes Telehealth Initiatives

Referred to:

WHEREAS, the rising prevalence of type 2 diabetes mellitus (T2DM) poses a significant public health challenge, underscoring the urgent need for proactive measures to prevent and manage this condition, including its impact on individuals, families, healthcare systems, and society as large[1,2]; and,

WHEREAS, it is to be noted that access to state-of-the-art facilities in urban and rural areas and utilization of healthcare services represent obstacles in diabetes healthcare with lack of access to telehealth care services that contribute to the deterioration of T2DM through poor glycemic control[3,4,9,10]; and,

WHEREAS, a randomized clinical trial assessing the phone call and text message-based telemedicine platform EpxDiabetes through a primary care clinic in St. Louis resulted in a reduction of HbA1c levels by 1.17% in patients with uncontrolled T2DM having a baseline HbA1c > 8% highlighting the significance of telehealth services in diabetes care within Missouri communities[5], in addition to similar interventions and reduction findings in other studies[6]; and,

WHEREAS, the economic burden of T2DM is profound, presenting an increase in healthcare costs, depletion of resources within healthcare practices, heightened absenteeism, diminished work efficiency, and potential disability, showing the imperative to address T2DM to preserve both individual and collective productivity[7]; and,

WHEREAS, the widespread use of technology including smartphones, tablets, and computers has eased communication barriers and offered solutions for increased outreach, education, and intervention in diabetes care but presents with drawbacks including but not limited to lack of technological education and understanding and training[8]; and,

WHEREAS, a user-friendly interface in healthcare technology is vital for optimizing communication and collaboration among healthcare providers and patients, fostering better adherence to treatment plans, and enhancing the overall healthcare experience with a patient-centered approach[11]; therefore, be it,

RESOLVED, that our MSMA expand on prior telehealth policy in reference to increased home broadband internet access and support efforts to expand telehealth services to underserved populations in the treatment of type II diabetes mellitus not only through internet coverage but also engaging with device recycling programs and similar nonprofit initiatives to promote preventative healthcare and ease of access for patients[12]; and, be it further,

RESOLVED, that our MSMA encourage healthcare providers who treat type II diabetes mellitus to identify untreated patients or patients lost-to-follow-up and engage in a "dialing for dollars" approach to provide coverage and improve healthcare productivity; and, be it further,

RESOLVED, that our MSMA prioritizes ongoing services such as CoxHealth at Home telemonitoring and promotes new initiatives to encourage healthcare facilities to create or utilize platforms or technological advancements in diabetes care, such as for recording and monitoring blood glucose levels, with a user-friendly interface along with guidance on the utilization of such systems to optimize prompt healthcare delivery with a patient-centered approach.

Fiscal Note: **None**

Current Policy:

References:

1. Missouri Department of Social Services. 2023 Missouri Diabetes Report. https://health.mo.gov/living/healthcondiseases/chronic/diabetes/pdf/missouri-diabetes-report.pdf, Published in 2023. Accessed on March 13, 2024.

2. Bonini M, Sargis R. Environmental toxicant exposures and type 2 diabetes mellitus: Two interrelated public health public health problems on the rise. ScienceDirect, https://www.sciencedirect.com/science/article/abs/pii/S2468202017301122. Published in February 2018. Accessed on March 13, 2024.

3. Eseadi C et. al. Accessibility and utilization of healthcare services among diabetic patients: Is diabetes a poor man's ailment? World J Diabetes, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10642413/#:~:text=Accessibility%20to%20health%20care%20services,of%20preventive%20services%5B12%5D. Published October 15, 2023. Accessed March 13, 2024.

4. Zhang X et al. Access to Health Care and Control of ABCs of Diabetes. Diabetes Care, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3379598/#:~:text=CONCLUSIONS,glucose%20and%20blood%20pressure%20control. Published June 12, 2012. Accessed March 13, 2024.

5. Xu R et al. Improving HbA1C with Glucose Self-Monitoring in Diabetic Patients with EpxDiabetes, a Phone Call and Text Message-Based Telemedicine Platform: A Randomized Controlled Trial. Telemed J E Health, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7301318/. Published June 3, 2020. Accessed March 13, 2024.

6. Groot J. Efficacy of telemedicine of glycaemic control in patients with type 2 diabetes: A meta analysis. World Journal of Diabetes, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7839169/. Published February 15, 2021. Accessed March 13, 2024.

7. Einarson T et al. Economic Burden of Cardiovascular Disease in Type 2 Diabetes: A Systematic Review. ScienceDirect, https://www.sciencedirect.com/science/article/pii/S1098301518301293. Published July 2018. Accessed March 13, 2024.

8. Sharma V et al. Telehealth Technologies in Diabetes Self-management and Education. SageJournals, https://journals.sagepub.com/doi/abs/10.1177/19322968221093078. Published April 29, 2022. Accessed March 13, 2024.

RELEVANT AMA AND MSMA POLICY

9. AMA Principles of and Actions to Address Primary Care Workforce H-200.949

21. Our AMA will encourage the Centers for Medicare & Medicaid Services to explore the use of telemedicine to improve access to and support for urban primary care practices in underserved settings.

10. AMA Telemedicine H-480.968

The AMA: (1) encourages all national specialty societies to work with their state societies to develop comprehensive practice standards and guidelines to address both the clinical and technological aspects of telemedicine; (2) will assist the national specialty societies in their efforts to develop these guidelines and standards; and urges national private accreditation organizations (e.g., URAC and JCAHO) to require that medical care organizations which establish ongoing arrangements for medical care delivery from remote sites require practitioners at those sites to meet no less stringent credentialing standards and participate in quality review procedures that are at least equivalent to those at the site of care delivery.

11. AMA Telemedicine Services and Health Equity H-480.936 (2023)

Our AMA will encourage policymakers to recognize the scope and circumstances for underserved populations including seniors and patients with complex health conditions with the aim to ensure that these patients have the technology-use training needed to maximize the benefits of telehealth and its potential to improve health outcomes.

12. MSMA Telehealth (2021)

The MSMA supports increased access to home broadband internet.

Resolution #12 - Diabetes Telehealth Initiatives - Introduced by Abhinav V. Raju and Mihir Patel, Kansas City University College of Osteopathic Medicine and Rockhurst University Helzberg School of Management; Dave Lingerfelt, MBA, FHIMSS, Rockhurst University College of Business, Influence and Information Analysis

Gary M. Gaddis, MD, PhD - Emergency Medicine - Chillicothe - Representing Self - Disclosures: Author of Resolution #22.

Given that both address Telemedicine, should we discuss #12 and #22 sequentially, toward (Potentially) saving some time in discussion?

Missouri State Medical Association
House of Delegates

Resolution # 13
(A-24)

Introduced by: Bethany Baumgartner, Maaya Dev, Hanna Pawlowski, Jasleen Sekhon, Kansas City University

Subject: Surgical Smoke

Referred to:

WHEREAS, surgical smoke, also known as plume, is released in operating rooms when medical personnel utilize electrosurgery and laser devices, which is then inhaled by all medical staff and patients within the operating room [8]; and,

WHEREAS, surgical smoke contains small particulate matter that can be easily inhaled and deposited in the lungs causing severe respiratory distress and adverse health effects including pneumonia and cancers [6, 8, 9, 10] ; and,

WHEREAS, types of tissues and cautery alter the composition of plume to include harmful chemicals [8] including hydrogen cyanide, acetylene, butadiene, benzene, toluene, formaldehyde, volatile organic compounds, which circumvents the standard masking precautions utilized in operating rooms [2, 4, 6, 12] ; and,

WHEREAS, a recent study found 10 out of 11 HepB positive patients undergoing surgical interventions produced aerosol HepB in surgical smoke samples collected through the vaporization of tissue and blood particles [6, 11] ; and,

WHEREAS, various viruses, bacteria, and infectious agents also spread through surgical smoke including from genital wart removal and neoplastic melanoma and tumor cells, [3, 5] and furthermore, Sars2-COVID cannot be excluded from risk of exposure due to laparoscopic procedures on infected patients [6, 9, 10, 11, 12]; and,

WHEREAS, multiple studies have stated that surgical smoke can increase risk for acute and chronic pulmonary conditions, nausea, and irritation to the eyes, nose and throat [9, 10] ; and,

WHEREAS, studies show surgical smoke is just as mutagenic as cigarette smoke, [9, 10] and
Whereas, in addition to the carcinogenic effects and serious adverse health risks of surgical smoke, the malodorous smell may be considered bothersome to staff as it clings to hair and can cause tearing of the eyes, dizziness, headache, bad breath, and drowsiness [9, 10] ; and,

WHEREAS, surgeons and hospital personnel responsible for the care of patients must practice at their peak ability in order to provide quality care to all patients, without risk of feeling dizzy, drowsy, and distracted from the tasks at hand [9, 10] ; and,

WHEREAS, one study indicated 3 out of 98 surgeons reported using evacuation systems and 72% of surgeons believe precautions are inadequate to protect from the plumes [2] . Furthermore, evacuation systems have shown to be effective in facilities implementing them, but are used inconsistently [1] ; and,

WHEREAS, Missouri did implement policy in 2023 requiring facilities to implement action plans to reduce surgical smoke exposure by 2026 through HB-402, S-1000, S-212, HB-1711 the MSMA does not have a stance on the issue, and to ensure future legislation efforts do not reverse or amend said policies; therefore, be it,

RESOLVED, That the MSMA recognizes surgical smoke exposure has adverse effects on the health and well-being of all medical staff; and, be it further,

RESOLVED, That the MSMA supports current and future legislation to increase ventilation and decrease surgical smoke exposure routinely and regularly across medical facilities in Missouri.

Fiscal Note: **None**

Current Policy:

References:

1. Bigony L. Risks associated with exposure to surgical smoke plume: a review of the literature. *AORN J* . 2007;86(6):1013-1024. doi:10.1016/j.aorn.2007.07.005
2. Bree K, Barnhill S, Rundell W. The Dangers of Electrosurgical Smoke to Operating Room Personnel: A Review. *Workplace Health Saf* . 2017;65(11):517-526. doi:10.1177/2165079917691063
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Resolution #13 - Surgical Smoke - Introduced by Bethany Baumgartner, Maaya Dev, Hanna Pawlowski, Jasleen Sekhon, Kansas City University

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

This is a national problem, not just a Missouri problem. Therefore, if this resolution becomes adopted by MSMA, it would be logical to add a "Resolved" asking that MSMA introduce a similarly-themed resolution proposal for consideration by the AMA in June...and, it just so happens that the deadline for submitting resolutions to AMA House of Delegates is April 9, so a resolution could be submitted there, if we so desire.

Charlie Adams - Medical Student - KCU - Representing Self - No Disclosures

I support this resolution because there is plentiful research showing the harms of surgical smoke. Starting to address this is the right thing to do.

Lorena Lasso - Medical Student - WU - Representing Self - No Disclosures

I believe that this resolution makes a compelling argument. The dangers of surgical smoke seem to be well-demonstrated, and the inconsistency in the use of effective precautions must be fixed. Given that the state of Missouri has already implemented related policy in 2023, it makes sense for the MSMA to take a stance on this issue and support legislation to decrease surgical smoke exposure.

Vikita Patel – Medical Student – KCU – Representing Self – No Disclosures

As a medical student interested in a surgical specialty, I strongly support the adoption of this policy by MSMA. Along with the compelling research, I believe ensuring the health and wellbeing of our medical professionals in Missouri is a necessity for both current and future physicians.

Missouri State Medical Association
House of Delegates

Resolution # 14
(A-24)

Introduced by: Karen Brianna Dale, Saint Louis University School of Medicine, Class of 2026;
Dr. Adriana Canas-Polesel, MD, FACOG & Women Physicians Section of MSMA

Subject: Doula Care Coverage and Reimbursement

Referred to:

WHEREAS, nearly 700 women die each year in the United States as a result of pregnancy or delivery complications with the rate having increased by 56% over the last two decades;[1] and,

WHEREAS, the CDC states that sixty percent of those maternal mortality outcomes are preventable;[2] and,

WHEREAS, socially disadvantaged mothers are at higher risk of adverse birth outcomes;[3] and,

WHEREAS, Missouri ranks number forty-four out of all 5o states on maternal mortality;[3] and,

WHEREAS, in Missouri, Black women are three times more likely to die from complications related to pregnancy and delivery than white women; [3] and,

WHEREAS, this disparity in birthing outcomes persists across income and education levels suggesting that implicit racism in the healthcare system directs these trends;[1] and,

WHEREAS, this disparity is propagated by cultural differences and generational distrust between vulnerable populations and healthcare professionals;[4] and,

WHEREAS, perinatal and postnatal doula care can improve maternal health and address racial inequities; [5] and,

WHEREAS, doula care is correlated with decreased cesarean rates and use of pain medication, decreased rates of gestational hypertension, decreased rates of preterm births, and earlier onset breastfeeding; [6] and,

WHEREAS, in Missouri, a large proportion of births in rural underserved communities and for marginalized populations are covered by Medicaid;[1] and,

WHEREAS, as doula care is not covered nor reimbursable under most health insurance plans including Medicaid, this valuable resource is inaccessible to the populations who need it most; therefore, be it,

RESOLVED, that our MSMA recognize the benefit of comprehensive care of pregnant and birthing populations including culturally competent community resources like doula care within the existing obstetric care team; and be it further,

RESOLVED, that our MSMA support legislation that creates pathways for health insurance coverage for doula services in Missouri, provided that these pathways include a standardized doula certification process as a prerequisite.

Fiscal Note: None

Current Policy:

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Resolution #14 - Doula Care Coverage and Reimbursement - Introduced by Karen Brianna Dale, Saint Louis University School of Medicine, Class of 2026; Dr. Adriana Canas-Polesel, MD, FACOG & Women Physicians Section of MSMA

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

Mental health crises and deaths by suicide are a big part of the USA's abysmal 1st year post-partum maternal mortality rates, and these mental health-related deaths are disproportionately represented among the "preventable" deaths. It will be interesting in Reference Committee to learn whether data exists re any influence of doulas upon this part of the problem.

Lorena Lasso - Medical Student - WU - Representing Self - No Disclosures

I support this resolution and would like to further add that doulas can serve as important advocates for patients throughout the birthing process, improving care by fostering trust between patients (especially those with generational medical trauma/mistrust) and the health care team. I would be curious to learn more about the standardized doula certification process. What would this entail, and how would standardization be ensured for the purposes of insurance coverage?

Missouri State Medical Association
House of Delegates

Resolution # 15
(A-24)

Introduced by: Albert L. Hsu, MD

Subject: Supporting Physician Candidates for Public Office

Referred to:

WHEREAS, it is increasingly clear that medicine is under assault from all sides – from insurance companies to trial lawyers to onerous state and federal regulation, and we should support our physician members who run for office; and,

WHEREAS, we do not have enough physicians in political office, on either the state or federal levels; and,

WHEREAS, partly due to their high educational debt loads, physicians have traditionally had a low level of giving to their candidates for state and political office; and,

WHEREAS, our medical societies generally have political action committees (AMPAC for AMA, MPAC for MSMA, similar organizations for national specialty societies) to support candidates running for office; and,

WHEREAS, there are few mechanisms to enable physician members of our state and national medical societies to network when running for state and federal office; and,

WHEREAS, candidates for political office are interested in meeting potential donors, as well as individuals who may be willing to volunteer to support their campaigns with their time and social media support; and,

WHEREAS, those of us who have more time than money can help our fellow physician candidates for state and federal office with social media (retweeting, likes, etc) to support those candidates; and,

WHEREAS, time is limited and precious at our AMA meetings, but at a recent meeting, the Heart of America (HOA) caucus decided to allow candidates for (state or federal) political office to speak directly to our caucus, provided that (1) they are invited by a member of the HOA delegation, (2) that the physician running for political office be an AMA member, and (3) that all candidates for political office coming to speak to the HOA delegation be limited to no more than 5 minutes of speaking time; and,

WHEREAS, there is currently no “central repository” that lists physicians running for state and federal office in the United States; and,

WHEREAS, in this age of social media, it should be relatively easy to set up members-only websites with lists of physician members of our state and specialty societies who are running for political offices, and,

WHEREAS, non-member physicians who are running for state or federal office should be encouraged to join the AMA and/or their state medical societies; therefore, be it,

RESOLVED, that our Missouri State Medical Association (MSMA) and American Medical Association (AMA) create “members-only” pages on their websites that list its physician members that are running for state or federal offices (and wish to have that information publicly-available), with links to how to volunteer or donate to those campaigns; and, be it further,

RESOLVED, that our Missouri State Medical Association (MSMA) and American Medical Association (AMA) encourage other state and specialty societies to publicize their physician members that are running for state or federal offices (and wish to have that information publicly-available); and, be it further,

RESOLVED, that our Missouri State Medical Association (MSMA) and American Medical Association (AMA) encourage AMA sections and caucuses to consider establishing a policy or protocol, to allow (by invitation) AMA members running for state or federal offices to briefly address those groups directly, either virtually or in-person; and, be it further,

RESOLVED, that AMA report back on this issue (including an updated list of physician members who ran for state or federal office in 2024 and wish to have that information publicly available) at A-25; and, be it further,

RESOLVED, that our MSMA forward this resolution to the AMA at A-24.

Fiscal Note: None

Current Policy:

Resolution #15 - Supporting Physician Candidates for Public Office - Introduced by Albert L. Hsu, MD

Frank A. Cornella, MD - Oral Maxillofacial Surgery - Springfield - Representing Self - Disclosures: Registered Democrat

I would like to speak against this resolution. Though I appreciate the intention of encouraging and aiding physicians to run for political office, as a nonprofit organization, MSMA should not participate in any political campaign activity including political endorsements or providing venues not equally open to all opposing candidates and opinions. In my opinion, this crosses the line between being apolitical and political. Even if it legally does not, many MSMA members, my self included, are likely unwilling to be a member of an healthcare professional organization that they perceive to be providing assistance, recognition, or endorsement to any politician who threatens to undermine our democracy, whether by words, actions or even by party affiliation. Whether they graduated an accredited medical school or not is irrelevant, or even if they are an MSMA member.

Missouri State Medical Association
House of Delegates

Resolution # 16
(A-24)

Introduced by: Gary Gaddis, MD PhD

Subject: Emergency Medical Services Vehicles

Referred to:

WHEREAS, According to a 2020 study reported in *Health Affairs,* the health care industry produces 4.4 to 4.6% of all of global "greenhouse gas" (GHG) emissions; and,

WHEREAS, GHG emissions have contributed to a progressively increased carbon dioxide (CO_2) fraction of the air, and to a progressively increased average temperature of the surface of the Earth (long-term, non-human-induced cyclical fluctuations of Earth temperatures not due to human-induced GHG emissions notwithstanding); and,

WHEREAS, These elevated temperatures have contributed measurably to increased morbidity and mortality of outdoor laborers, to increased numbers of extreme weather events, and to other events adverse for the health of humans and the ecosystems upon which human life depends; and,

WHEREAS, Emergency Medical Services (EMS) vehicles are an important contributor to this health care-related GHG burden from gases such as CO_2, because almost all EMS vehicles are large, petroleum-powered vehicles; and,

WHEREAS, Electrically-powered vehicles of a similar size to EMS vehicles have recently been recently placed into service by delivery services such as Amazon and UPS; and,

WHEREAS, Both Amazon and UPS have thus enabled a significant decrease of their fleets' GHG emissions; and,

WHEREAS, The deployment of these large, electrically-powered delivery vehicles by Amazon and UPS suggests similar opportunities may exist in urban locales to deploy new electrically-powered EMS vehicles, as older petroleum-powered vehicles are rotated out of service; and,

WHEREAS, the National Health Service of Great Britain is currently studying the idea of deployment of electrically-powered EMS vehicles in that nation; and,

WHEREAS, Available technology currently exists to enable rapid "re-charging" of large EMS vehicles' batteries in "ambulance bays" of hospitals, upon arrival of those EMS vehicles to hospitals' ambulance bays, once hospitals provide such charging stations; and,

WHEREAS, Sufficient time to adequately recharge EMS vehicles in emergency department "ambulance bays" exists, because intervals between patient unloading at the hospital and EMS crew departure from the hospital typically exceed 15 minutes; and,

WHEREAS, Hospitals typically own and operate large emergency electrical generators that would make concerns centered upon consequences of local temporary electrical power outages moot; and,

WHEREAS, Time is running short to permit mankind to limit GHGs to a quantity not likely to disrupt life and ecosystems irreversibly with unforeseeable consequences to humans and their health; therefore, be it,

RESOLVED, That our Missouri State Medical Association will submit to the House of Delegates (HOD) of the American Medical Association (AMA), for consideration at the AMA HOD Annual Meeting in Chicago in June of 2024, a proposed resolution that the AMA's Council on Science and Public Health be directed to study the potential feasibility of and GHG impact that could be achieved from transitioning America's current urban EMS vehicle fleet from petroleum power to electrical power, as vehicles currently in service are retired (Directive to Take Action); and be it further,

RESOLVED, That our American Medical Association will forward the results of this study by the Council on Science and Public Health to health care journalists, hospital regulators, EMS system leaders, and other relevant parties, toward the eventual implementation of the findings and recommendations that are anticipated to be reached (Directive to Take Action).

Fiscal Note: None

Current Policy:

Resolution #16 - Emergency Medical Services Vehicles Introduced by Gary Gaddis, MD PhD

Ellie Bui – Medical Student – KCU – Representing Self – No Disclosures

As someone who is currently and continue to be working in the healthcare field as well as experiencing the impact of environmental changes, I fully SUPPORT this resolution. I believe that a vehicle used to provide care should steer away from contributing any more harm and burden to the environment, and consequentially human health. The author discussed the deployment of electrically-powered EMS vehicles aligns with ongoing efforts by the NHS of Great Britain as well as the successful initiatives in delivery services in the U.S. to substantially reduce greenhouse gas emissions. Therefore, I don't see why we shouldn't expand such sustainable practices further, to our EMS vehicles, to improve the overall health and healthcare of our patients and ourselves.

Missouri State Medical Association
House of Delegates

Resolution # 17
(A-24)

Introduced by: Albert L. Hsu, MD

Subject: Promoting Sustainable Practices in Operating Rooms

Referred to:

WHEREAS, AMA Council on Science and Public Health Report 5 (I-23) "Promoting Multi-Use Devices and Sustainable Practices in the Operating Room" states that

- Waste generation is costly to health care systems. It was estimated that the US health care system spent 3.2 billion U.S. dollars in medical waste costs in 2017;
- The U.S. health sector is estimated to produce 6 billion tons of waste annually;
- Operating rooms (OR) are generally one of the most resource-intensive areas within hospitals themselves, contributing roughly 20-33% of total health care waste and are a major driver of hospital GHG emissions; and,

WHEREAS, at the 2023 "Open Endoscopy Forum," one presenter noted that

- *globally, healthcare accounts for TWICE the emissions of global aviation*
- *the pharmaceutical industry accounts for 13% more emissions than auto manufacturers.*
- *healthcare is currently on track to *double* its emissions by 2050.*
- *the healthcare industry is the biggest user of water, and the second biggest user of energy (after food service/refrigeration), as well as the biggest producer of waste (14K tons of waste/day, with 20-25% as plastic waste, 15% as infectious/hazardous waste, 10-15% as food waste).*
- *71% of healthcare emissions are primarily derived from our supply chains through production, transport, and disposal of goods and services, primarily due to single-use plastic petroleum products.*
- *in healthcare, 60% of the average healthcare organization's supply costs and 30% of energy costs are in the operating rooms. In fact, 1 hour's use of desflurane is equivalent to 375 miles of driving in a car;* and,

WHEREAS, regarding the impact of climate and pollution effects on birth outcomes, in 68 studies (including over 32 million births, as reported in 2020), there is an increased rate of preterm birth and low birthweight with worsening climate effects (with the largest effect in black and minority communities), and reducing the effects of pollution/climate change could result in a 27% reduction in preterm birth; and,

WHEREAS, there have been increasing reports of micro plastics in human placentas now, and in every placental membrane -- these plastics are often endocrine disruptors, such that to a disturbing effect, **our babies are being born "pre-polluted;" and,**

WHEREAS,"nearly everything we do in the OR is related to culture and incentives, NOT evidence" - "individual action doesn't matter and making climate change a personal responsibility distracts from the impact of industry... but *we* are that industry!"; and,

WHEREAS, "we could reduce greenhouse gas emissions from a laparoscopic hysterectomy by 80% by simply (a) minimising opened materials, (b) minimise the use of heat-trapping anaesthetic gases, (c) maximise instrument reuse and single-use device reprocessing, (d) shutting off the lights in the OR after-hours, etc;"; and,

WHEREAS, one "conservative" argument for this endeavor is that we all have limited resources, and that reducing waste is a good thing; and,

WHEREAS, one "liberal/progressive" argument for this endeavor is that efforts to reduce our carbon footprint(s) will help mitigate the deleterious effects of climate change; and,

WHEREAS, one "take-home" message from the AMA CSAPH report above, is that "we used to think the disposable devices in the OR would help minimize the risk of infection, but now we are throwing away a lot of unopened devices in our ORs, contributing to a huge amount of unnecessary and harmful waste; and,

WHEREAS*,* in 2022, our Missouri State Medical Association's Public Health Committee resolved to monitor AMA action on the issues surrounding climate change, and report back to MSMA on a regular basis; therefore, be it,

RESOLVED, that our Missouri State Medical Association (MSMA) communicate with the Missouri Hospital Association, encouraging messages to their member hospitals about the importance of more sustainable practices to reduce waste, such as using more reusable instead of disposable equipment in operating rooms (and also including a copy of the AMA Council on Science and Public Health's report on this issue); and, be it further,

RESOLVED, that our Missouri State Medical Association (MSMA) communicate with all physicians, hospitals, and independent surgical centers in Missouri, emphasizing the importance of more sustainable practices to reduce waste, such as using more reusable instead of disposable equipment in operating rooms (and also including a copy of the AMA Council on Science and Public Health's report on this issue); and, be it further,

RESOLVED, that our MSMA continue to monitor AMA action on climate change.

Fiscal Note: None

Current Policy:

REFERENCES

1. AMA Council on Science and Public Health Report 5 (I-23) "Promoting Multi-Use Devices and Sustainable Practices in the Operating Room

2. "Climate Change begins at 7:15; our unsustainable future in healthcare" presentation by Kelly Wright, Open Endoscopy Forum at < https://endoscopyforum.com/ >

3. "How the US Health Care System contributes to Climate Change," by the Commonwealth fund, at < https://www.commonwealthfund.org/publications/explainer/2022/apr/how-us-health-care-system-contributes-climate-change >

Resolution #17 - Promoting Sustainable Practices in Operating Rooms - Albert L. Hsu, MD

Frank A. Cornella, MD - Oral Maxillofacial Surgery - Springfield - Representing Self - Disclosures: Trapped on Earth

I fully support this resolution and would add that it should be resolved that the MSMA follow the lead of other state medical associations, like the Maine Medical Association, and become a member of the Medical Society Consortium on Climate & Health (MSCCH): https://medsocietiesforclimatehealth.org/our-community/. At the MSCCH website, there are articles related to medical waste and the reducing the carbon foot print of hospitals that may be of interest here: https://medsocietiesforclimatehealth.org/?s=hospital+waste

Gary M. Gaddis, MD, PhD - Emergency Medicine - Chillicothe - Representing Self - Disclosures: Author of two climate-centric proposed resolutions (#16/#22).

The "return on investment" from re-usable supplies is considerable. I was the Decision Editor for a paper accepted in 2023 by the Western Journal of Emergency Medicine, concerning the CO2 impact of use of re-usable vs disposable pulse oximeters in an Emerg. The chief resource imprint of re-usables is their cleaning, and of disposables their production and shipment. It only takes 2.3 uses of a reusable pulse oximeter to yield a lower carbon cost than is imposed by use of reusables. That seems compelling. Similar examples exist in numerous phases of medical care.

Missouri State Medical Association
House of Delegates

Resolution # 18
(A-24)

Introduced by: Jasleen Sekhon, Hanna Pawlowski, Bethany Baumgartner – Kansas City University

Subject: Endometriosis Disparities and Research

Referred to:

WHEREAS, Endometriosis is defined as a medical condition in which endometrial-like tissue is present outside of the uterus often causing immense inflammatory responses[1]; and,

WHEREAS, Since endometriosis is benign[2], complex patient presentations are overlooked despite patients suffering significant declines in quality of life impacting their social, psychological and physical wellbeing due to debilitating chronic pelvic pain[2-7]; and,

WHEREAS, There is no widely accepted etiology for the development of endometriosis[8] indicating a need for further research; and,

WHEREAS, The overall prevalence of endometriosis ranges from 2% to 18% of women[2], with the most commonly reported prevalence of 10%[1,4,5,9], compared to 11% of women experiencing infertility, 5-10% experiencing Polycystic Ovarian Syndrome, and 0.7% experiencing cervical cancer[10-12,20]; and,

WHEREAS, diagnostic delays remain one of greatest obstacles to access adequate healthcare for endometriosis patients[7] with the average time from onset of symptoms to diagnosis of endometriosis being 4 to 12 years[6,13] which can be attributed to gaps in knowledge in both physician and patient populations[7,9]; and,

WHEREAS, Patients suffering from endometriosis face menstruation-related stigma and lack general knowledge on what abnormal pain levels are deterring them from receiving appropriate care[9], as many patients are brushed off and told that pain with menstruation is normal; and,

WHEREAS, The negative consequences of a delayed diagnosis are not limited to bowel obstruction, ureteral obstruction leading to hydronephrosis[14,15], increased rates of ectopic pregnancy, rupture of an endometrioma, infertility interstitial cystitis, higher rates of suicidal ideation, depression, anxiety[9,16], all of which can be prevented with appropriate access to care; and,

WHEREAS, Endometriosis patients require comprehensive care including psychosocial monitoring, pelvic floor physical therapy which is out of the scope of many non-specialist physicans[7,9]; and,

WHEREAS, There is no cure for endometriosis with current treatment measures being inadequate for symptom control with 5-59% of patients having no improvement in pain with medical therapy with significant side effects such as bone loss, hot flashes and weight gain leading to discontinuation of therapy[9]; and,

WHEREAS, Current AMA policy D-420.989 reports that most of the current practice guidelines for endometriosis are based on consensus, expert opinion, and disease-oriented evidence rather than research, indicating the need for additional endometriosis research to improve endometriosis guidelines for physician practice[5,17]; and,

WHEREAS, Government changes in 2022 have included an increase in NIH funding for endometriosis research to $16 Million which is 0.04% of the total NIH budget ($2/person with endometriosis/year), while Crohn's disease received $90 Million ($130/person with Crohn's/year)[18]; and,

WHEREAS, Current AMA policy D-420.989 reports on the lack of nationwide funding for endometriosis with an emphasis on disparities faced by marginalized groups[20]; and,

WHEREAS, Endometriosis is lacking in current research funding[7,9] making it difficult to find valuable statistics for its prevalence in Missouri indicating the dire need for further funding and resources to be directed towards its study to improve physician and patient awareness of this disease in efforts of bettering outcomes; therefore, be it,

RESOLVED, That our MSMA support endometriosis to be considered a chronic[19] systemic disease that requires life-long management[5] with a goal of reducing pelvic pain and avoiding repeated surgical procedures in Missouri; and, be it further,

RESOLVED, That our MSMA recognize endometriosis as an area for health disparities research that continues to remain critically underfunded, resulting in a lack of evidence-based guidelines for diagnosis and treatment of this condition[20]; and, be it further,

RESOLVED, That our MSMA promote awareness of the negative effects of a delayed diagnosis of endometriosis and the healthcare burden this places on patients, including health disparities among patients from communities of color who have been historically marginalized[20]; and, be it further,

RESOLVED, That our MSMA advocate for increased endometriosis research addressing health disparities in the diagnosis, evaluation, and management of endometriosis[20].

Fiscal Note: **None**

Current Policy:

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Relevant AMA Policy

20. Addressing Disparities and Lack of Research for Endometriosis D-420.989

    Our American Medical Association will:
    1. Collaborate with stakeholders to recognize **endometriosis** as an area for health disparities research that continues to remain critically underfunded, resulting in a lack of evidence-based guidelines for diagnosis and treatment of this condition amongst people of color.
    2. Collaborate with stakeholders to promote awareness of the negative effects of a delayed diagnosis of **endometriosis** and the healthcare burden this places on patients, including health disparities among patients from communities of color who have been historically marginalized.
    3. Advocate for increased **endometriosis** research addressing health disparities in the diagnosis, evaluation, and management of **endometriosis**.
    4. Advocate for increased funding allocation to **endometriosis**-related research for patients of color, especially from federal organizations such as the National Institutes of Health.

21. An Expanded Definition of Women's Health H-525.976

    Our AMA recognizes the term "women's health"
    1.as inclusive of all health conditions for which there is evidence that women's risks, presentations, and/or responses to treatments are different from those of men, and encourages that evidence-based information regarding the impact of sex and gender be incorporated into medical practice, research, and training.

Resolution #18 - Endometriosis Disparities and Research - Introduced by Jasleen Sekhon, Hanna Pawlowski, Bethany Baumgartner –Kansas City University

Gary M. Gaddis, MD, PhD – Emergency Medicine – Chillicothe – Representing Self – No Disclosures

If this resolution gains the favor of the MSMA, I propose a "Friendly Amendment", that the MSMA introduce a proposed resolution for consideration by the AMA House of Delegates this June, incorporating the main points that this proposal contains. The AMA resolution submission deadline for June is April 9. This is not just a Missouri matter or problem, and it is my view that it merits a national approach.

Lorena Lasso – Medical Student – WU – Representing Self – No Disclosures

I strongly support this resolution, and I believe the MSMA should bring this issue to the AMA for national consideration as well.

Dorothy Munch, DO – Representing Self - (I am a registered Democrat.)

I feel that the intent of this resolution is very good. Sadly, healthcare and politics seem to be inexorably bound. However, it is a "slippery slope" for MSMA to formally support/endorse/court candidates as an organization. Individual MSMA members supporting candidates who further MSMA causes is the ideal. We don't want "politics" to hurt our organization or turn us against each other.

Missouri State Medical Association
House of Delegates

Resolution # 19
(A-24)

Introduced by: Thomas Shireman, MD, and the Kansas City Medical Society

Subject: Promoting Physician Wellness

Referred to:

WHEREAS, physicians are the number one specialty who commit suicide, even higher than military personnel; and,

WHEREAS, we need physicians to be healthy and not scared to get help for mental issues or substance use disorder; and,

WHEREAS, many physicians are opposed to getting mental health assistance or substance use disorder treatment for fear that this will be discovered on State Medical licensing and re-licensing applications, as well as hospital privileges and reappointments; and,

WHEREAS, many physicians are reluctant to share their mental health issues or substance use disorder with physician colleagues because hospitals may require these colleagues to divulge this information as peer references for hospital privilege applications and reapplications; and,

WHEREAS, many physicians are concerned that the confidentiality of their mental health services and substance use disorder treatment might be compromised; and,

WHEREAS, the United States Department of Justice recently found that to be compliant with the American Disability Act, professional licensing boards must limit mental health questions to current diagnoses that could impair an applicant's ability to perform duties; and,

WHEREAS, the Federation of State Medical Boards released 4 recommendations to be compliant with the American Disability Act:

1. Ask only if impaired
2. Ask only if current
3. Allow for safe haven nonreporting
4. Include supportive language normalizing physician wellness; and,

WHEREAS, in March of 2022 the United States Congress passed, and the President signed, the Lorna Breen Health Care Provider Protection Act which requires the United States Department of Health and Human Services to award grants and develop several policy recommendations including:

-improving mental & behavioral health among health care providers
-removing barriers to accessing care and treatment; therefore, be it,

RESOLVED, that MSMA work with the Missouri Physician Health Program to compile and publish on both of their websites a list of mental health services and substance use disorder treatments available for physicians; and, be it further,

RESOLVED, that MSMA encourage the Missouri Board of Healing Arts to amend their initial medical license application and their medical re-licensing application to:
-include supportive language normalizing physician wellness
-limit mental health questions to current diagnoses that could impair a physician's ability to perform duties
-allow for "safe haven" nonreporting for physicians who are receiving treatment and monitoring in either the Missouri Physicians Health Program or the Physician and Health Professional Wellness Program
-allow for "safe haven" nonreporting for physicians who have successfully completed a treatment program
-encourage nonpunitive 100% confidential mental health care; and, be it further,

RESOLVED, that MSMA encourage the Missouri Board of Narcotics and Dangerous Drugs (BNDD) to amend their initial physician licensing application and physician re-licensing application to:
-include supportive language normalizing physician wellness
-limit mental health questions to current diagnoses that could impair a physician's ability to perform duties
-allow for "safe haven" nonreporting for physicians who are receiving treatment and monitoring in either the Missouri Physicians Health Program or the Physician and Health Professional Wellness Program
-allow for "safe haven" nonreporting for physicians who have successfully completed a treatment program
-encourage nonpunitive 100% confidential mental health care; and, be it further,

RESOLVED, that MSMA encourage hospitals in Missouri to amend their initial physician privilege application and their physician reappointment privilege application to:
-include supportive language normalizing physician wellness
-limit mental health questions to current diagnoses that could impair a physician's ability to perform duties
-allow for "safe haven" nonreporting for physicians who are receiving treatment and monitoring in either the Missouri Physicians Health Program or the Physician and Health Professional Wellness Program
-allow for "safe haven" nonreporting for physicians who have successfully completed a treatment program
-encourage nonpunitive 100% confidential mental health care
-Remove peer reference questions regarding mental health and substance use disorders of physician colleagues

Fiscal Note: None

Current Policy:

Alcohol - Abuse

The MSMA continues to support the work of community-based organizations such as AA, Al-Anon, Narcotics Anonymous, and others, and it reaffirms its support of professional and public education efforts designed to alert people to the dangers of alcohol and drug abuse. In addition, the MSMA supports the Missouri Physicians Health Program and similar programs aimed at helping the victims of alcohol and drug abuse to recover successfully. (1987)

Physician and Trainee Suicide

The MSMA endorses resident, fellow, and medical student participation on the Show-Me Compassionate Medical Education Committee. (2019)

References:

1. Wible,P et al. Physician-Friendly States…….. Qualitative Research in Medicine and Healthcare 2019;volume3:107-119

2. Douglas,RN et al. Mental Health Questions on State Medical License Applications…….JAMA Network Open. 2023;6(9):e2333360

3. Wible,P et al. 75% of Medical Students are on antidepressants…….Posted September 4, 2017.

4. Henry,Tanya. 23 Medical Boards Make Changes to Support Physician Well-Being. AMA. Posted on July 3,2023.

Resolution #19 - Promoting Physician Wellness - Introduced by Thomas Shireman, MD, and the Kansas City Medical Society

James B. Wolfe, MD - Otolaryngology - Springfield - Representing District 8 - No Disclosures

Because patients have a right to know of their providers' impairments that are currently untreated, safe haven status should be limited to only physicians that are currently under treatment and those who continue to be monitored by a trusted third party to insure their "sobriety".

Gary M. Gaddis, MD, PhD - Emergency Medicine - Chillicothe - Representing Self - Disclosures: Author of Resolution #21

As the author of highly-concordant but independently-written Resolution 21, I support this resolution, especially as regards not only physician licensure but also hospital credentialing. Burnout is said to afflict up to 60% of physicians in my specialty. Burnout often leads to depression, which can be managed as an outpatient. I'd rather receive care from a doctor getting outpatient treatment for depression than from a brittle diabetic whose blood sugar happened to be quite low today. It's not just mental health issues that can compromise one's ability to provide effective care, yet mental health issues are somehow "singled out". This needs to end.

Ellie Bui – Medical Student – KCU -Representing Self – No Disclosures

This resolution is crucial to the health and future of our physicians and the medical field in general. We have heard many heartbreaking stories of physicians, residents, and medical students suffering from mental health issues leading to many of them committing suicide, due to the demand and stress level of this field and of the medical education. My school has provided lectures, talks, and resources on how to cope with the mental strain of medical education but we all know that is not enough. We all know that there needs to be changes in the policy and the stigma around this issue, even shown through the medical license application. It is then that we can receive the care and support needed to continue providing health care to the patients in need.

Missouri State Medical Association
House of Delegates

Resolution # 20
(A-24)

Introduced by: Harita Abraham – OMS-III, Kansas City University

Subject: Medical Student Clinical Education

Referred to:

WHEREAS, Missouri has 6 medical schools and trains the 9th most medical students of all states in the nation, graduating over 1000 medical students per year[2]; and,

WHEREAS, medical students require clinical education opportunities with physician preceptors which prepare them for future medical practice, provide them with mentorship, and encourage them to consider practicing medicine in Missouri; and,

WHEREAS, the Missouri General Assembly affirmed the state's commitment to medical student education through the enactment of SB 801[1] in 2023, offering a tax credit of up to $3,000 per year per physician preceptor; and,

WHEREAS, despite these legislative efforts, there remains a limited number of physician preceptors providing clinical education to medical students in Missouri; and,

WHEREAS, each year there are more Advance Practice Registered Nursing (APRN) students that are required to have clinical education by physician preceptors; and,

WHEREAS, APRN students may displace medical students from comprehensive clinical education opportunities with physician preceptors; and,

WHEREAS, it is imperative to uphold the quality and integrity of medical student education to ensure that Missouri produces highly skilled and competent physicians for the healthcare needs of its population; therefore, be it,

RESOLVED, that MSMA encourages Missouri physician preceptors to prioritize the clinical education of medical students possibly through internal policy; and be it further,

RESOLVED, that MSMA encourages medical schools to offer competitive reimbursement to precepting physicians; and be it further,

RESOLVED, that MSMA encourages Missouri hospitals to develop and implement policies to prioritize the clinical education of medical students; and be it further,

RESOLVED, that MSMA encourages the Missouri General Assembly to further incentivize physicians, medical schools and hospitals to prioritize the clinical education of medical students for the wellbeing of the citizenry of Missouri.

Fiscal Note: **None**

Current Policy:

Current MSMA Policy
MSMA Mission Statement: "...betterment of the of the medical profession in Missouri"
Medical School Funding- MSMA supports an increase in federal and state funding for medical education at the medical schools in the state of Missouri

References

1. Senate Bill 801, 101 Cong. (2023). https://www.senate.mo.gov/22info/pdf-bill/intro/SB801.pdf

2. *Total Number of Medical School Graduates*. (n.d.). KFF. Retrieved March 13, 2024, from https://www.kff.org/other/state-indicator/total-medical-school-graduates/?currentTimeframe=0&sortModedl=%7B%22colId%22:%22Location%22

Resolution #20 - Medical Student Clinical Education - Introduced by Harita Abraham – OMS-III, Kansas City University

Gary M. Gaddis, MD, PhD - Emergency Medicine - Chillicothe - Representing Self - Disclosures: I have written an extensive commentary for Missouri Medicine related to this issue. These commentaries are a two-part series to be published in the next two issues of Missouri Medicine

One added factor is that APRN preceptors are often secured by the APRN student, to precept them at a site never visited by the APRN-degree-granting institution, and then the student is evaluated by that preceptor who lacks a faculty appointment at the degree-granting institution. This would be unthinkable in MD or DO training, or even in PA training. I can't believe that any accredited university allows this type of academic sloppiness. I also cannot believe this is permissible for schools seeking to gain or maintain accreditation to educate APRNs. It will interest me to informally discuss in the hallways this weekend whether this issue of what I perceive as academic fraud on the part of many APRN programs could be a useful topic for 2025 resolutions.

Further, I would support a "Resolved" clause to be added, that for any Missouri physician to serve as an APRN preceptor without an academic appointment from the degree-granting institution, and without that institution conducting a meaningful site visit to determine the academic suitability of the clinical training site, then for the physician to serve as an APRN student preceptor in such circumstances should be considered an ethical violation, which contributes to the ability of APRN programs to persist in a practice more suited for apprenticeship programs than for an institution of higher education. Those who commit such an ethical violation would then be individually named in an annual listing of such physicians, to be published in each year's final issue of Missouri Medicine.

Charlie Adams – Medical Student – KCU – Representing Self – No Disclosures

As a fellow Osteopathic Medical student, I fully support this resolution. It is vital that we continue to prioritize the education of the next generation of physicians, this is vital for us to address the physician shortage in our state. Putting it on students to find their own rotations is an undue burden especially in light of the already high cost of medical school. It has the potential of placing certain students at a disadvantage.

Alexis Pheng – Medical Student – KCU – Representing Self – No Disclosures

As an upcoming third year osteopathic medical student, I found it difficult to try to set up clinical rotations on my own. Because of the lack of physician preceptors providing clinical education to medical students in Missouri, many students are becoming displaced from where they've received their first two years of medical education as well as where they've established a new home. This can cause financial distress and extreme anxiety about having to move to a new location simply for preceptorship that should be available and accessible here in Missouri.

Missouri State Medical Association
House of Delegates

Resolution # 21
(A-24)

Introduced by: Gary Gaddis, MD PhD

Subject: Physician Licensure Question

Referred to:

WHEREAS, Question #13 of the Licensure/Re-licensure application from the Missouri State Board of Registration for the Healing Arts for physicians currently states, "Do you currently have any condition or impairment which *in any way* (emphasis added by resolution author) affects your ability to practice in a professional, competent and safe manner, including but not limited to: (1) A mental, emotional, nervous or sexual disorder, or (2) an alcohol or substance abuse disorder, or (3) a physical disease or condition?"; and,

WHEREAS, the phenomenon of "burnout" has become more pervasive among physicians and other members of health care teams, such that in some specialties, more than 60% of practitioners may be suffering from "burnout", a statement so widely known and accepted that it need not be referenced; and,

WHEREAS, "Burnout" can easily lead to the psychological/psychiatric illness of depression, which could be characterized as a mental, emotional or nervous disorder that might impair one's ability to practice medicine in a "…professional, competent and safe manner…"; and,

WHEREAS, Depression is a disease which is best managed by a medical professional, rather than being ignored and not ameliorated by medical treatment; and,

WHEREAS, given the high current prevalence of "burnout" among physicians, it is logical to assert that the leaders of the Missouri Board of Healing Arts should be more concerned about clinicians who are not currently receiving care for a mental, emotional or nervous disorder, than the degree which they should be concerned about physicians obtaining outpatient treatment and management for such conditions, when outpatient management is appropriate; and,

WHEREAS, physicians are human beings; and,

WHEREAS, most adult human beings are afflicted by at least one disease state; and,

WHEREAS, these humans will function most effectively in their lives and duties when their disease state(s) is/are being actively and effectively managed; and,

WHEREAS, human beings who bear the burden of the disease of depression are disproportionately likely to **not** have their disease being actively managed, especially if they are physicians; and,

WHEREAS, Physicians who are depressed are more likely than their non-depressed peers to die by suicide; and,

WHEREAS, for a physician to die by suicide is a disastrous outcome which occurs in the United States in hundreds of instances annually; and,

WHEREAS, Missouri suffers from a chronic shortage of physicians, especially in rural areas and in primary care specialties; and,

WHEREAS, it is therefore in the interest of the citizens of Missouri that Missouri physicians remain as active practitioners of their specialty, unless sufficiently severe afflictions of a mental health disease make it unsafe and imprudent for that physician to continue to practice medicine; and,

WHEREAS, to remove barriers or perceived barriers for physicians to benefit from the receipt of outpatient mental health care services would be salutatory; therefore, be it,

RESOLVED, that our Missouri State Medical Association will work cooperatively with the Missouri State Board of Healing Arts to modify the current language of licensure/re-licensure question #13, such that it becomes clear that the State of Missouri and its Board of Healing Arts does not consider the mere receipt of mental health services by physicians to signify the presence of a mental, emotional or nervous impairment to safely practice medicine; and, be it further,

RESOLVED, that our Missouri State Medical Association will work to bring Missouri State Board of Healing Arts questions for re-licensure in compliance with American Medical Association Policy D 275.946, “Protecting Physician Wellbeing on Applications for Board Certification”, American Medical Association Policy H-275.945, “Self-Incriminating Questions on Applications for Licensure and Specialty Boards”, and American Medical Association Policy H-275.970, “Licensure Confidentiality”.

Fiscal Note: None

Current Policy:

Resolution #21 - Physician Licensure Question - Introduced by Gary Gaddis, MD, PhD

Frank A. Cornella, MD – Oral Maxillofacial Surgery – Springfield – Representing Self – No Disclosures

I agree fully with the spirit of this resolution. I have always felt that the wording of this licensure question was unprofessional and unnecessarily intrusive. The proper question should instead be, " "Do you currently have any condition or impairment, other than religious faith, which you think (underline "you") could threaten or limit your ability to practice in a professional, competent and safe manner." Interestingly, the example of holding strong religious beliefs is not included in the current licensure question as a condition that would qualify as an undesirable condition. Maybe because that would be scrutinized from the perspective of federal antidiscrimination law. Arguably being religious, or having any other propensity to accept propositions or ideas without evidence (or despite the evidence), not to mention a willingness or desire to impose those potentially unhealthful ideas on others, could qualify as a condition that might negatively affect the ability to practice, not only ethically, but also professionally, competently and/or safely. For that matter, considering our state's current reproductive health care legal environment, being "law abiding" would also qualify as a significant condition because of the potential harm (including death) caused by withholding lifesaving care for certain patients due to the threat of criminal prosecution. Perhaps the answer we should all give to this question as it exists should be, " I attest that I do not have any condition that would impair my ability to practice in a safe and professional manner that is any worse than my being a staunchly law-abiding, cult member." Not trying to be cute here, just accurate.

Gary M. Gaddis, MD, PhD – Emergency Medicine – Chillicothe – Representing Self – Disclosures: Author of Resolution #21

As the author of this proposal, I would welcome its discussion jointly with Resolution #19, because they both appear to have similar aims.

Missouri State Medical Association
House of Delegates

Resolution # 22
(A-24)

Introduced by: St. Louis Metropolitan Medical Society

Subject: Medicare Reimbursement for Telemedicine

Referred to:

WHEREAS, during the COVID-19 pandemic, Medicare billing rules were revised to enable and facilitate reimbursement to clinicians for services rendered by telemedicine links to their patients; and,

WHEREAS, these rules were adopted during the COVID-19 pandemic, and did not differentiate reimbursement rates for office-based vs telemedicine-based patient care; and,

WHEREAS, commercial insurers have generally adopted Medicare's methodology for reimbursement; and,

WHEREAS, reimbursement for telemedicine services has had two salutatory effects: 1) greater convenience for patients, and 2) decreased need to utilize petroleum-powered vehicles for patients' and doctors' transit from their homes to physicians' offices; and,

WHEREAS, for mobility-challenged patients telemedicine links offer an increased level of convenience; and,

WHEREAS, American Medical Association Policy D-135.966, "Declaring Climate Change a Public Health Crisis", states that a goal for America's health care sector is to decrease its greenhouse gas emissions by 50% by 2030, and to achieve "carbon neutrality" by 2050[1]; and,

WHEREAS, under Medicare, through December 31, 2024, Medicare will reimburse physicians for charges that accrue for the provision of medical care to patients via telehealth services[2]; and,

WHEREAS, the remission of the COVID pandemic has enabled much medical care to again be provided in "brick and mortar" offices, which makes it imperative that reimbursement rates for office-based care should be greater than reimbursement rates for telemedicine-based care, due to the greater overhead expenses associated with office-based care; and,

WHEREAS, to extend indefinitely the policy of reimbursement to physicians for services provided via telemedicine links (at rates lower than provided for office-based care) would be salutatory toward patient convenience and toward reducing the greenhouse gas emissions attributable to the healthcare sector, a previously-established goal of our AMA via its Policy D-135.9661; therefore, be it,

RESOLVED, that our Missouri State Medical Association will craft a Draft Resolution to submit to the American Medical Association's House of Delegates' Annual Meeting of June, 2024, consisting of the above "Whereas" statements, with the "Resolved" clause being that our Association supports removal of the December 31, 2024 "sunset" date currently set for Medicare to cease reimbursement for services provided via telemedicine, such that reimbursement of medical services provided by

telemedicine be continued indefinitely into the future, at a rate lower than characterizes reimbursement for office-based care, consistent with what would be advocated by the Relative Value Update Committee ("RUC"); and be it further,

RESOLVED, that our Missouri State Medical Association's resolution, as described above, will be accompanied by lobbying efforts toward enabling this objective of indefinite continuation of reimbursement for medical services provided via telemedicine.

Fiscal Note: None

Current Policy:

References:

1. Declaring Climate Change a Public Health Crisis D-135.966. AMA Policy Finder, Carbon Neutrality. https://policysearch.amaassn.org/policyfinder/detail/carbon%20neutrality?uri=%2FAMA Doc%2Fdirectives.xml-D135.966.xml Accessed February 9, 2024
2. Your Medicare Coverage/Telehealth. Medicare.gov.
3. https://www.medicare.gov/coverage/telehealth Accessed February 9, 2024.

Missouri State Medical Association
House of Delegates

Resolution # 23
(A-24)

Introduced by: Vikita Patel, Alexis Pheng, Nu Ellie Bui, Feng Ming Li, Reeya Patel, Kansas City University College of Osteopathic Medicine

Subject: Opioid Use Disorders During Pregnancy

Referred to:

WHEREAS, the opioid use disorder (OUD) epidemic is an increasing burden in the United States and has been declared a public health emergency[1,2]; and,

WHEREAS, opioid agonist pharmacotherapy is the standard of care treatment for pregnant individuals with OUD, surpassing medically supervised withdrawal (i.e., detoxification) in efficacy and risk reduction[3]; and,

WHEREAS, the American College of Obstetricians and Gynecologists (ACOG), Substance Abuse and Mental Health Services Association (SAMHSA), and World Health Organization (WHO) underscores the effectiveness and safety of agonists such as methadone and buprenorphine in managing OUD during pregnancy rather than detoxification, with proven benefits for maternal and fetal health[1,3,4]; and,

WHEREAS, the use of opioid maintenance therapy improves adherence to standard prenatal care and is shown to decrease the risk of preterm birth, low birth weight, and NICU admissions[5,6]; and,

WHEREAS, our AMA has a policy supporting brief interventions and early comprehensive treatment for pregnant individuals with OUD, and supports legislation and efforts for expansion and improved access to evidence-based treatment for substance use disorders during pregnancy[7]; and,

WHEREAS, our AMA has a policy encouraging the crucial support for establishing and increasing availability of specialized treatment programs for drug-addicted pregnant and breastfeeding women whenever possible, specifically with the provision of physician-led, evidence-based care that offers supportive services for rehabilitation[8]; and,

WHEREAS, despite the clear benefits of medication-assisted treatment, significant barriers such as stigma, lack of education, mistrust of physicians, and legal constraints hinder access for pregnant individuals, particularly in rural and medically underserved areas[9]; and,

WHEREAS, women who use substances that *do* receive prenatal care experience more positive birth outcomes and have greater opportunities for other health promoting interventions than women who do not receive care[10]; and,

WHEREAS, despite the recent elimination of the X waiver requirement to prescribe buprenorphine, increasing buprenorphine knowledge among providers is vital for encouraging patients to seek treatment and decreasing stigma surrounding OUD[11]; and,

WHEREAS, provider inexperience is a barrier to treatment, as less than half of the already few buprenorphine providers are willing to prescribe treatment due to the general lack of knowledge in utilizing opioid agonist treatment in pregnant patients[12]; and,

WHEREAS, our AMA has policies encouraging physicians to increase their knowledge on the effects of substance use during pregnancy and breastfeeding through continued medical education opportunities and routine inquiry about substance use in the course of providing prenatal care[8,13]; and,

WHEREAS, research has shown that clinics in Missouri with opioid treatment programs are predominantly located in urban areas[14]; and,

WHEREAS, states with more rural populations and medically underserved areas dispensed the most opioids per person in the last 10 years, but did not provide as much access to rehabilitation[11]; and,

WHEREAS, high risk rural populations such as American Indians experience significant barriers to accessing care for OUD during pregnancy[15]; therefore, be it,

RESOLVED, that our MSMA supports the expansion of access to evidence-based treatments, particularly buprenorphine, for pregnant individuals with opioid use disorder, with a specific focus on underserved areas and high risk populations; and, be it further,

RESOLVED, that our MSMA advocates for improved medical education on the knowledge and management of opioid use disorders during pregnancy and the perinatal period aimed at reducing stigma and misinformation among healthcare professionals, ensuring compassionate and effective care; and, be it further,

RESOLVED, that our MSMA advocates for equitable access to comprehensive prenatal care and addiction treatment services for pregnant individuals with opioid use disorder.

Fiscal Note: **None**

Current Policy:

References:

1. American College of Obstetricians and Gynecologists. Opioid Use and Opioid Use Disorder in Pregnancy. Acog.org. Published August 2017. https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/08/opioid-use-and-opioid-use-disorder-in-pregnancy
2. Becerra X. Renewal of Determination that a Public Health Emergency Exists as a Result of the Continued Consequences of the Opioid Crisis. aspr.hhs.gov. https://aspr.hhs.gov/legal/PHE/Pages/Opioid-22Dec2022.aspx
3. Amatetti S, Stedt E, Young NK, et al. A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders. Practice and Policy Considerations for Child Welfare, Collaborating Medical, and Service Providers. HHS Publication No. (SMA) 16-4978. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2016
4. World Health Organisation. Guidelines for Identification and Management of Substance Use and Substance Use Disorders in Pregnancy. www.who.int. Published 2014. https://www.who.int/publications/i/item/9789241548731
5. Ly V, Persad MD, Herrera K, Garry D, Garretto D. Does Opioid Maintenance Therapy Decrease the Risk of Neonatal Withdrawal in Mothers with Opioid Use Disorder? [28N]. *Obstetrics & Gynecology*. 2018;131 Suppl 1:159S. doi:10.1097/01.AOG.0000533124.64418.cf
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RELEVANT AMA POLICY

H-420.950 Substance Use Disorders During Pregnancy
Our AMA will:
(1) support brief interventions (such as engaging a patient in a short conversation, providing feedback and advice) and referral for early comprehensive treatment of pregnant individuals with opioid use and opioid use disorder (including naloxone or other overdose reversal medication education and distribution) using a coordinated multidisciplinary approach without criminal sanctions;
(2) oppose any efforts to imply that a positive verbal substance use screen, a positive toxicology test, or the diagnosis of substance use disorder during pregnancy automatically represents child abuse;
(3) support legislative and other appropriate efforts for the expansion and improved access to evidence-based treatment for substance use disorders during pregnancy;
(4) oppose the filing of a child protective services report or the removal of infants from their mothers solely based on a single positive prenatal drug screen without appropriate evaluation;
(5) advocate for appropriate medical evaluation prior to the removal of a child, which takes into account (a) the desire to preserve the individual's family structure, (b) the patient's treatment status, and (c) current impairment status when substance use is suspected; and
(6) advocate that state and federal child protection laws be amended so that pregnant people with substance use and substance use disorders are only reported to child welfare agencies when protective concerns are identified by the clinical team, rather than through automatic or mandated reporting of all pregnant people with a positive toxicology test, positive verbal substance use screen, or diagnosis of a substance use disorder.
[Res. 209, A-18; Modified: Res. 520, A-19; Modified: Res. 505, A-23]

H-420.962 Perinatal Addiction - Issues in Care and Prevention
Our AMA:
(1) adopts the following statement: Transplacental drug transfer should not be subject to criminal sanctions or civil liability; (2) encourages the federal government to expand the proportion of funds allocated to drug treatment, prevention, and education. In particular, support is crucial for establishing and making broadly available specialized treatment programs for drug-addicted pregnant and breastfeeding women wherever possible; (3) urges the federal government to fund additional research to further knowledge about and effective treatment programs for drug-addicted pregnant and breastfeeding women, encourages also the support of research that provides long-term follow-up data on the developmental consequences of perinatal drug exposure, and identifies appropriate methodologies for early intervention with perinatally exposed children; (4) reaffirms the following statement: Pregnant and breastfeeding patients with substance use disorders should be provided with physician-led, team-based care that is evidence-based and offers the ancillary and supportive services that are necessary to support rehabilitation; and (5) through its communication vehicles, encourages all physicians to increase their knowledge regarding the effects of drug

and alcohol use during pregnancy and breastfeeding and to routinely inquire about alcohol and drug use in the course of providing prenatal care.
[CSA Rep. G, A-92; Reaffirmation A-99; Reaffirmation A-09; Modified and Reaffirmed: CSAPH Rep. 1, A-09; Modified: Alt. Res. 507, A-16; Modified: Res. 906, I-17; Reaffirmed: Res. 514, A-19]

H-420.971 Infant Victims of Substance Abuse
It is the policy of the AMA:
(1) to develop educational programs for physicians to enable them to recognize, evaluate and counsel women of childbearing age about the impact of substance use disorders on their children; and (2) to call for more funding for treatment and research of the long-term effects of maternal substance use disorders on children.
[Res. 101, A-90; Reaffirmation A-99; Modified and Reaffirmed: CSAPH Rep. 1, A-09; Reaffirmed: CSAPH Rep. 01, A-19]

Resolution #23 - Opioid Use Disorders During Pregnancy - Introduced by Vikita Patel, Alexis Pheng, Nu Ellie Bui, Feng Ming Li, Reeya Patel, Kansas City University College of Osteopathic Medicine

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

Telemedicine could be very helpful to effectively bring this initiative to rural areas. Rural patients with an OUD need a physician to knowledgeably prescribe a medication to treat OUD, access to urine drug screening, and access to psychological interventions such as Cognitive Behavioral Therapy. Any town big enough to have citizens who have been convicted of DUI have access to urine drug screening for those persons who merit it on an ongoing basis. Thus, telemedicine could really help realize the goals of this proposal, by facilitating access to the right mental health professionals, even for the most rural of rural regions, such as several areas of Missouri.

Missouri State Medical Association
House of Delegates

Resolution # 24
(A-24)

Introduced by: Albert L. Hsu, MD

Subject: Opposing "Personhood" Rights for Embryos

Referred to:

WHEREAS, on Fri 2/16/24, the Alabama Supreme Court[1] ruled that

(a) "an embryo created through in vitro fertilization (IVF) is a child protected by Alabama's wrongful death act and the Alabama Constitution;" and that,
(b) "a human frozen embryo is a 'child' which is an unborn or recently born children;" and that
(c) "the Constitution … commands the judge to … upholding the sanctity of unborn life, including unborn life that exists outside the womb;" and that,
(d) "the Court would not create an exception in the statute for these IVF embryo children just because they were located outside the womb;" and,

WHEREAS, historically, multiple states have already rejected attempts through legislation, constitutional amendments or ballot measures to establish and expand the definition of personhood and associated rights:

- In 2008 and 2010, Colorado[2] voters rejected ballot measures, to give constitutional rights to individuals "at the beginning of biological development;" and,
- In 2011, Mississippi[3] considered Proposition 26: "Should the term 'person' be defined to include every human being from the moment of fertilization, cloning, or the equivalent thereof?" which was voted down; and,
- In 2012, the Virginia House of Delegates[4-5] passed House Bill 1 that was subsequently tabled by the state Senate until 2013, which if passed would "construe the word 'person' under Virginia Law … to include unborn children" and enact that "the life of each human being begins at conception;" and,
- Similar "Personhood" bills have also been passed by a single legislative chamber in North Dakota, Oklahoma;[6] and Mississippi,[7] and,

WHEREAS, these "Personhood" bills and ballot measures define a person as being a legal entity from the moment of conception; and thus define fertilized eggs and embryos, as persons with constitutional rights; and,

WHEREAS, giving constitutional rights to a fertilized oocyte or embryo would interfere with the physician-patient relationship in the provision of in vitro fertilization (IVF) services; and,

WHEREAS, in current IVF practice in the United States, over half of embryo transfers will *not* result in live birth, as many embryos after transfer will either (a) not result in a pregnancy, (b) result in a miscarriage, or (c) result in a non-viable ectopic or molar pregnancy; and,

WHEREAS, cryopreserved embryos also do *not* have a 100% thaw-survival rate, and a small percentage of embryos will not survive freeze-thaw; and if embryos in the IVF lab have the same legal

status as children, then an embryology laboratory that fails to have a 100% thaw-survival rate may also have some potential liability; and,

WHEREAS, not all IVF patients can afford the long-term storage fees to cryopreserve embryos for future use or to donate those embryos to others; and,

WHEREAS, defining all embryos as "children" promotes the dangerous notion that all embryos should somehow be transferred in an IVF cycle (instead of cryopreserving extra embryos of adequate quality), which could potentially increase the rate of dangerous higher-order multiple gestation pregnancies (triplets, quadruplets, etc); and,

WHEREAS, defining all embryos as "children" may promote the dangerous and misguided notion that an ectopic pregnancy could somehow be safely implanted into the uterus (as is erroneously reported on various "Personhood" websites[9]); and,

WHEREAS, considering embryos to be "children" also raises potential legal complications, such as how inheritance and probate laws would apply to embryos, and,

WHEREAS, defining all embryos as "children" may promote the dangerous and misguided notion that a molar pregnancy can somehow be "rescued" instead of being a potential cancer; and,

WHEREAS, considering abandoned embryos to be "children" raises questions about whether states would then be liable to provide support for cryopreserved embryos and long-term storage costs, such as under Medicaid as if they were "wards" of the state; and,

WHEREAS, giving "rights" to embryos in the IVF lab will potentially complicate the practice of IVF by inappropriately pressuring physicians to transfer abnormally-growing and arrested embryos; and,

WHEREAS, the American Society for Reproductive Medicine (ASRM) Position Statement on Personhood Measures states that

- The ASRM is strongly opposed to measures granting constitutional rights or protections and "personhood" status to fertilized reproductive tissues.
- IN a growing number of states, vaguely worded and often misleading measures are appearing either in legislation or as proposed constitutional amendments, defining when life begins and granting legal "personhood" status to embryos at varying stages of development. If approved, these measures will have profound consequences for women and their families.
- …, these broadly worded measures will have significant effects on a number of medical treatments available to women of reproductive age.
    - Personhood measures would make illegal some commonly used birth control methods.
    - Personhood measures would make illegal a physician's ability to provide medically appropriate care to women experiencing life-threatening complications due to a tubal pregnancy.
    - Personhood measures would consign infertility patients to less effective, less safe treatments for their disease.
    - Personhood measures would unduly restrict infertile patients' right to make decisions about their own medical treatments, including determining the fate of any embryos created as part of the IVF process.
- ASRM will oppose any personhood measure that is unclear, confusing, ambiguous, or not based on sound scientific or medical knowledge, and which threatens the safety and effective treatment of patients.

therefore, be it,

RESOLVED, that our Missouri State Medical Association (MSMA) and American Medical Association oppose any legislation or ballot measures that could criminalize in-vitro fertilization (Establish New Policy); and, be it further,

RESOLVED, that our MSMA and AMA work with other interested organizations to oppose any legislation or ballot measures that equate gametes (oocytes and sperm) or embryos with children; and, be it further,

RESOLVED, that our MSMA and AMA work with other interested organizations to oppose Court rulings that equate gametes (oocytes and sperm) or embryos with children; and, be it further,

RESOLVED, that our AMA report back on this issue at A-25; and, be it further,

RESOLVED, that our MSMA forward this resolution to the AMA at A-24.

Fiscal Note: None

Current Policy:

Resolution - #24 - Opposing “Personhood” Rights for Embryos Introduced by Albert L. Hsu, MD

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

I strongly support this resolution and hope that MSMA would forcefully speak out on all issues related to the political/legislative attempts to control women via the criminalization of reproductive health care (including contraception) delivered by physicians and others. The only thing I would suggest is adding a definition of the term, embryo. Since that term can be taken to mean (Webster's definition), "a vertebrate at any stage of development up until birth or hatching," perhaps instead specify that MSMA should oppose any legislation that equates a human embryo with the legal status of a "human person when said embryo is anything other than an implanted (in utero), fertilized egg which has developed beyond the end of the eight week after conception." I recommend using the word "human person" other than "child," as, legally, it is a distinction without a difference. Additionally, the word "child" is an attempt to increase the perceived value or innocence of the life as compared to an adult which is more more likely than a "child" to be a felon on death row or an "illegal".

Gary M. Gaddis, MD, PhD – Emergency Medicine – Chillicothe – Representing Self – No Disclosures

Focusing on Page 2, lines 49-51, during the 2019 session of the Ohio State Legislature, a bill was introduced by two legislators, and co-sponsored by about 1/3 of the members of those legislators' party, which would have required the attempted uterine implantation of an extracted ectopic pregnancy, with criminal penalties, not just civil penalties, for failure to comply. Never underestimate the magical thinking of which some legislators are demonstrably prone. On the other hand, we are physicians, not magicians. Dr. Hsu's proposal would enhance our chance as actual doctors to practice evidence-based medicine effectively.

Vikita Patel – Medical Student – KCU – No Disclosures

I strongly support this resolution. As a future physician and woman, like many others, who will be freezing her eggs and is greatly considering the use of IVF in the future, the "personhood" bills only further reduces the ability of a woman to have control of her reproductive rights and plan a family when it is optimal for her and when she is best able to support a child. It also limits the ability of ~1 in 8 women who suffer from infertility to even have biological children. The increased hesitancy for physicians to provide care in this realm due to fears of criminalization from these legislations will create greater barriers for access not only for procedures like IVF, but evidence-based medicine that will fall in a grey zone such as birth control, medically appropriate care during complications, and infertility treatments for patients. This would not be practicing ethical medicine, and thus I believe MSMA should support this resolution.