



**166<sup>th</sup>**  
**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](http://www.msma.org/convention)

# Table of Contents

MSMA Conflict of Interest Policy .....	4
Cover Letter .....	4
MEETING VENUE/SCHEDULE .....	6
Renaissance Hotel Maps .....	6
Presidential Inaugural Notice .....	7
Alliance Presidential Inaugural Notice .....	8
Preliminary Convention Schedule .....	9
General Sessions Schedule .....	10
HOUSE OF DELEGATES INFORMATION .....	12
Agenda - House of Delegates I and II .....	12
Delegate Instructions .....	14
MSMA Officers, Councilors, AMA Delegation, Committee/Commission Chairs and Staff .....	15
Actions on Resolutions from 2023 Annual Convention .....	18
REPORTS .....	20
Report of MSMA Insurance Agency .....	20
Report of Commission on Medical Economics .....	21
Report of Commission on Continuing Education .....	22
Report of MSMA Alliance .....	23
Report of Membership Committee .....	25
Report of Committee on Publication .....	26
Report of Missouri State Medical Foundation .....	28
Report of Missouri Physicians Health Foundation .....	29
Report of Executive Vice President .....	32
Report of Secretary .....	35
Report of Treasurer .....	37
2023-2024 Council Meeting Highlights .....	38
Report of Committee on Legislative Affairs .....	48
RESOLUTIONS/ONLINE COMMENTS .....	53



ST. LOUIS

# 166<sup>th</sup> Missouri State Medical Association Annual Convention

## MSMA Thanks Our 2024 Convention Sponsors



## 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

March 2024

Dear Doctor:

This is your copy of the Delegate's Handbook for the Missouri State Medical Association's 166<sup>th</sup> 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

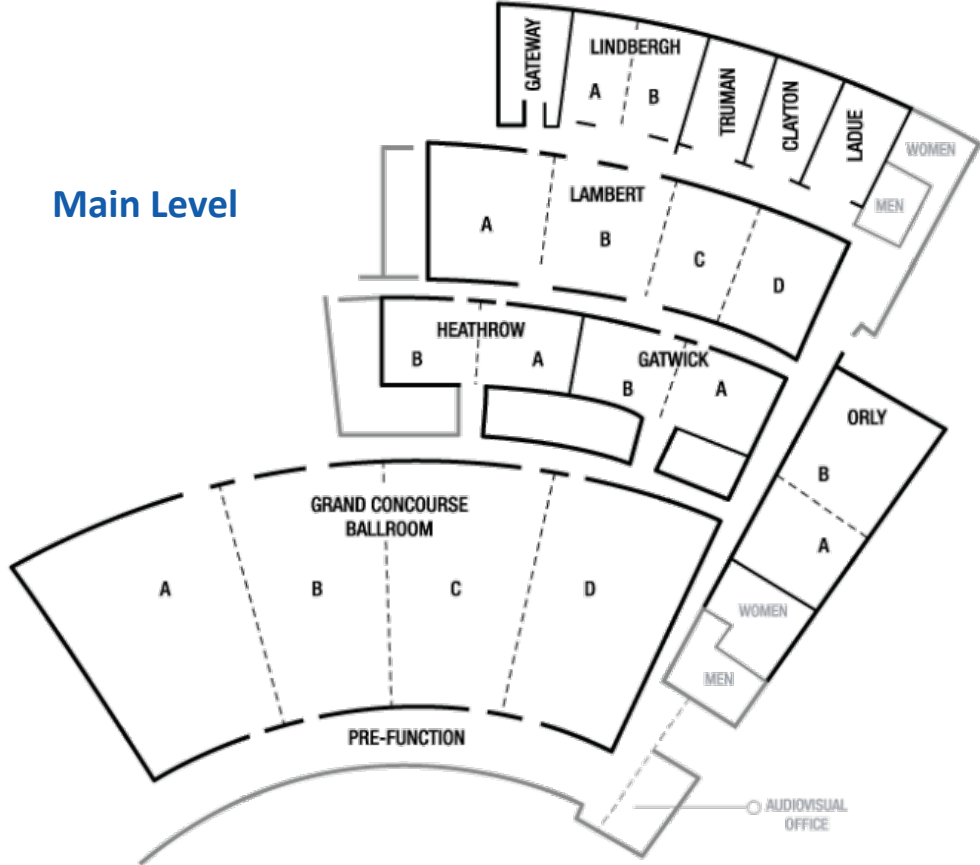
Timothy Swearingin, DO  
Speaker, MSMA House of Delegates

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

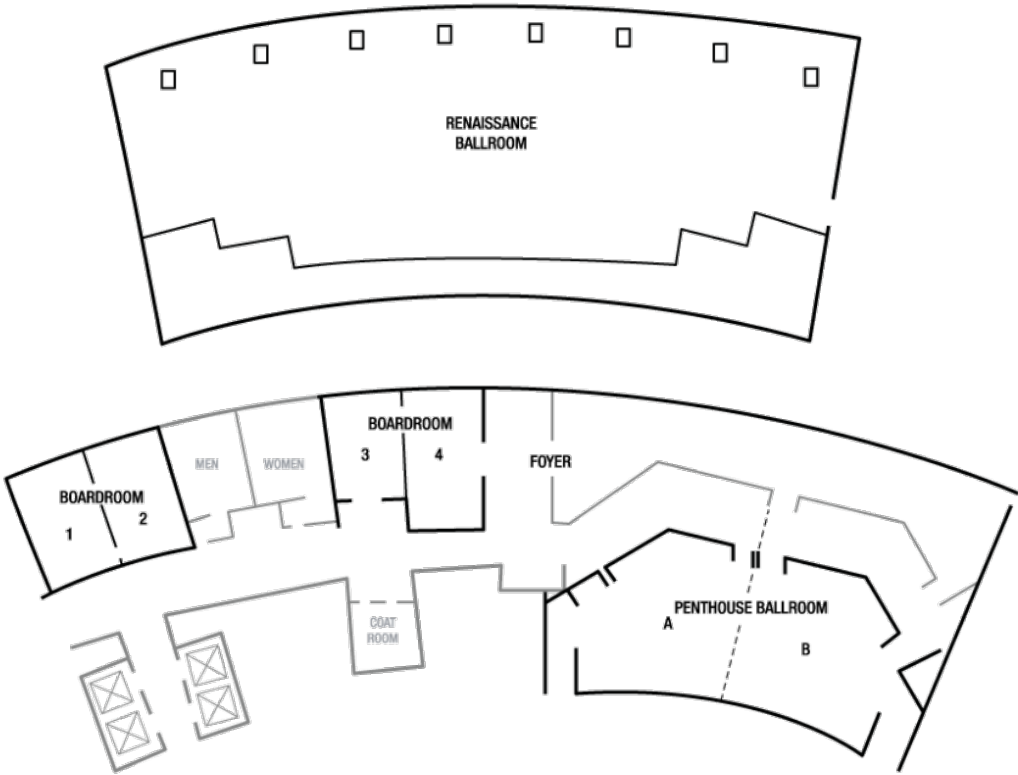
Jeff Howell, Executive Vice President – Resolutions, House of Delegates  
Benita Stennis – Meeting Planning  
Carol Meyer – Registration  
[www.msma.org/convention](http://www.msma.org/convention)  
573-636-5151

# Renaissance St. Louis Airport Hotel Floor Maps

Main Level



12<sup>th</sup> 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*



**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 ANNUAL CONVENTION

## 2024 PRELIMINARY PROGRAM *(AS OF 3/21/2024)*

### Friday, April 5, 2024

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

### Saturday, April 6, 2024

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

### Sunday, April 7, 2024

7:00-8:00 am	District/Section Breakfasts
8:15 am	MSMA House of Delegates – 2nd Session
After HOD	MSMA Council Meeting

# 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

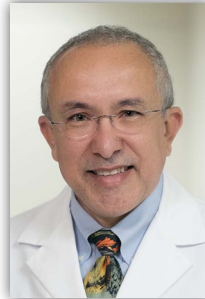
*Brian Biggers, MD*

#### 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™*



## BIG FIRM RESOURCES. SMALL FIRM ATTENTION. YES, YOU CAN HAVE BOTH.

Moneta financial advisors are part of a team numbering 300+ with 200+ designations serving the MSMA and many of its members. Our large-firm resources are delivered with the personalized attention we are committed to deliver. Let us take care of your financial health and help grow your wealth.

Steve Finerty, Michael Carpenter and Rob Hehmeyer | [monetagroup.com](http://monetagroup.com) | 314.244.3260

© Moneta Group Investment Advisors, LLC an SEC registered investment advisor and wholly owned subsidiary of Moneta Group, LLC. Registration as an investment advisor does not imply a certain level of skill or training. Moneta is a service mark owned by Moneta Group, LLC, trademark application pending. All rights reserved.

# **MSMA HOUSE OF DELEGATES**

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

## **AGENDA**

Call to order – Timothy Swearingin, DO, Speaker

Housekeeping Items – Timothy Swearingin, DO

Report of the Committee on Credentials – Kelly Schmidt, MD

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

Speaker’s Instructions and Appointment of Reference Committees – Timothy Swearingin, DO

President’s Message – Lancer Gates, DO

Report of the President of the MSMA Alliance – Sana Saleh

Presentation of Awards

Appointment of the Committee on Nominations – Lancer Gates, DO

New Business – Laurin Council, MD

# **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 Swarengin, DO

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

Report of the Election of Councilors – Ellen Nichols, MD

Report of the Reference Committee – George Hruza, MD

New Business – Timothy Swarengin, 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 166<sup>th</sup> 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

#### 1<sup>st</sup> 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 – 8<sup>th</sup> District

Brian Biggers, MD – Springfield

#### Vice Chair – 4<sup>th</sup> District

Kevin Weikart, MD – Lake St. Louis

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

Chakshu Gupta, MD – St. Joseph

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

Hossein Behniaye, MD – Hannibal

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

Erin Gardner, MD – St. Louis

Jennifer Page, MD – St. Louis

Inderjit Singh, MD – St. Louis

Christopher Swingle, DO – St. Louis

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

Lisa Thomas, MD – Lake Ozark

Amy Zguta, MD – Columbia

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

Dorothy Munch, DO – Poplar Bluff

Lirong Zhu, MD – Clayton

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

Betty Drees, MD – Kansas City

Fariha Shafi, MD – Overland Park, KS

Joanne Loethen, MD – Kansas City

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

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 Kylo, 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

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

Vacant

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

Barbara White, DO – Hannibal

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

Ramona Behshad, MD – St. Louis

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

Keith Ratcliff, MD – Washington

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

Jennifer Powell, MD – Osage Beach

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

Nathaniel Barbe, DO – Mountain Grove

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

Sarah Florio, MD – Lee's Summit

### 8<sup>th</sup> 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**

<b>RES #</b>	<b>SUBJECT</b>	<b>FINAL ACTION</b>
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



ASKFROST.COM

---

**FROST LAW**

---

TAX | BUSINESS | LITIGATION | ESTATE



## **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](mailto: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 12<sup>th</sup> 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

## **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****

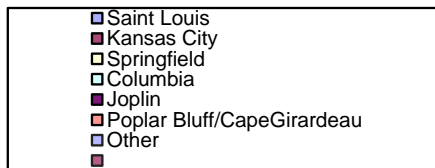
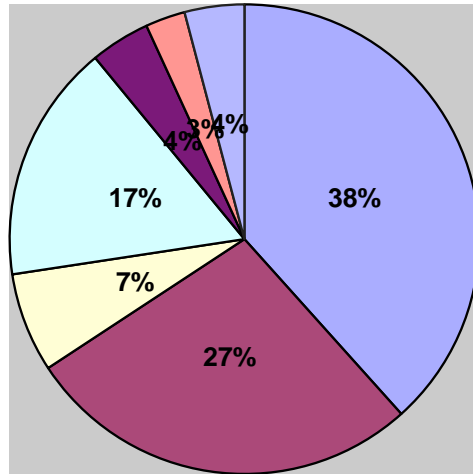


**January 1, 2023 to December 31, 2023**

**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**

<b>2023 New Participants</b>	23
<b>Participants Released</b>	
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
<b>Total</b>	<b>73</b>

## Supplementary-Revenue Information

### Year End 2023 – December 31, 2023

	Annual Budget	YTD 2023
<b>Contributions</b>	\$349,000	\$295,106.3
<b>Participant Fees</b>	<u>\$217,000</u>	<u>\$156,677.5</u>
<b><i>Total Revenue</i></b>	<b>\$566,000</b>	<b>\$451,783.8</b>

## **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](mailto: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.

<u>Year</u>	<u>Students</u>	<u>Residents</u>	<u>Active</u>	<u>Honor</u>	<u>Total</u>
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 Swearingin, DO, Springfield; and Laurin Council, MD, St. Louis.

Three Delegates and Four 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; Joseph Corrado, MD, Mexico; Peggy Barjenbruch, MD, Mexico; and Alternate Delegates: 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: 3<sup>rd</sup> District – Inderjit Singh, MD, St. Louis; Christopher Swingle, DO, St. Louis; 5<sup>th</sup> District – Lisa Thomas, MD, Lake Ozark; Amy Zguta, MD, Columbia; 6<sup>th</sup> District – Lirong Zhu, MD, Clayton; 7<sup>th</sup> 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: 3<sup>rd</sup> District – Ramona Behshad, MD, St. Louis; 5<sup>th</sup> District – Jennifer Powell, MD, Osage Beach; 6<sup>th</sup> District – Nathaniel Barbe, DO, Mountain Grove; 7<sup>th</sup> District – Sarah Florio, MD, Lee’s Summit; Organized Medical Staff Section – Albert Hsu, MD, Columbia; International Medical Graduate Section – Raghuvveer 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](mailto: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](http://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](http://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](https://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](https://msma.org/Convention). MSMA staff has secured sponsorships for several Convention programs and physicians are encouraged to reach out to [bstennis@msma.org](mailto: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](http://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*

Hosseini 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 Kylo, 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 paid 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 these 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 Swearingin, 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 Kylo, MD, St. Louis  
Carlin Ridpath, MD, Springfield  
Barbara White, DO, Hannibal  
\*\*Brian Biggers, MD, Springfield  
\*\*Kevin Weikart, MD, Lake St. Louis

\*\* Ex-officio



ACRISURE®



Wallstreet  
GROUP  
ADVISORS, LLC

**Missouri State Medical Association  
House of Delegates**

Resolution # 1  
(A-24)

Introduced by:           Committee on Constitution and Bylaws

Subject:                    Bylaws Change - Committees

Referred to:

- 
- 1   **WHEREAS**, the MSMA Bylaws is the governing document of the Missouri State Medical Association  
2   (MSMA); and,  
3  
4   **WHEREAS**, Chapter VII, Section 1, of the Bylaws lists the standing committees of the association; and,  
5  
6   **WHEREAS**, the Physicians Health Committee became a self-governing committee in 2020 under the  
7   direction of the Physicians Health Foundation Board of Directors; and,  
8  
9   **WHEREAS**, the Physicians Health Foundation Board of Directors oversees operations and management  
10  of the Missouri Physicians Health Program (MPHP); and,  
11  
12  **WHEREAS**, the members of the Physician Health Foundation Board of Directors will be nominated by the  
13  MSMA House of Delegates beginning in 2025; and,  
14  
15  **WHEREAS**, some of MSMA’s current policies are over 30 years old; and,  
16  
17  **WHEREAS**, MSMA needs mechanisms to review current policies for relevance and redundancy and  
18  resolutions to ensure they fit within the association’s mission statement; and,  
19  
20  **WHEREAS**, membership enrollment and participation are extremely important issues related to the  
21  association’s viability and influence; and,  
22  
23  **WHEREAS**, MSMA has convened an informal membership committee in the past, but has never had a  
24  bylaws-created Membership Committee; and,  
25  
26  **WHEREAS**, the Past Presidents Committee was enacted by a Bylaws change in 2017 and has never met;  
27  and,  
28  
29  **WHEREAS**, nonprofit organizations should update their bylaws in a timely fashion to ensure compliance  
30  with federal and state law and current internal governance practices, and to ensure sound governance  
31  policies are in place; and,  
32  
33  **WHEREAS**, this proposed Bylaws change does not require a change to the MSMA Constitution;  
34  therefore, be it,  
35  
36  **RESOLVED**, that the MSMA Bylaws, Chapter VII, Section 1, be amended as follows:  
37

38 **Chapter VII. Committees and Commissions**

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

- 41 • Executive Committee
- 42 • Committee on Constitution and Bylaws
- 43 • Committee on Publication
- 44 • Committee on Legislative Affairs
- 45 • ~~[Physicians Health Committee]~~
- 46 • **Policy Review Committee**
- 47 • **Membership Committee**
- 48 • Conflict of Interest Committee
- 49 • ~~[Past Presidents Committee]~~

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

56  
57 The Committee on Constitution and Bylaws shall consist of five members named by the President and  
58 shall propose such amendments to the Constitution and Bylaws as are deemed wise and expedient and  
59 bring before the House of Delegates such amendments as it or other members of the Association may  
60 present for consideration. The President shall appoint one member for one year, two members for two  
61 years and two members for three years. As the term of each expires, a successor shall be appointed for  
62 a term of three years.

63  
64 The Committee on Publication shall consist of five members and be appointed annually by the Council  
65 and shall be responsible for general publication and distribution policies of the Journal. The editor of the  
66 Journal shall be designated by the Council and also shall serve as Chair of the Committee on Publication.  
67 The Editor shall be empowered to nominate an Editorial Board, subject to approval by the Council. The  
68 members of the Editorial Board will assist the Editor in soliciting, preparing and reviewing material for  
69 publication in the Journal.

70  
71 The Committee on Legislative Affairs shall consist of fifteen members of the Association, appointed  
72 annually by the President, and five ex officio members. The ex officio members shall be the Association  
73 President, First Vice-President, President-Elect, Council Chair, and Council Vice-Chair. The Committee  
74 shall consider legislative proposals affecting health problems of the people of the state and the practice  
75 of medicine and shall make recommendations to the Council and the House of Delegates as well as  
76 directing staff activities in such matters.

77  
78 ~~[The Physicians Health Committee shall consist of members of the Association appointed by the  
79 President for a term of three years. The Physicians Health Committee shall plan and execute programs  
80 of professional assistance for members of this Association who may require assistance to continue or  
81 return to their professional activities.]~~

82  
83 ~~The Committee shall evaluate, maintain, or monitor the quality and utilization of health care services or  
84 exercise any combination of such responsibilities of the members in this program.]~~

85  
86 **The Policy Review Committee shall consist of five members of the Association, appointed by the  
87 President for a term of three years. For the initial appointments, The President shall appoint one**

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

96  
97 The Membership Committee shall consist of nine members of the Association. Seven active members  
98 shall serve a term of three years. One medical student member shall serve a one-year term. One  
99 resident physician member shall serve a one-year term. No district shall have more than two active  
100 members on the Committee. For the initial appointments, The President shall appoint three members  
101 for one year, three members for two years, and three members for three years. As the term of each  
102 expires, a successor shall be appointed. The Membership Committee shall meet at least semiannually  
103 to review membership data and trends, review and initiate membership programs, and review  
104 membership marketing. The Membership Committee shall report to the MSMA Council. The Council  
105 Chair shall be an ex-officio member of the Membership Committee.

106  
107 The Conflict-of-Interest Committee shall consist of five members of the Association, appointed by the  
108 President for a term of two years. The Committee shall monitor any reported conflicts of interest and  
109 determine appropriate outcomes. The Committee shall make recommendations to Council for the  
110 amendment of the Conflict-of-Interest Policy when appropriate to adhere to statutory and regulatory  
111 law.

112  
113 ~~[The Committee of Past Presidents shall consist of the MSMA Past Presidents who are members of the~~  
114 ~~Association and who volunteer to serve on the Committee. The Committee shall provide the MSMA~~  
115 ~~Council and House of Delegates with advice on such matters as may be necessary to advance the~~  
116 ~~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:

---

1   **WHEREAS**, the MSMA Bylaws is the governing document of the Missouri State Medical Association  
2   (MSMA); and,  
3  
4   **WHEREAS**, Chapter III, Section 11, of the Bylaws gives the MSMA House of Delegates the authority to  
5   elect delegates to the American Medical Association; and,  
6  
7   **WHEREAS**, AMA delegates may only serve a total of eight years on the delegation; and,  
8  
9   **WHEREAS**, AMA delegates term limitations should be extended if a delegate is serving in a leadership  
10  role at the AMA; and,  
11  
12  **WHEREAS**, MSMA needs a formal process for removing a delegate when required by the AMA; and,  
13  
14  **WHEREAS**, nonprofit organizations should update their bylaws in a timely fashion to ensure compliance  
15  with federal and state law and current internal governance practices, and to ensure sound governance  
16  policies are in place; and,  
17  
18  **WHEREAS**, this proposed Bylaws change does not require a change to the MSMA Constitution;  
19  therefore, be it,  
20  
21  **RESOLVED**, that the MSMA Bylaws, Chapter III, Section 11, be amended as follows:  
22  
23  The House of Delegates shall elect Delegates and Alternate Delegates to the House of Delegates of the  
24  American Medical Association in accordance with the Constitution and Bylaws of that body. MSMA  
25  members may serve a maximum of eight years as an AMA Delegate; however, **MSMA members who are**  
26  **elected to serve on** ~~[term limits are suspended while serving as a member of]~~ an AMA House of  
27  Delegates Council, **the AMA Board of Trustees, or the AMPAC Board of Directors may serve more than**  
28  **eight years until their term on the AMA Council or Board on which they serve has ended. If the AMA**  
29  **Bylaws require the number of MSMA delegates and/or alternate delegates to be reduced, the most**  
30  **recently elected delegate and/or alternate delegate who is not a medical student shall withdraw from**  
31  **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:

---

1   **WHEREAS**, the MSMA Bylaws is the governing document of the Missouri State Medical Association  
2   (MSMA); and,  
3  
4   **WHEREAS**, Chapter I, Section 2, of the Bylaws describes the six classes of MSMA membership; and,  
5  
6   **WHEREAS**, Retired members of MSMA are required to be at least 68 years of age; and,  
7  
8   **WHEREAS**, the pandemic has led to a number of physicians electing to retire early; and,  
9  
10  **WHEREAS**, the age-68 policy has inhibited some retired physicians from joining MSMA; and,  
11  
12  **WHEREAS**, nonprofit organizations should update their bylaws in a timely fashion to ensure compliance  
13  with federal and state law and current internal governance practices, and to ensure sound governance  
14  policies are in place; and,  
15  
16  **WHEREAS**, this proposed Bylaws change does not require a change to the MSMA Constitution;  
17  therefore, be it,  
18  
19  **RESOLVED**, that the MSMA Bylaws, Chapter I, Section 2, be amended as follows:  
  
20  Retired members shall be limited to physicians who have ~~reached the age of 68 and have~~ retired from  
21  the practice of medicine and other healthcare-related employment. Association members must request  
22  retired status. Retired members may not serve as officers, councilors, vice-councilors, AMA delegates,  
23  or AMA alternate delegates. They shall enjoy all other privileges of active membership.

**Fiscal Note:**    None

**Current Policy:**

**Missouri State Medical Association  
House of Delegates**

Resolution # 4  
(A-24)

Introduced by:           Albert L. Hsu, MD

Subject:                   Cannabis Marketing Guardrails

Referred to:

- 
- 1   **WHEREAS**, the cannabis-legalization movement has swept the country; and  
2
- 3   **WHEREAS**, In many states, “medical cannabis” and “medical marijuana” laws have put physicians in the  
4   uncomfortable position of being asked to prescribe cannabis for questionable medical indications; and  
5
- 6   **WHEREAS**, In states where medical cannabis has been legalized, marketing for cannabis for “all your ills”  
7   has become excessive; and  
8
- 9   **WHEREAS**, Emerging research in Colorado has shown that “marijuana use during pregnancy, concerns  
10   related to marijuana in homes with children, and adolescent use should continue to guide public health  
11   education and prevention efforts:
- 12       -   The percentage of women who use marijuana in pregnancy ... is higher among younger women,  
13       women with less education, and women with unintended pregnancies. Marijuana exposure in  
14       pregnancy is associated with decreased cognitive function and attention problems in childhood;
  - 15       -   Unintentional marijuana consumption among children under age 9 continues a slow upward  
16       trend, as do emergency visits due to marijuana. Additionally, an estimated 23,000 homes with  
17       children in Colorado have marijuana stored potentially unsafely. Marijuana exposures in  
18       children can lead to significant clinical effects that require medical attention;”<sup>1</sup> and  
19
- 20   **WHEREAS**, Inadequate information about the potential dangers/harms of cannabis (especially among  
21   vulnerable populations) is available, especially amid the storm of pro-cannabis marketing from that  
22   industry; and  
23
- 24   **WHEREAS**, This results in the lay public considering cannabis to be as safe as Tylenol, or carrots; and  
25
- 26   **WHEREAS**, Regulation of supplements continues to be highly flawed; and  
27
- 28   **WHEREAS**, There are a small number of cannabinoid products (such as marinol) which are indeed FDA-  
29   approved for specific indications; and  
30
- 31   **WHEREAS**, There appears to be a need for “guardrails” for the marketing of cannabis, especially to  
32   protect vulnerable populations; and

33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65  
66  
67  
68  
69  
70  
71  
72  
73  
74  
75  
76  
77  
78  
79  
80  
81  
82  
83  
84

**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)<sup>2-4</sup> 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<sup>5</sup> 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:
  - o *Disruption of brain development*
  - o *Smaller size at birth*
  - o *Higher risk of stillbirth*
  - o *Higher chance of being born too early*
  - o *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,<sup>6</sup> 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)<sup>7</sup> on “Marketing Guardrails for the ‘Over-Medicalization’ of Cannabis Use” states that

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

103  
104 **WHEREAS**, 13 of 16 states<sup>7,8</sup> have "advertising exclusionary zones" around schools and other child-  
105 focused locations, to restrict advertising marijuana or marijuana products between 200-1500 feet of  
106 schools, childcare facilities, playgrounds, public parks, libraries, and/or game arcades; and

107  
108 **WHEREAS**, 9 of 16 states<sup>7,8</sup> (such as Washington State) restrict adult-use cannabis advertising on public  
109 property and/or public transportation (such as public transit shelters, bus stops, transit waiting areas,  
110 train stations, airports, and other transit-related areas; and

111  
112 **WHEREAS**, 9 of 16 states<sup>7,8</sup> restrict gifts, prizes, and other inducements relating to cannabis sales (and  
113 Massachusetts explicitly bans customer loyalty programs; and

114  
115 **WHEREAS**, 14 of 16 states<sup>7,8</sup> restrict internet advertising of adult-use cannabis; and

116  
117 **WHEREAS**, 9 of 16 states<sup>7,8</sup> restrict event sponsorship by adult-use cannabis companies; and

118  
119 **WHEREAS**, 7 of 16 states<sup>7,8</sup> restrict location-based marketing (which uses a mobile device's location to  
120 alert the device's owner about an offering from a nearby business); and

121  
122 **WHEREAS**, Missouri 19 CSR 100-1.120 "Packaging, Labeling, and Product Design (DHSS)<sup>9</sup> does specifically  
123 state that

- 124 - "all marijuana product shall be produced, packaged, and labeled in a manner that protects
- 125 public health and is not attractive to children;"
- 126 - "no marijuana product or packaging may be designed using the shape or any part of the shape
- 127 of a human, animal, or fruit, including realistic, artistic, caricature, or cartoon renderings;"
- 128 - "no marijuana product or packaging may be designed in such a way as to cause confusion
- 129 between a marijuana product and any product not containing marijuana, such as where
- 130 products or packaging are visually similar to any commercially similar product that does not
- 131 contain marijuana;
- 132 - All marijuana product packaging, with the exception of marijuana seeds and plants, shall be
- 133 resealable, opaque, and certified as child-resistant;
- 134 - All marijuana product packaging design, including that for exit packaging, may only utilize
- 135
  - o A. Limited colors, including a primary color as well as up to two (2) logos or symbols of a
  - 136 different color or colors, whether images or text, including brand, licensee, or company

137 logos, provided that the widest part of a logo or symbol is no wider than the length or  
138 height, whichever is greater, of the word “Marijuana” on the packaging  
139

140 **WHEREAS**, Missouri does \*not\* appear to have any restrictions on marketing of cannabis and  
141 cannabinoid products to children via location-based marketing (“geofencing”) and/or social media; and  
142

143 **WHEREAS**, Missouri does \*not\* have any restrictions on the marketing of cannabis and cannabinoid  
144 products to women who are pregnant, breastfeeding, or trying to conceive; and  
145

146 **WHEREAS**, the 2022 amendment to the Missouri State Constitution (“Amendment 3”)<sup>10</sup> states that “Any  
147 regulations regarding the advertising or promotion of marijuana sales will be no more stringent than  
148 regulations regarding the promotion or advertising of alcohol sales;” however alcohol  
149 advertising/marketing is federally-regulated, leaving open the question of whether state restrictions on  
150 marketing cannabis and cannabinoid products to pregnant women would potentially violate the  
151 Missouri State Constitution; therefore, be it  
152

153 **RESOLVED**, that our Missouri State Medical Association (MSMA) support guardrails for marketing  
154 cannabis to children and pregnant women and other vulnerable populations in Missouri; and be it  
155 further  
156

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

**Fiscal Note: None**

**Current Policy:**

**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:

- 
- 1   **WHEREAS**, the right to and access to “due process” protection is a fundamental right enjoyed by all  
2   employed Americans, unless specifically waived by the employee; and,  
3  
4   **WHEREAS**, approximately half of all physicians are employed<sup>1</sup> by employers that are not local,  
5   physician-owned groups; and,  
6  
7   **WHEREAS**, these physicians typically have signed an employment agreement with their non-physician  
8   employer; and,  
9  
10  **WHEREAS**, many employment agreements offered to such employed physicians contain “Waiver  
11  of Due Process” clauses, which the non-physician employer has inserted to nullify the physician-  
12  employee’s due process rights; and,  
13  
14  **WHEREAS**, by working at the patient care interface, physicians are uniquely situated to detect threats  
15  to patients’ health and well-being that have not been recognized or acknowledged by members of  
16  hospitals’ administrations; and,  
17  
18  **WHEREAS**, hospital administrators have occasionally retaliated against physicians who have reported  
19  threats to patient or hospital worker safety in a manner that adversely impacts the physician’s  
20  employment security, income stream and access to ongoing opportunities to provide patient care,  
21  especially after within-organization reporting has failed to result in the employer addressing or resolving  
22  those threats; and,  
23  
24  **WHEREAS**, “due process” protections are thus essential for physicians, because they are duty-bound to  
25  advocate for the best interest of patients and co-workers, without fear of adverse job actions on the  
26  part of their employer; and,  
27  
28  **WHEREAS**, federal legislation proposing to ban Waiver of Due Process provisions in the employment  
29  contracts of some physicians was introduced in the 116th Congress of the United States of America,  
30  the “ER Hero and Patient Safety Act”, also known as HR 6910<sup>2</sup>, a proposed law that was not enacted;  
31  and,  
32  
33  **WHEREAS**, the American Medical Association House of Delegates adopted Resolution I-205-2022,  
34  advocating that our AMA work for the abolition of “Waiver of Due Process” clauses in physicians’  
35  employment agreements; and,  
36

37 **WHEREAS**, the AMA has since developed model state legislation on this topic<sup>3</sup>, yet has not developed  
38 model federal legislation regarding this matter as had been envisioned within the “ER Hero and Patient  
39 Safety Act”<sup>2</sup>; therefore, be it,  
40

41 **RESOLVED**, that the Missouri State Medical Association (MSMA) advocates that “Waiver of Due  
42 Process” clauses must be eliminated from all employment agreements between employed physicians  
43 and their non-physician employers, and be declared null and void in physicians’ previously-executed  
44 employment agreements between physicians and their non-physician employers that currently exist;  
45 and, be it further,  
46

47 **RESOLVED**, our MSMA will propose a Resolution to the 2024 Annual Meeting of the House of Delegates  
48 of the American Medical Association, asking that our AMA extend its prior state-level efforts, by  
49 drafting model federal legislation patterned after the “ER Hero and Patient Safety Act”, which, once  
50 enacted, would make “Waiver of Due Process” clauses illegal in physicians’ employment agreements  
51 between the physician and a non-physician employer, and, null and void within such employment  
52 agreements already in existence; and, be it further,  
53

54 **RESOLVED**, that our AMA will engage in advocacy for adoption of such legislation at the federal  
55 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%20share%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

**Missouri State Medical Association  
House of Delegates**

Resolution # 6  
(A-24)

Introduced by:           Justin Albani, MD

Subject:                    Co-Sponsoring of Resolutions

Referred to:

---

1   **WHEREAS**, in August 2020, the MSMA Council voted to provide Missouri medical students and residents  
2   with MSMA memberships at no cost; and,  
3  
4   **WHEREAS**, since then, medical student membership in MSMA has grown by 135% and resident  
5   membership has grown by 93%; and,  
6  
7   **WHEREAS**, medical students now outnumber active members in MSMA; and,  
8  
9   **WHEREAS**, MSMA welcomes and strongly encourages the participation of residents and medical  
10  students; and,  
11  
12  **WHEREAS**, active members and local medical societies should offer increased collaboration with  
13  resident and medical student members; therefore, be it,  
14  
15  **RESOLVED**, that resolutions brought to the House of Delegates by residents and medical students be co-  
16  sponsored by an active member or a local component medical society.

**Fiscal Note:**    None

**Current Policy:**



**Missouri State Medical Association  
House of Delegates**

Resolution # 7  
(A-24)

Introduced by: St. Louis Metropolitan Medical Society

Subject: Unmatched Graduating Physicians

Referred to:

---

1 **WHEREAS**, the US is expected to have an alarming shortage of physicians in primary and specialties' care; and,  
2  
3  
4 **WHEREAS**, the number of practicing physicians is decreasing due to burnout, retirement, and other causes; and,  
5  
6  
7 **WHEREAS**, the current number of medical students, residents, and fellows will not prevent such a shortage; and,  
8  
9  
10 **WHEREAS**, Congress has repeatedly failed to provide funding to educate the necessary number of physicians to provide needed care of our aging and expanding population; and,  
11  
12  
13 **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,  
14  
15  
16  
17 **WHEREAS**, many States have allowed non-physicians' extenders to practice medicine independently rather than under the control and in collaboration with licensed physicians; and,  
18  
19  
20 **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,  
21  
22  
23  
24 **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,  
25  
26  
27  
28  
29 **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,  
30  
31  
32  
33  
34 **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,  
35  
36  
37

38 **WHEREAS**, multiple other states have passed similar laws, under different titles and processes such as  
39 Graduate Physician, Associate Physician..., some of them allowing this group to gradually practice  
40 independently without a residency; and,  
41

42 **WHEREAS**, these graduating physicians working in collaboration with licensed physicians face in their  
43 daily collaborative practices the denial of reimbursement by Medicare while Medicaid and private  
44 insurers recognize their billings; and,  
45

46  
47 **WHEREAS**, the AMA House of delegate opposed, several years ago, the creation of this class of  
48 licensees mainly because its creation may weaken our case in Congress for increased funding for GME;  
49 and,  
50

51 **WHEREAS**, the number of these unfortunate graduating physicians has grown by the thousands each  
52 year, yet Congress did not provide the needed fund to create enough residency slots to train these  
53 physicians, while more non physicians providing medical care increased dramatically and many of them  
54 are now are allowed to practice independently; and,  
55

56 **WHEREAS**, many of these graduating physicians, after practicing in collaboration with licensed  
57 physicians, acquiring additional skills and experience, were able to match into a residency program;  
58 therefore, be It,  
59

60 **RESOLVED**, that our AMA work with State societies to support these unmatched graduate physicians  
61 through their legislators and regulators to allow these physicians to work in underserved areas, in  
62 primary care, only in collaboration with a licensed physicians; and further be it,  
63

64 **RESOLVED**, that our AMA work with appropriate parties and CMS to reimburse for services rendered by  
65 these graduating physicians working in their collaborative practices as does private insurers and States'  
66 Medicaid programs; and further be it,  
67

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

**Fiscal Note:     None**

**Current Policy:**

**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:

- 
- 1 **WHEREAS**, Ozempic, a glucagon-like peptide-1 agonist containing semaglutide, is prescribed as a weekly  
2 injection, approved in 2017 by the US Food and Drug Administration for type 2 diabetes use in adults; <sup>1,2</sup>  
3 and,  
4
- 5 **WHEREAS**, Ozempic has become prevalent in popular culture for its appetite-reducing effects and  
6 subsequent weight loss shown in patients, making it an appealing option for weight management and  
7 risk reduction of stroke, heart attack, and death in type 2 diabetic and/or obese patients; <sup>2,3</sup> and,  
8
- 9 **WHEREAS**, Ozempic has been debated for its risks presented to type 1 diabetic patients, patients  
10 without diabetes, or patients with multiple endocrine neoplasia type 2 or a family history of medullary  
11 thyroid cancer; <sup>2</sup> and,  
12
- 13 **WHEREAS**, the risks for Ozempic use in general include but may not be limited to: hypoglycemia,  
14 gastrointestinal side effects, pancreatitis and pancreatic cancer, thyroid cancer, gallbladder events,  
15 cardiovascular aspects, acute kidney injury, diabetic retinopathy complications, and injection-site and  
16 allergic reactions; <sup>4</sup> and,  
17
- 18 **WHEREAS**, the safety of using Ozempic and other semaglutide forms has been determined to have an  
19 overall favorable risk/benefit profile for type 2 diabetics, while the implications for non-diabetic patients  
20 using Ozempic solely for weight loss are currently debated. The efficacy for weight loss by Ozempic has  
21 shown in studies to be effective, but lacks clinical trials and long term research on the effects of use as a  
22 weight loss agent; <sup>1,4,5</sup> therefore, be it,  
23
- 24 **RESOLVED**, the MSMA supports evidence-based medicine and the continuation of research for Ozempic  
25 and its off label uses, especially in weight loss, and be it further,  
26
- 27 **RESOLVED**, the MSMA advises physicians use their discretion and practice caution for new medications  
28 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

**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:

- 
- 1   **WHEREAS**, the code of ethics of the American Medical Association (AMA) was written in the 19th  
2 century AD; and,  
3  
4   **WHEREAS**, the practice of medicine has taken giant steps since then in areas of diagnostic  
5 testing, medical records recordings, patient safety measures, documentations, verifications, consents,  
6 hospitals and outpatients credentialing of surgeons and procedurists, etc.; and,  
7  
8   **WHEREAS**, concerns about appropriateness of care, indications, and proper training of physicians  
9 performing a procedure, or a physician treating any patient has become a legal and ethical process  
10 witnessed by office, hospital, and medical facilities’ staff including medical and non-medical personnel  
11 recording, and reviewing appropriateness of care besides the treating physicians; and,  
12  
13   **WHEREAS**, multiple documented surveys of specialists and PCPs showed that a large number of these  
14 physicians admitted treating family members when they felt comfortable and confident they can  
15 provide the best care for them; and,  
16  
17   **WHEREAS**, a much larger percentages of plastic, head and neck surgeons, dermatologists, have  
18 admitted treating their family members; and,  
19  
20   **WHEREAS**, the current code of ethics, as it is currently written, sadly label these physicians acts as  
21 unethical; and,  
22  
23   **WHEREAS**, many hospitals, and surgery centers have “discovered” lately this part of the code of ethics,  
24 and started enforcing it, therefore forcing the physicians to seek other venues to treat family members;  
25 and,  
26  
27   **WHEREAS**, rendering care or performing procedures outside approved facilities such as an uncredited  
28 office procedure room or un-accredited other facilities endanger the life and well-being of the patients;  
29 and,  
30  
31   **WHEREAS**, physicians ultimate concern is their patient’s safety and wellbeing whether the patient is a  
32 family member, a staff person, a friend or none of these; therefore, be it,  
33  
34   **RESOLVED**, that our American Medical Association HOD asks CEJA to review and revise the current code  
35 of ethics as it relates to treating family members; and, be it further,  
36  
37   **RESOLVED**, that CEJA reports back to the HOD on this issue at the next interim meeting I-24.

**Fiscal Note:   None**

**Current Policy:**

**Missouri State Medical Association  
House of Delegates**

Resolution # 10  
(A-24)

Introduced by: Samer Cabbabe, MD

Subject: Cybersecurity Legislation

Referred to:

- 
- 1 **WHEREAS**, the escalating frequency of cyber threats poses a substantial risk to patients, their physicians  
2 and the physician practices; and,  
3  
4 **WHEREAS**, acknowledging the indispensable role of technology in contemporary business  
5 environments; and,  
6  
7 **WHEREAS**, recognizing the imperative need for legislation to establish clear guidelines, incentives, and  
8 protections for businesses (including medical practices) that diligently implement reasonable and  
9 standard cyber security measures; therefore, be it,  
10  
11 **RESOLVED**, that our Missouri State Medical Association work to enact comprehensive cyber security  
12 legislation that incentivizes and protects businesses that have implemented reasonable and standard  
13 security measures to safeguard sensitive digital information; and, be it further,  
14  
15 **RESOLVED**, that such legislation should define and promote a baseline of cyber security standards,  
16 aligning with industry best practices and adapting to evolving technological advancements; and, be it  
17 further,  
18  
19 **RESOLVED**, that such legislation ensures that businesses diligently implementing and regularly updating  
20 their cyber security measures should be shielded from disproportionate liability in the event of a cyber-  
21 incident; and, be it further,  
22  
23 **RESOLVED**, that legal frameworks should incorporate provisions that encourage businesses to adopt  
24 robust cyber security measures, offering protection from excessive financial and legal consequences  
25 when reasonable precautions have been taken.

**Fiscal Note:** None

**Current Policy:**

**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:

---

1 **WHEREAS**, current MSMA policy states

2  
3 *The MSMA opposes any further governmental intrusion into the practice of medicine,*  
4 *particularly in the form of rules and regulations from federal agencies (1992); and,*  
5

6 **WHEREAS**, in addition to governmental intrusion, other third-party organizations have also been  
7 considered to interfere with the practice of medicine; and,  
8

9 **WHEREAS**, this interference has or has the potential to compromise the physician-patient relationship  
10 such that a physician is unable to provide evidence-based or clinically appropriate care to the patient;  
11 and,  
12

13 **WHEREAS**, while current MSMA policy is sufficient to oppose governmental interference, it does not  
14 reference non-governmental third party entities that may also interfere with clinically appropriate care;  
15 and,  
16

17 **WHEREAS**, though MSMA historically defends the patient-physician relationship by its position as the  
18 voice of Missouri's physicians, additional language would help strengthen MSMA policy and our position  
19 surrounding protection of the patient-physician relationship; therefore, be it,  
20

21 **RESOLVED**, that the MSMA amend existing MSMA policy as follows

22  
23 *The MSMA opposes any ~~further political governmental~~ intrusion into the practice of medicine by*  
24 *government regulation or legislative action at the state and/or federal level*  
25 *particularly in the form of rules and regulations from federal agencies.; and, be it further,*  
26

27 **RESOLVED**, that the MSMA opposes any third-party intrusion into the practice of medicine without a  
28 compelling and evidence-based benefit to the patient, a substantial public health justification, or both  
29 (New MSMA Policy); and, be it further,  
30

31 **RESOLVED**, that the MSMA defends the physician-patient relationship and physician-patient autonomy  
32 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.*

**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:

---

1 **WHEREAS**, the rising prevalence of type 2 diabetes mellitus (T2DM) poses a significant public health  
2 challenge, underscoring the urgent need for proactive measures to prevent and manage this condition,  
3 including its impact on individuals, families, healthcare systems, and society as large<sup>1,2</sup>; and,  
4

5 **WHEREAS**, it is to be noted that access to state-of-the-art facilities in urban and rural areas and  
6 utilization of healthcare services represent obstacles in diabetes healthcare with lack of access to  
7 telehealth care services that contribute to the deterioration of T2DM through poor glycemic  
8 control<sup>3,4,9,10</sup>; and,  
9

10 **WHEREAS**, a randomized clinical trial assessing the phone call and text message-based telemedicine  
11 platform EpxDiabetes through a primary care clinic in St. Louis resulted in a reduction of HbA1c levels by  
12 1.17% in patients with uncontrolled T2DM having a baseline HbA1c > 8% highlighting the significance of  
13 telehealth services in diabetes care within Missouri communities<sup>5</sup>, in addition to similar interventions  
14 and reduction findings in other studies<sup>6</sup>; and,  
15

16 **WHEREAS**, the economic burden of T2DM is profound, presenting an increase in healthcare costs,  
17 depletion of resources within healthcare practices, heightened absenteeism, diminished work efficiency,  
18 and potential disability, showing the imperative to address T2DM to preserve both individual and  
19 collective productivity<sup>7</sup>; and,  
20

21 **WHEREAS**, the widespread use of technology including smartphones, tablets, and computers has eased  
22 communication barriers and offered solutions for increased outreach, education, and intervention in  
23 diabetes care but presents with drawbacks including but not limited to lack of technological education  
24 and understanding and training<sup>8</sup>; and,  
25

26 **WHEREAS**, a user-friendly interface in healthcare technology is vital for optimizing communication and  
27 collaboration among healthcare providers and patients, fostering better adherence to treatment plans,  
28 and enhancing the overall healthcare experience with a patient-centered approach<sup>11</sup>; therefore, be it,  
29

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

35  
36  
37  
38  
39  
40  
41  
42  
43  
44

**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.

**Missouri State Medical Association  
House of Delegates**

Resolution # 13  
(A-24)

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

Subject: Surgical Smoke

Referred to:

- 
- 1 **WHEREAS**, surgical smoke, also known as plume, is released in operating rooms when medical personnel  
2 utilize electrosurgery and laser devices, which is then inhaled by all medical staff and patients within the  
3 operating room<sup>8</sup>; and,  
4
- 5 **WHEREAS**, surgical smoke contains small particulate matter that can be easily inhaled and deposited in  
6 the lungs causing severe respiratory distress and adverse health effects including pneumonia and  
7 cancers<sup>6, 8, 9, 10</sup>; and,  
8
- 9 **WHEREAS**, types of tissues and cautery alter the composition of plume to include harmful chemicals<sup>8</sup>  
10 including hydrogen cyanide, acetylene, butadiene, benzene, toluene, formaldehyde, volatile organic  
11 compounds, which circumvents the standard masking precautions utilized in operating rooms<sup>2, 4, 6, 12</sup>;  
12 and,  
13
- 14 **WHEREAS**, a recent study found 10 out of 11 HepB positive patients undergoing surgical interventions  
15 produced aerosol HepB in surgical smoke samples collected through the vaporization of tissue and blood  
16 particles<sup>6, 11</sup>; and,  
17
- 18 **WHEREAS**, various viruses, bacteria, and infectious agents also spread through surgical smoke including  
19 from genital wart removal and neoplastic melanoma and tumor cells,<sup>3, 5</sup> and furthermore, Sars2-COVID  
20 cannot be excluded from risk of exposure due to laparoscopic procedures on infected patients<sup>6, 9, 10, 11, 12</sup>;  
21 and,  
22
- 23 **WHEREAS**, multiple studies have stated that surgical smoke can increase risk for acute and chronic  
24 pulmonary conditions, nausea, and irritation to the eyes, nose and throat<sup>9, 10</sup>; and,  
25
- 26 **WHEREAS**, studies show surgical smoke is just as mutagenic as cigarette smoke,<sup>9, 10</sup> and  
27 Whereas, in addition to the carcinogenic effects and serious adverse health risks of surgical smoke, the  
28 malodorous smell may be considered bothersome to staff as it clings to hair and can cause tearing of the  
29 eyes, dizziness, headache, bad breath, and drowsiness<sup>9, 10</sup>; and,  
30
- 31 **WHEREAS**, surgeons and hospital personnel responsible for the care of patients must practice at their  
32 peak ability in order to provide quality care to all patients, without risk of feeling dizzy, drowsy, and  
33 distracted from the tasks at hand<sup>9, 10</sup>; and,  
34
- 35 **WHEREAS**, one study indicated 3 out of 98 surgeons reported using evacuation systems and 72% of  
36 surgeons believe precautions are inadequate to protect from the plumes<sup>2</sup>. Furthermore, evacuation  
37 systems have shown to be effective in facilities implementing them, but are used inconsistently<sup>1</sup>; and,

38  
39 **WHEREAS**, Missouri did implement policy in 2023 requiring facilities to implement action plans to  
40 reduce surgical smoke exposure by 2026 through HB-402, S-1000, S-212, HB-1711 the MSMA does not  
41 have a stance on the issue, and to ensure future legislation efforts do not reverse or amend said policies;  
42 therefore, be it,  
43  
44 **RESOLVED**, That the MSMA recognizes surgical smoke exposure has adverse effects on the health and  
45 well-being of all medical staff; and, be it further,  
46  
47 **RESOLVED**, That the MSMA supports current and future legislation to increase ventilation and decrease  
48 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
3. Fletcher JN, Mew D, DesCôteaux JG. Dissemination of melanoma cells within electrocautery plume. *Am J Surg* . 1999;178(1):57-59. doi:10.1016/s0002-9610(99)00109-9
4. Ilce A, Yuzden GE, Yavuz van Giersbergen M. The examination of problems experienced by nurses and doctors associated with exposure to surgical smoke and the necessary precautions. *J Clin Nurs* . 2017;26(11-12):1555-1561. doi:10.1111/jocn.13455
5. In SM, Park DY, Sohn IK, et al. Experimental study of the potential hazards of surgical smoke from powered instruments. *Br J Surg* . 2015;102(12):1581-1586. doi:10.1002/bjs.9910
6. Kwak HD, Kim SH, Seo YS, Song KJ. Detecting hepatitis B virus in surgical smoke emitted during laparoscopic surgery. *Occup Environ Med* . 2016;73(12):857-863. doi:10.1136/oemed-2016-103724
7. LeDuc R, Eikani C, Dickens B, Schiff A, Brown N. Surgical smoke and the orthopedic surgeon: a non-systematic review of the hazards and strategies for mitigating risk. *Arch Orthop Trauma Surg* . 2023;143(12):6975-6981. doi:10.1007/s00402-023-04967-y
8. Limchantra IV, Fong Y, Melstrom KA. Surgical Smoke Exposure in Operating Room Personnel: A Review. *JAMA Surg* . 2019;154(10):960-967. doi:10.1001/jamasurg.2019.2515
9. [Merajikhah A](#), [Imani B](#), [Khazaei S](#), [Bouraghi H](#). Impact of Surgical Smoke on the  
a. Surgical Team and Operating Room Nurses and Its Reduction Strategies: A Systematic Review. *National Library of Medicine*. 2022. doi: [10.18502/ijph.v51i1.8289](https://doi.org/10.18502/ijph.v51i1.8289)
10. Okoshi K, Kobayashi K, Kinoshita K, Tomizawa Y, Hasegawa S, Sakai Y. Health risks associated with exposure to surgical smoke for surgeons and operation room personnel. *Surg Today* . 2015;45(8):957-965. doi:10.1007/s00595-014-1085-z

11. Pavan N, Crestani A, Abrate A, De Nunzio C, Esperto F, Giannarini G, Galfano A, Gregori A, Liguori G, Bartoletti R, Porpiglia F, Simonato A, Trombetta C, Tubaro A, Ficarra V, Novara G. Risk of Virus Contamination Through Surgical Smoke During Minimally Invasive Surgery: A Systematic Review of the Literature on a Neglected Issue
  - a. Revived in the COVID-19 Pandemic Era. *National Library of Medicine*. 2020. doi:  
[10.1016/j.euf.2020.05.021](https://doi.org/10.1016/j.euf.2020.05.021)
12. Spruce L. Back to Basics: Protection From Surgical Smoke: 1.2  
[www.aornjournal.org/content/cme](http://www.aornjournal.org/content/cme). *AORN J* . 2018;108(1):24-32. doi:10.1002/aorn.12273

**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:

---

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

3  
4 **WHEREAS**, the CDC states that sixty percent of those maternal mortality outcomes are preventable;<sup>2</sup>  
5 and,

6  
7 **WHEREAS**, socially disadvantaged mothers are at higher risk of adverse birth outcomes;<sup>3</sup> and,

8  
9 **WHEREAS**, Missouri ranks number forty-four out of all 50 states on maternal mortality;<sup>3</sup> and,

10  
11 **WHEREAS**, in Missouri, Black women are three times more likely to die from complications related to  
12 pregnancy and delivery than white women; <sup>3</sup> and,

13  
14 **WHEREAS**, this disparity in birthing outcomes persists across income and education levels suggesting  
15 that implicit racism in the healthcare system directs these trends;<sup>1</sup> and,

16  
17 **WHEREAS**, this disparity is propagated by cultural differences and generational distrust between  
18 vulnerable populations and healthcare professionals;<sup>4</sup> and,

19  
20 **WHEREAS**, perinatal and postnatal doula care can improve maternal health and address racial  
21 inequities; <sup>5</sup> and,

22  
23 **WHEREAS**, doula care is correlated with decreased cesarean rates and use of pain medication,  
24 decreased rates of gestational hypertension, decreased rates of preterm births, and earlier onset  
25 breastfeeding; <sup>6</sup> and,

26  
27 **WHEREAS**, in Missouri, a large proportion of births in rural underserved communities and for  
28 marginalized populations are covered by Medicaid;<sup>1</sup> and,

29  
30 **WHEREAS**, as doula care is not covered nor reimbursable under most health insurance plans including  
31 Medicaid, this valuable resource is inaccessible to the populations who need it most; therefore, be it,

32  
33 **RESOLVED**, that our MSMA recognize the benefit of comprehensive care of pregnant and birthing  
34 populations including culturally competent community resources like doula care within the existing  
35 obstetric care team; and be it further,

36



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

**Fiscal Note: None**

**Current Policy:**

References:

1. Noursi S, Saluja B, Richey L. Using the Ecological Systems Theory to Understand Black/White Disparities in Maternal Morbidity and Mortality in the United States. *J Racial Ethn Health Disparities*. 2021 Jun;8(3):661-669. doi: 10.1007/s40615-020-00825-4. Epub 2020 Jul 27. PMID: 32720294.
2. Chinn JJ, Eisenberg E, Artis Dickerson S, King RB, Chakhtoura N, Lim IAL, Grantz KL, Lamar C, Bianchi DW. Maternal mortality in the United States: research gaps, opportunities, and priorities. *Am J Obstet Gynecol*. 2020 Oct;223(4):486-492.e6. doi:
3. Enggel, Jessica, BA. Nienstedt, Lindsey, BA. Kemper, Leah, MPH. Maternal Mortality in Missouri: A Review of Challenges and State Policy Options. Center for Health Economics and Policy Institute for Public Health at Washington University.
4. Falconi AM, Bromfield SG, Tang T, Malloy D, Blanco D, Disciglio RS, Chi RW. Doula care across the maternity care continuum and impact on maternal health: Evaluation of doula programs across three states using propensity score matching. *EClinicalMedicine*. 2022 Jul 1;50:101531. doi: 10.1016/j.eclinm.2022.101531. PMID: 35812994; PMCID: PMC9257331.
5. Safon CB, McCloskey L, Gordon SH, Cole MB, Clark J. Medicaid Reimbursement for Doula Care: Policy Considerations From a Scoping Review. *Med Care Res Rev*. 2023 Dec 20:10775587231215221. doi: 10.1177/10775587231215221. Epub ahead of print. PMID: 38124279.
6. Kozhimannil KB, Hardeman RR, Attanasio LB, Blauer-Peterson C, O'Brien M. Doula care, birth outcomes, and costs among Medicaid beneficiaries. *Am J Public Health*. 2013 Apr;103(4):e113-21. doi: 10.2105/AJPH.2012.301201. Epub 2013 Feb 14. PMID: 23409910; PMCID: PMC3617571.
7. Crear-Perry J, Correa-de-Araujo R, Lewis Johnson T, McLemore MR, Neilson E, Wallace M. Social and Structural Determinants of Health Inequities in Maternal Health. *J Womens Health (Larchmt)*. 2021 Feb;30(2):230-235. doi: 10.1089/jwh.2020.8882. Epub 2020 Nov 12. PMID: 33181043; PMCID: PMC8020519.

**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:

- 
- 1   **WHEREAS**, it is increasingly clear that medicine is under assault from all sides – from insurance  
2   companies to trial lawyers to onerous state and federal regulation, and we should support our physician  
3   members who run for office; and,  
4
- 5   **WHEREAS**, we do not have enough physicians in political office, on either the state or federal levels;  
6   and,  
7
- 8   **WHEREAS**, partly due to their high educational debt loads, physicians have traditionally had a low level  
9   of giving to their candidates for state and political office; and,  
10
- 11 **WHEREAS**, our medical societies generally have political action committees (AMPAC for AMA, MPAC for  
12 MSMA, similar organizations for national specialty societies) to support candidates running for office;  
13 and,  
14
- 15 **WHEREAS**, there are few mechanisms to enable physician members of our state and national medical  
16 societies to network when running for state and federal office; and,  
17
- 18 **WHEREAS**, candidates for political office are interested in meeting potential donors, as well as  
19 individuals who may be willing to volunteer to support their campaigns with their time and social media  
20 support; and,  
21
- 22 **WHEREAS**, those of us who have more time than money can help our fellow physician candidates for  
23 state and federal office with social media (retweeting, likes, etc) to support those candidates; and,  
24
- 25 **WHEREAS**, time is limited and precious at our AMA meetings, but at a recent meeting, the Heart of  
26 America (HOA) caucus decided to allow candidates for (state or federal) political office to speak directly  
27 to our caucus, provided that (1) they are invited by a member of the HOA delegation, (2) that the  
28 physician running for political office be an AMA member, and (3) that all candidates for political office  
29 coming to speak to the HOA delegation be limited to no more than 5 minutes of speaking time; and,  
30
- 31 **WHEREAS**, there is currently no “central repository” that lists physicians running for state and federal  
32 office in the United States; and,  
33
- 34 **WHEREAS**, in this age of social media, it should be relatively easy to set up members-only websites with  
35 lists of physician members of our state and specialty societies who are running for political offices, and,  
36
- 37 **WHEREAS**, non-member physicians who are running for state or federal office should be encouraged to  
38 join the AMA and/or their state medical societies; therefore, be it,

39  
40 **RESOLVED**, that our Missouri State Medical Association (MSMA) and American Medical Association  
41 (AMA) create “members-only” pages on their websites that list its physician members that are running  
42 for state or federal offices (and wish to have that information publicly-available), with links to how to  
43 volunteer or donate to those campaigns; and, be it further,  
44  
45 **RESOLVED**, that our Missouri State Medical Association (MSMA) and American Medical Association  
46 (AMA) encourage other state and specialty societies to publicize their physician members that are  
47 running for state or federal offices (and wish to have that information publicly-available); and, be it  
48 further,  
49  
50 **RESOLVED**, that our Missouri State Medical Association (MSMA) and American Medical Association  
51 (AMA) encourage AMA sections and caucuses to consider establishing a policy or protocol, to allow (by  
52 invitation) AMA members running for state or federal offices to briefly address those groups directly,  
53 either virtually or in-person; and, be it further,  
54  
55 **RESOLVED**, that AMA report back on this issue (including an updated list of physician members who ran  
56 for state or federal office in 2024 and wish to have that information publicly available) at A-25; and, be it  
57 further,  
58  
59 **RESOLVED**, that our MSMA forward this resolution to the AMA at A-24.

Fiscal Note: None

Current Policy:

**Missouri State Medical Association  
House of Delegates**

Resolution # 16  
(A-24)

Introduced by: Gary Gaddis, MD PhD  
Subject: Emergency Medical Services Vehicles  
Referred to:

---

- 1 **WHEREAS**, According to a 2020 study reported in *Health Affairs*, the health care industry produces 4.4  
2 to 4.6% of all of global “greenhouse gas” (GHG) emissions; and,  
3  
4 **WHEREAS**, GHG emissions have contributed to a progressively increased carbon dioxide (CO<sub>2</sub>) fraction of  
5 the air, and to a progressively increased average temperature of the surface of the Earth (long-term,  
6 non-human-induced cyclical fluctuations of Earth temperatures not due to human-induced GHG  
7 emissions notwithstanding); and,  
8  
9 **WHEREAS**, These elevated temperatures have contributed measurably to increased morbidity and  
10 mortality of outdoor laborers, to increased numbers of extreme weather events, and to other events  
11 adverse for the health of humans and the ecosystems upon which human life depends; and,  
12  
13 **WHEREAS**, Emergency Medical Services (EMS) vehicles are an important contributor to this health care-  
14 related GHG burden from gases such as CO<sub>2</sub>, because almost all EMS vehicles are large, petroleum-  
15 powered vehicles; and,  
16  
17 **WHEREAS**, Electrically-powered vehicles of a similar size to EMS vehicles have recently been recently  
18 placed into service by delivery services such as Amazon and UPS; and,  
19  
20 **WHEREAS**, Both Amazon and UPS have thus enabled a significant decrease of their fleets’ GHG  
21 emissions; and,  
22  
23 **WHEREAS**, The deployment of these large, electrically-powered delivery vehicles by Amazon and UPS  
24 suggests similar opportunities may exist in urban locales to deploy new electrically-powered EMS  
25 vehicles, as older petroleum-powered vehicles are rotated out of service; and,  
26  
27 **WHEREAS**, the National Health Service of Great Britain is currently studying the idea of deployment of  
28 electrically-powered EMS vehicles in that nation; and,  
29  
30 **WHEREAS**, Available technology currently exists to enable rapid “re-charging” of large EMS vehicles’  
31 batteries in “ambulance bays” of hospitals, upon arrival of those EMS vehicles to hospitals’ ambulance  
32 bays, once hospitals provide such charging stations; and,  
33  
34 **WHEREAS**, Sufficient time to adequately recharge EMS vehicles in emergency department “ambulance  
35 bays” exists, because intervals between patient unloading at the hospital and EMS crew departure from  
36 the hospital typically exceed 15 minutes; and,  
37

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

40

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

44

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

51

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

**Fiscal Note:** None

**Current Policy:**

**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:

---

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

- 3 - Waste generation is costly to health care systems. It was estimated that the US health care  
4 system spent 3.2 billion U.S. dollars in medical waste costs in 2017;
- 5 - The U.S. health sector is estimated to produce 6 billion tons of waste annually;
- 6 - Operating rooms (OR) are generally one of the most resource-intensive areas within hospitals  
7 themselves, contributing roughly 20-33% of total health care waste and are a major driver of  
8 hospital GHG emissions; and,  
9

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

- 11 - *globally, healthcare accounts for TWICE the emissions of global aviation*
- 12 - *the pharmaceutical industry accounts for 13% more emissions than auto manufacturers.*
- 13 - *healthcare is currently on track to \*double\* its emissions by 2050.*
- 14 - *the healthcare industry is the biggest user of water, and the second biggest user of energy (after*  
15 *food service/refrigeration), as well as the biggest producer of waste (14K tons of waste/day, with*  
16 *20-25% as plastic waste, 15% as infectious/hazardous waste, 10-15% as food waste).*
- 17 - *71% of healthcare emissions are primarily derived from our supply chains through production,*  
18 *transport, and disposal of goods and services, primarily due to single-use plastic petroleum*  
19 *products.*
- 20 - *in healthcare, 60% of the average healthcare organization's supply costs and 30% of energy*  
21 *costs are in the operating rooms. In fact, 1 hour's use of desflurane is equivalent to 375 miles of*  
22 *driving in a car; and,*  
23

24 **WHEREAS**, regarding the impact of climate and pollution effects on birth outcomes, in 68 studies  
25 (including over 32 million births, as reported in 2020), there is an increased rate of preterm birth and  
26 low birthweight with worsening climate effects (with the largest effect in black and minority  
27 communities), and reducing the effects of pollution/climate change could result in a 27% reduction in  
28 preterm birth; and,  
29

30 **WHEREAS**, there have been increasing reports of micro plastics in human placentas now, and in every  
31 placental membrane -- these plastics are often endocrine disruptors, such that to a disturbing effect, **our**  
32 **babies are being born "pre-polluted;" and,**  
33

34 **WHEREAS**, "nearly everything we do in the OR is related to culture and incentives, NOT evidence"  
35 - "individual action doesn't matter and making climate change a personal responsibility distracts from  
36 the impact of industry... but \*we\* are that industry!"; and,  
37

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

42

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

45

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

48

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

53

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

57

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

63

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

69

70 **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> >

71

**Missouri State Medical Association  
House of Delegates**

Resolution # 18  
(A-24)

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

Subject: Endometriosis Disparities and Research

Referred to:

- 
- 1 **WHEREAS**, Endometriosis is defined as a medical condition in which endometrial-like tissue is present  
2 outside of the uterus often causing immense inflammatory responses<sup>1</sup>; and,  
3
- 4 **WHEREAS**, Since endometriosis is benign<sup>2</sup>, complex patient presentations are overlooked despite  
5 patients suffering significant declines in quality of life impacting their social, psychological and physical  
6 wellbeing due to debilitating chronic pelvic pain<sup>2-7</sup>; and,  
7
- 8 **WHEREAS**, There is no widely accepted etiology for the development of endometriosis<sup>8</sup> indicating a  
9 need for further research; and,  
10
- 11 **WHEREAS**, The overall prevalence of endometriosis ranges from 2% to 18% of women<sup>2</sup>, with the most  
12 commonly reported prevalence of 10%<sup>1,4,5,9</sup>, compared to 11% of women experiencing infertility, 5-10%  
13 experiencing Polycystic Ovarian Syndrome, and 0.7% experiencing cervical cancer<sup>10-12,20</sup>; and,  
14
- 15 **WHEREAS**, diagnostic delays remain one of greatest obstacles to access adequate healthcare for  
16 endometriosis patients<sup>7</sup> with the average time from onset of symptoms to diagnosis of endometriosis  
17 being 4 to 12 years<sup>6,13</sup> which can be attributed to gaps in knowledge in both physician and patient  
18 populations<sup>7,9</sup>; and,  
19
- 20 **WHEREAS**, Patients suffering from endometriosis face menstruation-related stigma and lack general  
21 knowledge on what abnormal pain levels are deterring them from receiving appropriate care<sup>9</sup>, as many  
22 patients are brushed off and told that pain with menstruation is normal; and,  
23
- 24 **WHEREAS**, The negative consequences of a delayed diagnosis are not limited to bowel obstruction,  
25 ureteral obstruction leading to hydronephrosis<sup>14,15</sup>, increased rates of ectopic pregnancy, rupture of an  
26 endometrioma, infertility interstitial cystitis, higher rates of suicidal ideation, depression, anxiety<sup>9,16</sup>, all  
27 of which can be prevented with appropriate access to care; and,  
28
- 29 **WHEREAS**, Endometriosis patients require comprehensive care including psychosocial monitoring, pelvic  
30 floor physical therapy which is out of the scope of many non-specialist physicians<sup>7,9</sup>; and,  
31
- 32 **WHEREAS**, There is no cure for endometriosis with current treatment measures being inadequate for  
33 symptom control with 5-59% of patients having no improvement in pain with medical therapy with  
34 significant side effects such as bone loss, hot flashes and weight gain leading to discontinuation of  
35 therapy<sup>9</sup>; and,  
36



37 **WHEREAS**, Current AMA policy D-420.989 reports that most of the current practice guidelines for  
38 endometriosis are based on consensus, expert opinion, and disease-oriented evidence rather than  
39 research, indicating the need for additional endometriosis research to improve endometriosis guidelines  
40 for physician practice<sup>5,17</sup>; and,

41  
42 **WHEREAS**, Government changes in 2022 have included an increase in NIH funding for endometriosis  
43 research to \$16 Million which is 0.04% of the total NIH budget (\$2/person with endometriosis/year),  
44 while Crohn’s disease received \$90 Million (\$130/person with Crohn’s/year)<sup>18</sup>; and,

45  
46 **WHEREAS**, Current AMA policy D-420.989 reports on the lack of nationwide funding for endometriosis  
47 with an emphasis on disparities faced by marginalized groups<sup>20</sup>; and,

48  
49 **WHEREAS**, Endometriosis is lacking in current research funding<sup>7,9</sup> making it difficult to find valuable  
50 statistics for its prevalence in Missouri indicating the dire need for further funding and resources to be  
51 directed towards its study to improve physician and patient awareness of this disease in efforts of  
52 bettering outcomes; therefore, be it,

53  
54 **RESOLVED**, That our MSMA support endometriosis to be considered a chronic<sup>19</sup> systemic disease that  
55 requires life-long management<sup>5</sup> with a goal of reducing pelvic pain and avoiding repeated surgical  
56 procedures in Missouri; and, be it further,

57  
58 **RESOLVED**, That our MSMA recognize endometriosis as an area for health disparities research that  
59 continues to remain critically underfunded, resulting in a lack of evidence-based guidelines for diagnosis  
60 and treatment of this condition<sup>20</sup>; and, be it further,

61  
62 **RESOLVED**, That our MSMA promote awareness of the negative effects of a delayed diagnosis  
63 of endometriosis and the healthcare burden this places on patients, including health disparities among  
64 patients from communities of color who have been historically marginalized<sup>20</sup>; and, be it further,

65  
66 **RESOLVED**, That our MSMA advocate for increased endometriosis research addressing health disparities  
67 in the diagnosis, evaluation, and management of endometriosis<sup>20</sup>.

**Fiscal Note:** None

**Current Policy:**

## References

1. UpToDate. Endometriosis Clinical Manifestations and Diagnosis of Rectovaginal or Bowel Disease. Updated Oct 7, 2022. Accessed Mar 14, 2024. [https://www.uptodate-com.proxy.kansascity.edu/contents/endometriosis-clinical-manifestations-and-diagnosis-of-rectovaginal-or-bowel-disease?search=endometriosis%20treatment&topicRef=7383&source=see\\_link](https://www.uptodate-com.proxy.kansascity.edu/contents/endometriosis-clinical-manifestations-and-diagnosis-of-rectovaginal-or-bowel-disease?search=endometriosis%20treatment&topicRef=7383&source=see_link)
2. Moradi Y, Shams-Beyranvand M, Khateri S, Gharahjeh S, Tehrani S, Varse F, Tiyuri A, Najmi Z. A systematic review on the prevalence of endometriosis in women. *Indian J Med Res*. 2021 Mar;154(3):446-454. doi: 10.4103/ijmr.IJMR\_817\_18. PMID: 35345070; PMCID: PMC9131783.
3. Burney RO, Giudice LC. Pathogenesis and pathophysiology of endometriosis. *Fertil Steril*. 2012 Sep;98(3):511-9. doi: 10.1016/j.fertnstert.2012.06.029. Epub 2012 Jul 20. PMID: 22819144; PMCID: PMC3836682.
4. Zondervan KT, Becker CM, Missmer SA. Endometriosis. *N Engl J Med* 2020; 382: 1244–1256.
5. Taylor HS, Kotlyar AM, Flores VA. Endometriosis is a chronic systemic disease: clinical challenges and novel innovations. *Lancet*. 2021 Feb 27;397(10276):839-852. doi: 10.1016/S0140-6736(21)00389-5. PMID: 33640070.

6. Pascoal E, Wessels JM, Aas-Eng MK, Abrao MS, Condous G, Jurkovic D, Espada M, Exacoustos C, Ferrero S, Guerriero S, Hudelist G, Malzoni M, Reid S, Tang S, Tomassetti C, Singh SS, Van den Bosch T, Leonardi M. Strengths and limitations of diagnostic tools for endometriosis and relevance in diagnostic test accuracy research. *Ultrasound Obstet Gynecol*. 2022 Sep;60(3):309-327. doi: 10.1002/uog.24892. PMID: 35229963.
7. As-Sanie S, Black R, Giudice LC, Gray Valbrun T, Gupta J, Jones B, Laufer MR, Milspaw AT, Missmer SA, Norman A, Taylor RN, Wallace K, Williams Z, Yong PJ, Nebel RA. Assessing research gaps and unmet needs in endometriosis. *Am J Obstet Gynecol*. 2019 Aug;221(2):86-94. doi: 10.1016/j.ajog.2019.02.033. Epub 2019 Feb 18. PMID: 30790565.
8. Mayo Clinic. www.mayoclinic.org. Endometriosis. Updated October 12, 2023. Accessed March 14, 2024. <https://www.mayoclinic.org/diseases-conditions/endometriosis/symptoms-causes/syc-20354656>.
9. Sims OT, Gupta J, Missmer SA, Aninye IO. Stigma and Endometriosis: A Brief Overview and Recommendations to Improve Psychosocial Well-Being and Diagnostic Delay. *Int J Environ Res Public Health*. 2021 Aug 3;18(15):8210. doi: 10.3390/ijerph18158210. PMID: 34360501; PMCID: PMC8346066.
10. Eunice Kennedy Shriver National of Institute of Child Health and Human Development. www.nichd.nih.gov. How Common is Infertility? Last reviewed February 8, 2018. Accessed March 14, 2024 <https://www.nichd.nih.gov/health/topics/infertility/conditioninfo/common>.
11. Yale Medicine. www.yalemedicine.org. Polycystic Ovarian Syndrome. Accessed March 14, 2024 <https://www.yalemedicine.org/conditions/polycystic-ovary-syndrome>.
12. National Cancer Institute. seer.cancer.gov. Cancer Stat Facts: Cervical Cancer. Accessed March 14, 2024. <https://seer.cancer.gov/statfacts/html/cervix.html>.
13. Ghai V, Jan H, Shakir F, Haines P, Kent A. Diagnostic delay for superficial and deep endometriosis in the United Kingdom. *J Obstet Gynaecol*. 2020 Jan;40(1):83-89. doi: 10.1080/01443615.2019.1603217. Epub 2019 Jul 22. PMID: 31328629.
14. Arcoverde F, Andres MP, Souza CC, Neto JS, Abrão MS. Deep endometriosis: medical or surgical treatment? *Minerva Obstet Gynecol*. 2021 Jun;73(3):341-346. doi: 10.23736/S2724-606X.21.04705-5. PMID: 34008388.
15. Thomassin, Isabelle, et al. "Symptoms before and after surgical removal of colorectal endometriosis that are assessed by magnetic resonance imaging and rectal endoscopic sonography." *American journal of obstetrics and gynecology* 190.5 (2004): 1264-1271
16. Nassiri Kigloo H, Itani R, Montreuil T, Feferkorn I, Raina J, Tulandi T, Mansour F, Krishnamurthy S, Suarathana E. Endometriosis, chronic pain, anxiety, and depression: A retrospective study among 12 million women. *J Affect Disord*. 2024 Feb 1;346:260-265. doi: 10.1016/j.jad.2023.11.034. Epub 2023 Nov 11. PMID: 37956828.
17. Edi R, Cheng T. Endometriosis: Evaluation and Treatment. *Am Fam Physician*. 2022;106(4):397-404.
18. Giudice LC, Horne AW, Missmer SA. Time for global health policy and research leaders to prioritize endometriosis. *Nat Commun*. 2023 Dec 4;14(1):8028. doi: 10.1038/s41467-023-43913-9. PMID: 38049392; PMCID: PMC10696045.
19. Missouri Department of Health. Chronic Diseases. Accessed March 14, 2024. <https://health.mo.gov/living/healthcondiseases/chronic/>

## 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.

**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:

- 
- 1 **WHEREAS**, physicians are the number one specialty who commit suicide, even higher than military  
2 personnel; and,  
3  
4 **WHEREAS**, we need physicians to be healthy and not scared to get help for mental issues or substance  
5 use disorder; and,  
6  
7 **WHEREAS**, many physicians are opposed to getting mental health assistance or substance use disorder  
8 treatment for fear that this will be discovered on State Medical licensing and re-licensing applications, as  
9 well as hospital privileges and reappointments; and,  
10  
11 **WHEREAS**, many physicians are reluctant to share their mental health issues or substance use disorder  
12 with physician colleagues because hospitals may require these colleagues to divulge this information as  
13 peer references for hospital privilege applications and reapplications; and,  
14  
15 **WHEREAS**, many physicians are concerned that the confidentiality of their mental health services and  
16 substance use disorder treatment might be compromised; and,  
17  
18 **WHEREAS**, the United States Department of Justice recently found that to be compliant with the  
19 American Disability Act, professional licensing boards must limit mental health questions to current  
20 diagnoses that could impair an applicant's ability to perform duties; and,  
21  
22 **WHEREAS**, the Federation of State Medical Boards released 4 recommendations to be compliant with  
23 the American Disability Act:  
24 1. Ask only if impaired  
25 2. Ask only if current  
26 3. Allow for safe haven nonreporting  
27 4. Include supportive language normalizing physician wellness; and,  
28  
29 **WHEREAS**, in March of 2022 the United States Congress passed, and the President signed, the Lorna  
30 Breen Health Care Provider Protection Act which requires the United States Department of Health and  
31 Human Services to award grants and develop several policy recommendations including:  
32 -improving mental & behavioral health among health care providers  
33 -removing barriers to accessing care and treatment; therefore, be it,  
34  
35 **RESOLVED**, that MSMA work with the Missouri Physician Health Program to compile and publish on  
36 both of their websites a list of mental health services and substance use disorder treatments available  
37 for physicians; and, be it further,  
38

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

50  
51 **RESOLVED**, that MSMA encourage the Missouri Board of Narcotics and Dangerous Drugs (BNDD) to  
52 amend their initial physician licensing application and physician re-licensing application to:  
53 -include supportive language normalizing physician wellness  
54 -limit mental health questions to current diagnoses that could impair a physician’s ability to perform  
55 duties  
56 -allow for “safe haven” nonreporting for physicians who are receiving treatment and monitoring in  
57 either the Missouri Physicians Health Program or the Physician and Health Professional Wellness  
58 Program  
59 -allow for “safe haven” nonreporting for physicians who have successfully completed a treatment  
60 program  
61 -encourage nonpunitive 100% confidential mental health care; and, be it further,

62  
63 **RESOLVED**, that MSMA encourage hospitals in Missouri to amend their initial physician privilege  
64 application and their physician reappointment privilege application to:  
65 -include supportive language normalizing physician wellness  
66 -limit mental health questions to current diagnoses that could impair a physician’s ability to perform  
67 duties  
68 -allow for “safe haven” nonreporting for physicians who are receiving treatment and monitoring in  
69 either the Missouri Physicians Health Program or the Physician and Health Professional Wellness  
70 Program  
71 -allow for “safe haven” nonreporting for physicians who have successfully completed a treatment  
72 program  
73 -encourage nonpunitive 100% confidential mental health care  
74 -Remove peer reference questions regarding mental health and substance use disorders of physician  
75 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.

**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:

---

1 **WHEREAS**, Missouri has 6 medical schools and trains the 9<sup>th</sup> most medical students of all states in the  
2 nation, graduating over 1000 medical students per year<sup>2</sup>; and,  
3  
4 **WHEREAS**, medical students require clinical education opportunities with physician preceptors which  
5 prepare them for future medical practice, provide them with mentorship, and encourage them to  
6 consider practicing medicine in Missouri; and,  
7  
8 **WHEREAS**, the Missouri General Assembly affirmed the state’s commitment to medical student  
9 education through the enactment of SB 801<sup>1</sup> in 2023, offering a tax credit of up to \$3,000 per year per  
10 physician preceptor; and,  
11  
12 **WHEREAS**, despite these legislative efforts, there remains a limited number of physician preceptors  
13 providing clinical education to medical students in Missouri; and,  
14  
15 **WHEREAS**, each year there are more Advance Practice Registered Nursing (APRN) students that are  
16 required to have clinical education by physician preceptors; and,  
17  
18 **WHEREAS**, APRN students may displace medical students from comprehensive clinical education  
19 opportunities with physician preceptors; and,  
20  
21 **WHEREAS**, it is imperative to uphold the quality and integrity of medical student education to ensure  
22 that Missouri produces highly skilled and competent physicians for the healthcare needs of its  
23 population; therefore, be it,  
24  
25 **RESOLVED**, that MSMA encourages Missouri physician preceptors to prioritize the clinical education of  
26 medical students possibly through internal policy; and be it further,  
27  
28 **RESOLVED**, that MSMA encourages medical schools to offer competitive reimbursement to precepting  
29 physicians; and be it further,  
30  
31 **RESOLVED**, that MSMA encourages Missouri hospitals to develop and implement policies to prioritize  
32 the clinical education of medical students; and be it further,  
33  
34 **RESOLVED**, that MSMA encourages the Missouri General Assembly to further incentivize physicians,  
35 medical schools and hospitals to prioritize the clinical education of medical students for the wellbeing of  
36 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%22colld%22:%22Location%22>

**Missouri State Medical Association  
House of Delegates**

Resolution # 21  
(A-24)

Introduced by: Gary Gaddis, MD PhD  
Subject: Physician Licensure Question  
Referred to:

---

1 **WHEREAS**, Question #13 of the Licensure/Re-licensure application from the Missouri State Board of  
2 Registration for the Healing Arts for physicians currently states, “Do you currently have any condition or  
3 impairment which *in any way* (emphasis added by resolution author) affects your ability to practice in a  
4 professional, competent and safe manner, including but not limited to: (1) A mental, emotional, nervous  
5 or sexual disorder, or (2) an alcohol or substance abuse disorder, or (3) a physical disease or condition?”;  
6 and,  
7  
8 **WHEREAS**, the phenomenon of “burnout” has become more pervasive among physicians and other  
9 members of health care teams, such that in some specialties, more than 60% of practitioners may be  
10 suffering from “burnout”, a statement so widely known and accepted that it need not be referenced;  
11 and,  
12  
13 **WHEREAS**, “Burnout” can easily lead to the psychological/psychiatric illness of depression, which could  
14 be characterized as a mental, emotional or nervous disorder that might impair one’s ability to practice  
15 medicine in a “...professional, competent and safe manner...”; and,  
16  
17 **WHEREAS**, Depression is a disease which is best managed by a medical professional, rather than being  
18 ignored and not ameliorated by medical treatment; and,  
19  
20 **WHEREAS**, given the high current prevalence of “burnout” among physicians, it is logical to assert that  
21 the leaders of the Missouri Board of Healing Arts should be more concerned about clinicians who are  
22 not currently receiving care for a mental, emotional or nervous disorder, than the degree which they  
23 should be concerned about physicians obtaining outpatient treatment and management for such  
24 conditions, when outpatient management is appropriate; and,  
25  
26 **WHEREAS**, physicians are human beings; and,  
27  
28 **WHEREAS**, most adult human beings are afflicted by at least one disease state; and,  
29  
30 **WHEREAS**, these humans will function most effectively in their lives and duties when their disease  
31 state(s) is/are being actively and effectively managed; and,  
32  
33 **WHEREAS**, human beings who bear the burden of the disease of depression are disproportionately likely  
34 to **not** have their disease being actively managed, especially if they are physicians; and,  
35  
36 **WHEREAS**, Physicians who are depressed are more likely than their non-depressed peers to die by  
37 suicide; and,  
38



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

41  
42 **WHEREAS**, Missouri suffers from a chronic shortage of physicians, especially in rural areas and in  
43 primary care specialties; and,

44  
45 **WHEREAS**, it is therefore in the interest of the citizens of Missouri that Missouri physicians remain as  
46 active practitioners of their specialty, unless sufficiently severe afflictions of a mental health disease  
47 make it unsafe and imprudent for that physician to continue to practice medicine; and,

48  
49 **WHEREAS**, to remove barriers or perceived barriers for physicians to benefit from the receipt of  
50 outpatient mental health care services would be salutatory; therefore, be it,

51  
52 **RESOLVED**, that our Missouri State Medical Association will work cooperatively with the Missouri State  
53 Board of Healing Arts to modify the current language of licensure/re-licensure question #13, such that it  
54 becomes clear that the State of Missouri and its Board of Healing Arts does not consider the mere  
55 receipt of mental health services by physicians to signify the presence of a mental, emotional or nervous  
56 impairment to safely practice medicine; and, be it further,

57  
58 **RESOLVED**, that our Missouri State Medical Association will work to bring Missouri State Board of  
59 Healing Arts questions for re-licensure in compliance with American Medical Association Policy D  
60 275.946, "Protecting Physician Wellbeing on Applications for Board Certification", American Medical  
61 Association Policy H-275.945, "Self-Incriminating Questions on Applications for Licensure and Specialty  
62 Boards", and American Medical Association Policy H-275.970, "Licensure Confidentiality".

**Fiscal Note:**     **None**

**Current Policy:**

**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:

---

1 **WHEREAS**, during the COVID-19 pandemic, Medicare billing rules were revised to enable and facilitate  
2 reimbursement to clinicians for services rendered by telemedicine links to their patients; and,  
3  
4 **WHEREAS**, these rules were adopted during the COVID-19 pandemic, and did not differentiate  
5 reimbursement rates for office-based vs telemedicine-based patient care; and,  
6  
7 **WHEREAS**, commercial insurers have generally adopted Medicare’s methodology for reimbursement;  
8 and,  
9  
10 **WHEREAS**, reimbursement for telemedicine services has had two salutatory effects: 1) greater  
11 convenience for patients, and 2) decreased need to utilize petroleum-powered vehicles for patients’  
12 and doctors’ transit from their homes to physicians’ offices; and,  
13  
14 **WHEREAS**, for mobility-challenged patients telemedicine links offer an increased level of convenience;  
15 and,  
16  
17 **WHEREAS**, American Medical Association Policy D-135.966, “Declaring Climate Change a Public Health  
18 Crisis”, states that a goal for America’s health care sector is to decrease its greenhouse gas emissions  
19 by 50% by 2030, and to achieve “carbon neutrality” by 2050<sup>1</sup>; and,  
20  
21 **WHEREAS**, under Medicare, through December 31, 2024, Medicare will reimburse physicians for  
22 charges that accrue for the provision of medical care to patients via telehealth services<sup>2</sup>; and,  
23  
24 **WHEREAS**, the remission of the COVID pandemic has enabled much medical care to again be provided  
25 in “brick and mortar” offices, which makes it imperative that reimbursement rates for office-based  
26 care should be greater than reimbursement rates for telemedicine-based care, due to the greater  
27 overhead expenses associated with office-based care; and,  
28  
29 **WHEREAS**, to extend indefinitely the policy of reimbursement to physicians for services provided via  
30 telemedicine links (at rates lower than provided for office-based care) would be salutatory toward  
31 patient convenience and toward reducing the greenhouse gas emissions attributable to the healthcare  
32 sector, a previously-established goal of our AMA via its Policy D-135.9661; therefore, be it,  
33  
34 **RESOLVED**, that our Missouri State Medical Association will craft a Draft Resolution to submit to the  
35 American Medical Association’s House of Delegates’ Annual Meeting of June, 2024, consisting of the  
36 above “Whereas” statements, with the “Resolved” clause being that our Association supports removal  
37 of the December 31, 2024 “sunset” date currently set for Medicare to cease reimbursement for  
38 services provided via telemedicine, such that reimbursement of medical services provided by

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

42

43 **RESOLVED**, that our Missouri State Medical Association’s resolution, as described above, will be  
44 accompanied by lobbying efforts toward enabling this objective of indefinite continuation of  
45 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](https://policysearch.amaassn.org/policyfinder/detail/carbon%20neutrality?uri=%2FAMA%20Doc%2Fdirectives.xml-D135.966.xml) Accessed February 9, 2024
2. Your Medicare Coverage/[Telehealth. Medicare.gov](https://www.medicare.gov/coverage/telehealth).
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:

- 
- 1 **WHEREAS**, the opioid use disorder (OUD) epidemic is an increasing burden in the United States and has  
2 been declared a public health emergency<sup>1,2</sup>; and,  
3  
4 **WHEREAS**, opioid agonist pharmacotherapy is the standard of care treatment for pregnant individuals  
5 with OUD, surpassing medically supervised withdrawal (i.e., detoxification) in efficacy and risk  
6 reduction<sup>3</sup>; and,  
7  
8 **WHEREAS**, the American College of Obstetricians and Gynecologists (ACOG), Substance Abuse and  
9 Mental Health Services Association (SAMHSA), and World Health Organization (WHO) underscores the  
10 effectiveness and safety of agonists such as methadone and buprenorphine in managing OUD during  
11 pregnancy rather than detoxification, with proven benefits for maternal and fetal health<sup>1,3,4</sup>; and,  
12  
13 **WHEREAS**, the use of opioid maintenance therapy improves adherence to standard prenatal care and is  
14 shown to decrease the risk of preterm birth, low birth weight, and NICU admissions<sup>5,6</sup>; and,  
15  
16 **WHEREAS**, our AMA has a policy supporting brief interventions and early comprehensive treatment for  
17 pregnant individuals with OUD, and supports legislation and efforts for expansion and improved access  
18 to evidence-based treatment for substance use disorders during pregnancy<sup>7</sup>; and,  
19  
20 **WHEREAS**, our AMA has a policy encouraging the crucial support for establishing and increasing  
21 availability of specialized treatment programs for drug-addicted pregnant and breastfeeding women  
22 whenever possible, specifically with the provision of physician-led, evidence-based care that offers  
23 supportive services for rehabilitation<sup>8</sup>; and,  
24  
25 **WHEREAS**, despite the clear benefits of medication-assisted treatment, significant barriers such as  
26 stigma, lack of education, mistrust of physicians, and legal constraints hinder access for pregnant  
27 individuals, particularly in rural and medically underserved areas<sup>9</sup>; and,  
28  
29 **WHEREAS**, women who use substances that *do* receive prenatal care experience more positive birth  
30 outcomes and have greater opportunities for other health promoting interventions than women who do  
31 not receive care<sup>10</sup>; and,  
32  
33 **WHEREAS**, despite the recent elimination of the X waiver requirement to prescribe buprenorphine,  
34 increasing buprenorphine knowledge among providers is vital for encouraging patients to seek  
35 treatment and decreasing stigma surrounding OUD<sup>11</sup>; and,  
36

37 **WHEREAS**, provider inexperience is a barrier to treatment, as less than half of the already few  
38 buprenorphine providers are willing to prescribe treatment due to the general lack of knowledge in  
39 utilizing opioid agonist treatment in pregnant patients<sup>12</sup>; and,

40  
41 **WHEREAS**, our AMA has policies encouraging physicians to increase their knowledge on the effects of  
42 substance use during pregnancy and breastfeeding through continued medical education opportunities  
43 and routine inquiry about substance use in the course of providing prenatal care<sup>8,13</sup>; and,

44  
45 **WHEREAS**, research has shown that clinics in Missouri with opioid treatment programs are  
46 predominantly located in urban areas<sup>14</sup>; and,

47  
48 **WHEREAS**, states with more rural populations and medically underserved areas dispensed the most  
49 opioids per person in the last 10 years, but did not provide as much access to rehabilitation<sup>11</sup>; and,

50  
51 **WHEREAS**, high risk rural populations such as American Indians experience significant barriers to  
52 accessing care for OUD during pregnancy<sup>15</sup>; therefore, be it,

53  
54 **RESOLVED**, that our MSMA supports the expansion of access to evidence-based treatments, particularly  
55 buprenorphine, for pregnant individuals with opioid use disorder, with a specific focus on underserved  
56 areas and high risk populations; and, be it further,

57  
58 **RESOLVED**, that our MSMA advocates for improved medical education on the knowledge and  
59 management of opioid use disorders during pregnancy and the perinatal period aimed at reducing  
60 stigma and misinformation among healthcare professionals, ensuring compassionate and effective care;  
61 and, be it further,

62  
63 **RESOLVED**, that our MSMA advocates for equitable access to comprehensive prenatal care and  
64 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](http://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
6. Roberts T, Frederiksen B, Saunders H, Salganicoff A. Opioid Use Disorder and Treatment Among Pregnant and Postpartum Medicaid Enrollees. KFF. Accessed March 14, 2024. <https://www.kff.org/medicaid/issue-brief/opioid-use-disorder-and-treatment-among-pregnant-and-postpartum-medicaid-enrollees/>

7. Policy Finder. AMA. Substance Use Disorders During Pregnancy H-420.950. [policysearch.ama-assn.org](https://policysearch.ama-assn.org). Published 2023. <https://policysearch.ama-assn.org/policyfinder/detail/pregnancy?uri=%2FAMADoc%2FHOD.xml-H-420.950.xml>
8. Policy Finder. AMA. Perinatal Addiction - Issues in Care and Prevention H-420.962. [policysearch.ama-assn.org](https://policysearch.ama-assn.org). Published 2019. <https://policysearch.ama-assn.org/policyfinder/detail/substance%20use%20and%20pregnancy?uri=%2FAMADoc%2FHOD.xml-0-3705.xml>
9. National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Sciences Policy; Committee on Medication-Assisted Treatment for Opioid Use Disorder, Manchur M, Leshner AI, eds. Medications for Opioid Use Disorder Save Lives. Washington (DC): National Academies Press (US); March 30, 2019.
10. Stone R. Pregnant Women and Substance Use: Fear, Stigma, and Barriers to Care. *Health & Justice*. 2015;3(1). doi:<https://doi.org/10.1186/s40352-015-0015-5>
11. Nahian A, Shepherd JG. Analysis of Opioid Poisoning in Medically Underserved Rural Areas: An Evaluation of International Statistical Classification of Diseases Codes from the State of South Dakota. *J Addict Res Ther*. 2022;13(11):496.
12. Connolly B, Paulson L. Missouri Initiative Combines Treatment for Opioid Use Disorder and Prenatal Care. [pew.org](https://www.pewtrusts.org/en/research-and-analysis/articles/2021/07/12/missouri-initiative-combines-treatment-for-opioid-use-disorder-and-prenatal-care). Published July 12, 2021. Accessed March 14, 2024. <https://www.pewtrusts.org/en/research-and-analysis/articles/2021/07/12/missouri-initiative-combines-treatment-for-opioid-use-disorder-and-prenatal-care>
13. Policy Finder. AMA. Infant Victims of Substance Abuse H-420.971. [policysearch.ama-assn.org](https://policysearch.ama-assn.org). Published 2019. Accessed March 14, 2024. <https://policysearch.ama-assn.org/policyfinder/detail/pregnancy%20substance%20use?uri=%2FAMADoc%2FHOD.xml-0-3714.xml>
14. Bedrick BS, O'Donnell C, Marx CM, et al. Barriers to Accessing Opioid Agonist Therapy in Pregnancy. *Am J Obstet Gynecol* 2020;2(4):100225. doi:10.1016/j.ajogmf.2020.100225
15. Kelley AT, Smid MC, Baylis JD, et al. Treatment Access for Opioid Use Disorder in Pregnancy Among Rural and American Indian Communities. *J Subst Abuse Treat*. 2022;136:108685. doi:10.1016/j.jsat.2021.108685

## 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]

**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:

---

1 **WHEREAS**, on Fri 2/16/24, the Alabama Supreme Court<sup>1</sup> ruled that

- 2 (a) "an embryo created through in vitro fertilization (IVF) is a child protected by Alabama's  
3 wrongful death act and the Alabama Constitution;" and that,  
4 (b) "a human frozen embryo is a 'child' which is an unborn or recently born children;" and that  
5 (c) "the Constitution ... commands the judge to ... upholding the sanctity of unborn life,  
6 including unborn life that exists outside the womb;" and that,  
7 (d) "the Court would not create an exception in the statute for these IVF embryo children just  
8 because they were located outside the womb;" and,  
9

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

- 13 - In 2008 and 2010, Colorado<sup>2</sup> voters rejected ballot measures, to give constitutional rights to  
14 individuals "at the beginning of biological development;" and,  
15 - In 2011, Mississippi<sup>3</sup> considered Proposition 26: "Should the term 'person' be defined to include  
16 every human being from the moment of fertilization, cloning, or the equivalent thereof?" which  
17 was voted down; and,  
18 - In 2012, the Virginia House of Delegates<sup>4-5</sup> passed House Bill 1 that was subsequently tabled by  
19 the state Senate until 2013, which if passed would "construe the word 'person' under Virginia  
20 Law ... to include unborn children" and enact that "the life of each human being begins at  
21 conception;" and,  
22 - Similar "Personhood" bills have also been passed by a single legislative chamber in North  
23 Dakota, Oklahoma,<sup>6</sup> and Mississippi,<sup>7</sup> and,  
24

25 **WHEREAS**, these "Personhood" bills and ballot measures define a person as being a legal  
26 entity from the moment of conception; and thus define fertilized eggs and embryos, as persons with  
27 constitutional rights; and,  
28

29 **WHEREAS**, giving constitutional rights to a fertilized oocyte or embryo would interfere with the  
30 physician-patient relationship in the provision of in vitro fertilization (IVF) services; and,  
31

32 **WHEREAS**, in current IVF practice in the United States, over half of embryo transfers will \*not\* result in  
33 live birth, as many embryos after transfer will either (a) not result in a pregnancy, (b) result in a  
34 miscarriage, or (c) result in a non-viable ectopic or molar pregnancy; and,  
35

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



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

40  
41 **WHEREAS**, not all IVF patients can afford the long-term storage fees to cryopreserve embryos for future  
42 use or to donate those embryos to others; and,

43  
44 **WHEREAS**, defining all embryos as “children” promotes the dangerous notion that all embryos should  
45 somehow be transferred in an IVF cycle (instead of cryopreserving extra embryos of adequate quality),  
46 which could potentially increase the rate of dangerous higher-order multiple gestation pregnancies  
47 (triplets, quadruplets, etc); and,

48  
49 **WHEREAS**, defining all embryos as “children” may promote the dangerous and misguided notion that an  
50 ectopic pregnancy could somehow be safely implanted into the uterus (as is erroneously reported on  
51 various “Personhood” websites<sup>9</sup>); and,

52  
53 **WHEREAS**, considering embryos to be “children” also raises potential legal complications, such as how  
54 inheritance and probate laws would apply to embryos, and,

55  
56 **WHEREAS**, defining all embryos as “children” may promote the dangerous and misguided notion that a  
57 molar pregnancy can somehow be “rescued” instead of being a potential cancer; and,

58  
59 **WHEREAS**, considering abandoned embryos to be “children” raises questions about whether states  
60 would then be liable to provide support for cryopreserved embryos and long-term storage costs, such as  
61 under Medicaid as if they were “wards” of the state; and,

62  
63 **WHEREAS**, giving “rights” to embryos in the IVF lab will potentially complicate the practice of IVF by  
64 inappropriately pressuring physicians to transfer abnormally-growing and arrested embryos; and,

65  
66 **WHEREAS**, the American Society for Reproductive Medicine (ASRM) Position Statement on Personhood  
67 Measures states that

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

88 therefore, be it,

89

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

93

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

97

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

100

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

102

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

**Fiscal Note:   None**

**Current Policy:**