

REPORT OF THE REFERENCE COMMITTEE

The Reference Committee met at 9:30 a.m. on Saturday, April 6, 2024, at the Renaissance St. Louis Airport Hotel.

Consent Calendar

Recommended for Adoption

1. Missouri State Medical Foundation Report
 2. Physicians Health Committee Report
 3. Executive Vice President Report
 4. Secretary/Treasurer Reports
 5. Council Minutes Summary
 6. Committee on Legislative Affairs Report
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1 Resolution #1 – “Bylaws Change - Committees,” introduced by the Committee on Constitution and Bylaws

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3 Recommendation

4 Mr. Speaker, this is a lengthy section of the MSMA Bylaws. For the sake of brevity, I will not read the entire
5 text of the amended resolution. Delegates can read the entire text in their copy of the Reference
6 Committee report. Your Reference Committee recommends that the following amended resolution be
7 adopted:

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

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11 **Chapter VII. Committees and Commissions**

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

- 14
- Executive Committee
 - 15 • Committee on Constitution and Bylaws
 - 16 • Committee on Publication
 - 17 • Committee on Legislative Affairs
 - 18 • ~~[Physicians Health Committee]~~
 - 19 • **Policy Review Committee**
 - 20 • **Membership Committee**
 - 21 • Conflict of The Executive Interest Committee
 - 22 • Past Presidents Committee

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

29
30 The Committee on Constitution and Bylaws shall consist of five members named by the President and
31 shall propose such amendments to the Constitution and Bylaws as are deemed wise and expedient and
32 bring before the House of Delegates such amendments as it or other members of the Association may
33 present for consideration. The President shall appoint one member for one year, two members for two
34 years and two members for three years. As the term of each expires, a successor shall be appointed for
35 a term of three years.

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

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

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

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

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59 **The Policy Review Committee shall consist of five members of the Association, appointed by the**
60 **President for a term of three years. For the initial appointments, The President shall appoint one**
61 **member for one year, two members for two years and two members for three years. As the term of**
62 **each expires, a successor shall be appointed for a term of three years. The Policy Review Committee**
63 **shall meet at least annually to review association policies that have been in place for ten years or**
64 **longer to ensure MSMA's policies remain relevant. The Committee must review each association**
65 **policy at least once every ten years. The Committee shall present its policy review recommendations**
66 **to the membership for approval. The Committee shall also review proposed policy resolutions to**
67 **ensure resolutions fall within the association's mission, are relevant to MSMA's areas of influence,**
68 **and avoid redundancy with current policies.**

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

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80 The Conflict-of-Interest Committee shall consist of five members of the Association, appointed by the
81 President for a term of two years. The Committee shall monitor any reported conflicts of interest and
82 determine appropriate outcomes. The Committee shall make recommendations to Council for the
83 amendment of the Conflict-of-Interest Policy when appropriate to adhere to statutory and regulatory law.
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85 The Committee of Past Presidents shall consist of the MSMA Past Presidents who are members of the
86 Association and who volunteer to serve on the Committee. The Committee shall provide the MSMA Council
87 and House of Delegates with advice on such matters as may be necessary to advance the Association's
88 mission and causes.
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91 Resolution #2 – “Bylaws Change – AMA Delegation,” introduced by the Committee on Constitution and
92 Bylaws

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94 Recommendation

95 Mr. Speaker, your Reference Committee recommends that resolution be adopted as amended:
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97 **RESOLVED**, that the MSMA Bylaws, Chapter III, Section 11, be amended as follows:
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99 The House of Delegates shall elect Delegates and Alternate Delegates to the House of Delegates of the
100 American Medical Association in accordance with the Constitution and Bylaws of that body. MSMA
101 members may serve a maximum of eight years as an AMA Delegate; however, **MSMA members who are**
102 **elected to serve on** ~~[term limits are suspended while serving as a member of]~~ an AMA House of Delegates
103 Council, **the AMA Board of Trustees, or the AMPAC Board of Directors may serve more than eight years**
104 **until their term on the AMA Council or Board on which they serve has ended. If the AMA Bylaws require**
105 **the number of MSMA delegates and/or alternate delegates to be reduced, and if there is no delegate or**
106 **alternate delegate who agrees to voluntarily withdraw, then the most recently elected delegate and/or**
107 **alternate delegate who is not a medical student shall withdraw from the delegation.**
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110 Resolution #3 – “Bylaws Change – Retired Membership Status,” introduced by the Committee on
111 Constitution and Bylaws

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113 Recommendation

114 Mr. Speaker, your Reference Committee recommends this resolution be adopted.
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117 Resolution #4 – “Cannabis Marketing Guardrails,” introduced by Albert L. Hsu, MD

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119 Recommendation
120 Mr. Speaker, your Reference Committee recommends that the following amended resolution be adopted:
121
122 **RESOLVED**, that our Missouri State Medical Association (MSMA) support guardrails for marketing cannabis
123 and cannabinoid products to children and pregnant women in Missouri; and be it further
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125 **RESOLVED**, that our Missouri State Medical Association (MSMA) support the creation of a physician-led
126 state task force within the Missouri Department of Health and Senior Services to review the marketing
127 practices of cannabis and cannabinoid products to children and pregnant women in Missouri.
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130 Resolution #5 – “Waiver of Due Process Clauses,” introduced by the St. Louis Metropolitan Medical Society
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132 Recommendation
133 Mr. Speaker, your Reference Committee recommends the following amended resolution be adopted:
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135 **RESOLVED**, that the Missouri State Medical Association (MSMA) advocates that “Waiver of Due Process”
136 clauses must be eliminated from all employment agreements between employed physicians and their non-
137 physician employers, and be declared null and void in physicians’ previously-executed employment
138 agreements between physicians and their non-physician employers that currently exist; and, be it further,
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140 **RESOLVED**, that this resolution be forwarded to the AMA House of Delegates.
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143 Resolution #6 – “Co-Sponsoring of Resolutions,” introduced by Justin Albani, MD
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145 Recommendation
146 Mr. Speaker, your Reference Committee heard mixed testimony on this topic, and recommends that this
147 resolution be referred to the MSMA Council, with encouragement to consider establishing an appropriate
148 mentoring infrastructure for medical students.
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151 Resolution #7 – “Unmatched Graduating Physicians,” introduced by the St. Louis Metropolitan Medical
152 Society
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154 Recommendation
155 Mr. Speaker, your Reference Committee, having heard testimony mostly in opposition on this resolution
156 recommends that this resolution be not adopted.
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159 Resolution #8 – “Continued Ozempic Research,” introduced by Morgan Martin and Bethany Baumgartner –
160 Kansas City University
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162 Recommendation
163 Mr. Speaker, your Reference Committee heard testimony on this complicated issue, with numerous drugs
164 in this category in various stages of FDA approval. We recommend that this resolution be referred to
165 MSMA Council.

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Resolution #9 – “Treatment of Family Members,” introduced by the St. Louis Metropolitan Medical Society

Recommendation

Mr. Speaker, your Reference Committee heard mixed testimony on this resolution, and recommends the following amended resolution be adopted:

RESOLVED, that the Missouri delegation to the AMA House of Delegates submit a resolution that asks the AMA Council on Ethical and Judicial Affairs to review the current Code of Ethics as it relates to treating family members.

Resolution #10 – “Cybersecurity Legislation,” introduced by Samer Cabbabe, MD

Recommendation

Mr. Speaker, your Reference Committee concluded that the complexity of this issue and the rapidly-changing environment places this issue outside of MSMA’s purview. Your Reference Committee recommends that this resolution be not adopted.

Resolution #11 – “Protecting the Practice of Medicine from Third Party Interference,” introduced by the Kansas City Medical Society and the St. Louis Metropolitan Medical Society

Recommendation

Mr. Speaker, your Reference Committee recommends that this resolution be adopted as amended to eliminate the third Resolved, as it is a reaffirmation of existing MSMA policy, and is not relevant to this resolution.

RESOLVED, that the MSMA amend existing MSMA policy as follows:

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

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

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

Recommendation

Mr. Speaker, your Reference Committee recommends that this resolution be not adopted, as the issues are addressed more globally in Resolution #22, and the need for broadband access is already in MSMA policy.

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215 Resolution #13 – “Surgical Smoke,” introduced by Bethany Baumgartner, Maaya Dev, Hanna Pawlowski,
216 Jasleen Sekhon - Kansas City University
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218 Recommendation
219 Mr. Speaker, your Reference Committee recommends that the following amended resolution be adopted:
220
221 **RESOLVED**, that the MSMA recognizes surgical smoke exposure has adverse effects on the health and well-
222 being of all exposed medical staff, and be it further
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224 **RESOLVED**, that the MSMA supports legislation to decrease surgical smoke exposure routinely and
225 regularly across medical facilities in Missouri.
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228 Resolution #14 – “Doula Care Coverage and Reimbursement,” introduced by Karen Brianna Dale, Saint
229 Louis University School of Medicine, Class of 2026; Adriana Canas-Polesel, MD, FACOG, and Women
230 Physicians Section of MSMA
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232 Recommendation
233 Mr. Speaker, your Reference Committee believes that the compensation and reimbursement of non-
234 physician healthcare professionals is not within the MSMA’s purview. We recommend that this resolution
235 be not adopted.
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238 Resolution #15 – “Supporting Physician Candidates for Public Office,” introduced by Albert L. Hsu, MD
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240 Recommendation
241 Mr. Speaker, your Reference Committee recommends that this resolution be referred to the MSMA
242 Council, for consideration of legal nuances.
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245 Resolution #16 – “Emergency Medical Services Vehicles,” introduced by Gary Gaddis, MD, PhD
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247 Recommendation
248 Mr. Speaker, your Reference Committee believes that this issue is not in the purview of the MSMA, and
249 there may be many unintended consequences and costs. With lack of current infrastructure, introduction
250 of this resolution is premature. Your Reference Committee recommends that this resolution be not
251 adopted.
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254 Resolution #17 – “Promoting Sustainable Practices in Operating Rooms,” introduced by Albert L. Hsu, MD
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256 Recommendation
257 Mr. Speaker, your Reference Committee recommends that this resolution be adopted.
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260 Resolution #18 – “Endometriosis Disparities and Research,” introduced by Jasleen Sekhon, Hanna
261 Pawlowski, Bethany Baumgartner – Kansas City University

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Recommendation

Mr. Speaker, your Reference Committee recommends the following amended resolution be adopted:

RESOLVED, that MSMA encourage DHSS to include endometriosis on its list of chronic conditions.

Resolution #19 – “Promoting Physician Wellness,” introduced by Thomas Shireman, MD, and the Kansas City Medical Society

Recommendation

Mr. Speaker, in order to gather more information on current regulations regarding this topic from the Board of Healing Arts and the Bureau of Narcotics and Dangerous Drugs, your Reference Committee recommends that this resolution be referred to MSMA Council, to review the previous work of the Board of Registration for the Healing Arts.

Resolution #20 – “Medical Student Clinical Education,” introduced by Harita Abraham – Kansas City University

Recommendation

Mr. Speaker, your Reference Committee recommends the following amended resolution be adopted:

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

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

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

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

Resolution #21 – “Physician Licensure Question,” introduced by Gary Gaddis, MD, PhD

Recommendation

Mr. Speaker, your Reference Committee recommends that this resolution be referred to MSMA Council, as the Missouri Board of Registration for the Healing Arts and other regulatory bodies are currently looking at this issue.

Resolution #22 – “Medicare Reimbursement for Telemedicine,” introduced by the St. Louis Metropolitan Medical Society

310 Recommendation –
311 Mr. Speaker, your Reference Committee recommends that the following amended resolution be adopted:

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313 **RESOLVED**, that our Missouri State Medical Association will submit a resolution to the AMA House of
314 Delegates supporting removal of the December 31, 2024 “sunset” date currently set for Medicare to cease
315 reimbursement for services provided via telemedicine, such that reimbursement of medical services
316 provided by telemedicine be continued indefinitely into the future, consistent with what would be
317 determined by the Relative Value Update Committee (“RUC”).

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320 Resolution #23 – “Opioid Use Disorders During Pregnancy,” introduced by Vikita Patel, Alexis Pheng, Nu
321 Ellie Bui, Feng Ming Li, Reeya Patel – Kansas City University College of Osteopathic Medicine

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323 Recommendation

324 Mr. Speaker, your Reference Committee recommends that the following amended resolution be adopted:

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326 **RESOLVED**, that our MSMA supports the expansion of access to evidence-based treatments, such as
327 buprenorphine, for pregnant individuals with opioid use disorder.

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329 **RESOLVED**, that our MSMA encourage improved medical education on the knowledge and management of
330 opioid use disorders during pregnancy and the perinatal period.

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333 Resolution #24 – “Opposing ‘Personhood’ Rights for Embryos,” introduced by Albert L. Hsu, MD

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335 Mr. Speaker, your Reference Committee recommends approving the author’s title change to “Protecting
336 Access to IVF Treatment,” and further recommends the following amended resolution be adopted:

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

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

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344 **RESOLVED**, that our MSMA forward this resolution to the AMA.

Respectfully submitted:

George Hruza, MD, Chair
George Mansour, MD
Basia Michalski-McNeely, MD
Keith Ratcliff, MD
Jim Wolfe, MD