



Missouri State Medical Association Policies *(Revised April 2024)*

Access to Care – Travel

The Missouri State Medical Association (MSMA) opposes policies that restrict Missourians' ability to access health care in other states. (2022)

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)

Alcohol - Driving

The MSMA encourages a zero-tolerance law (defined as blood alcohol of 0.02% or greater) for drivers less than 21 years of age. Violation of this law would result in suspension or revocation of driver's license. (1996)

Alcohol, Sale of in Movie Theaters

The MSMA encourages its member physicians to assist their communities in actively opposing the sale of alcohol in family movie theaters in the state. The MSMA opposes any legislation that would preempt local authority concerning alcohol control. (2009)

Any Willing Provider

The MSMA supports a requirement that any health care plan sold in Missouri through the federal exchange must allow any willing physician to participate in that plan. (2015)

Assistant Physicians

The MSMA supports limiting the license of assistant physicians to seven years. (2021)

The MSMA opposes the creation of an alternative pathway to physician licensure without post graduate training. (2021)

Bleeding Control Training in Schools

The MSMA support legislation encouraging the training of high school students and teachers in life-saving bleeding control techniques. (2019)

Blood Glucose Monitoring

The MSMA recognizes that a written prescription should be sufficient documentation for Medicaid patients to obtain a blood glucose meter every three years and blood glucose test strips as needed. (1997)

Board of Healing Arts

The MSMA encourages and supports legislation directed toward developing a system of checks and balances with regard to the Board of Registration for the Healing Arts' ability to both investigate and assess (tax) physicians. (1992)

Cannabis Marketing

The MSMA supports guardrails for marketing cannabis and cannabinoid products to children and pregnant women in Missouri. (2024)

Cancer, Reporting of

The MSMA supports efforts to require hospitals to report to the state all malignant neoplasms, with the exception of non-melanomatous cutaneous malignancies. These statistical data are necessary to determine relationships between cancer control efforts and the incidence of cancer in the state. (1982)

Carbon Monoxide Poisoning

The MSMA encourages physicians to question patients with non-specific symptoms about carbon monoxide poisoning. (2011)

Chelation Therapy

The MSMA supports the use of IV chelation therapy in FDA-approved applications only. (1990)

Chiropractic

The MSMA is unaware of any scientific evidence that proves that spinal manipulation and adjustment are appropriate treatments for such health conditions as hypertension, heart disease, stroke, cancer, diabetes, and infection. (1981)

Clinical Education

The MSMA encourages the legislature to further incentivize physicians, medical schools, and hospitals to prioritize the clinical education of medical students. (2024)

Continuing Medical Education, Computer Access to

As part of the CME credentialing criteria, it is recommended, but not required, that all syllabus materials including text, tables, figures and graphics be made available on standard personal computer electronic media for those who attend CME programs, where a registration fee is required. (2000)

Credentialing

The MSMA encourages public and private payors to accept hospital-issued physician credentialing from in-network hospitals as sufficient for insurance plan credentialing. (2020)

DEA Numbers

The MSMA will work for legislation to outlaw the use of DEA numbers for non-controlled substances, the release of DEA number data to non-governmental entities, and the use of the numbers to track prescription histories of physicians for commercial use. (1997)

Definition of Death

A person shall be considered dead if, in the announced opinion of a licensed physician, based on ordinary standards of medical practice, he or she has experienced an irreversible cessation of spontaneous respiratory and circulatory functions. In the event that artificial means of support preclude a determination that these functions have ceased, a person shall be considered dead if, in the announced opinion of a licensed physician, based on ordinary standards of medical practice, he or she

has experienced a total and irreversible cessation of spontaneous brain functions, including the brain stem. Death shall have occurred at the time when the relevant functions ceased. (1987)

Diagnostic Tests, Ordering of

With the exception of not-for-profit health fairs and mammography screening, the MSMA is opposed to, and considers unethical, the practice of ordering laboratory studies and other diagnostic tests without evidence or indication obtained by a physician in a history and physical examination. (1989; amended 1991)

Director of Missouri Department of Health

The MSMA supports a requirement that the Director of the Missouri Department of Health and Human Services be a physician, as well as possess formal public health training, and will inform the Governor and State Senate of this position when appropriate. (2022)

Disabled

The MSMA is involved in seeking positive ways to encourage training and rehabilitation for disabled persons. The MSMA works with existing organizations to remove physical and emotional barriers that prevent people from working. (1982)

Drugs, Generic Prescribing

The MSMA opposes any interference into the practice of medicine by any governmental agency, third party payer, or commercial dispensing organization through mandated generic or therapeutic substitutions for physician prescriptions. (1992)

Drugs, Physician Dispensing

The MSMA supports the physician's right to dispense drugs and devices when it is in the best interest of the patient and consistent with the AMA's published ethical guidelines. (1988)

The MSMA believes that dispensing of drugs and medical devices is part of the practice of medicine and that physicians always have the right to dispense needed drugs and devices. (1991)

Drugs, Prescription Drug Monitoring

The MSMA encourages legislation to develop a Prescription Drug Monitoring Program to gather data on Schedule II-IV controlled substances that will allow Missouri physicians to access information to identify patients seeking prescribed medications.

The MSMA encourages legislation that protects the legitimate practice of prescribing pain medication. (2012)

The MSMA supports legislation to develop a patient prescription drug monitoring program giving licensed prescribers the option to monitor and minimize drug abuse by patients that can lead to untoward outcomes. (2014)

The MSMA supports the establishment of a direct access statewide prescription drug monitoring program. (2017)

Drugs, Therapeutic Substitution

The MSMA opposes the therapeutic substitution of prescribed medications. (1990)

Due Process Waivers in Employment Contracts

The MSMA opposes the use of Waiver of Due Process provisions in physician employment contracts. (2022) (reaffirmed, 2024)

Economic Credentialing

The MSMA advocates for state legislation prohibiting economic credentialing in Missouri. (2008)

Education, Loans for Medical Students

The MSMA supports continued federal, and state subsidized, low-interest loan programs for medical students, with properly enforced repayment. (1982)

Education Requirements – Medical Schools

The MSMA opposes legislation that prohibits medical schools from requiring education on social determinants of health. (2023)

Education, School Health

County medical societies are urged to work with local school districts to assist in providing comprehensive health education programs, and the state colleges of Missouri are urged to prepare qualified health instructors trained to integrate health concepts into all the courses they teach. (1972)

Electronic Medical Records

The MSMA believes that the use of Electronic Medical Records in medical practices should not be mandated nor should penalties be applied for not adopting their use. (2012)

Emergency Care

The MSMA supports the American College of Emergency Physicians and the American College of Surgeons standards for direct medical control of pre-hospital (emergency) care by qualified physicians. (1986)

Employment, Retaliatory Actions

The MSMA supports legislation to prohibit retaliatory actions against physicians for reporting safety concerns to regulatory authorities or accrediting bodies. (2022)

EMTALA Medical Emergency

The MSMA will advocate for policies to ensure that all patients in Missouri receive prompt, complete, and unbiased emergency health care that is medically sound and evidence-based, in compliance with the federal Emergency Medical Treatment and Active Labor Act (EMTALA). (2023)

Environmental Health Legislation

The MSMA supports legislation that addresses the harm presented by environmental pollution and seeks to improve air and water quality as it affects the health of Missouri patients. (2019)

ERISA

The MSMA supports federal legislation that would modify ERISA to hold self-insured, employee health benefits plans accountable for negligent utilization review decisions and ensure meaningful remedies and fair compensation to patients who are injured as a result of such a decision.

The MSMA is in support of federal legislation that is developed to modify ERISA from retroactively changing health care benefits, including monetary policy limitations, after an employee has already contracted an illness or condition. The MSMA advocates that these ERISA modifications be included in federal health system reform. (1994)

Ethics, Education in Medical School

The MSMA supports the teaching of medical ethics to medical students and resident physicians, including information on the workings of professional disciplinary agencies. (1987)

Expedited Partner Therapy

The MSMA supports expedited partner therapy for patients with gonorrhea, chlamydia, trichomoniasis, and other sexually transmitted infections as supported by clinical evidence and CDC recommendations. (2021)

Fee-For-Service Medicine

The MSMA believes that the traditional American fee-for-service medical system should be given equal consideration and equal treatment under the law as other systems of health care provision. (1990)

Fee Splitting

The MSMA reaffirms its support of the AMA Judicial Council's position that the acceptance of financial consideration in exchange for patient referrals, or fee splitting, is unethical and improper. (1985)

Feminine Hygiene Products

The MSMA supports the provision of resources, education, and funding for menstrual hygiene products to all Missouri communities. (2022)

Firearms

The MSMA supports legislation for a universal background check requirement to purchase firearms, and supports firearms safety education. (2023)

Fireworks

The MSMA supports legislation to prohibit the sale of Class C fireworks in the state of Missouri. (1991)

Fluoridation

The MSMA, realizing the medical importance of naturally occurring fluoride taken in proper concentration into the human body, recommends the addition of fluoride to all drinking water systems in Missouri in the concentration of one part per million. (1972)

Food Labeling

The MSMA supports evidence-based, standardized labeling systems that provide consumers with easily accessible, unbiased nutritional facts about food products in order to promote healthier eating patterns. (2015)

For-Profit HMO Managed Care Products Use of "Medicare" Label

The MSMA believes the governmental name "Medicare" should not be used by a non-governmental health insurer without prior written authorization by the Secretary of the Department of Health and Human Services. (2001)

Gender Equity

The MSMA supports gender equity throughout all aspects of medical practice and at every level of physician training including, but not limited to, treatment, performance evaluation, career promotion, publication, research funding, financial compensation, and representation among healthcare leadership. The MSMA encourages us of gender-neutral pay structures and processes of promotion in addition to adoption of institutional transparency of compensation and regular gender-based pay audits.

The MSMA endorses the concept of equal parental leave for birth and adoption as a benefit for resident physicians, medical students, and practicing physicians regardless of gender or gender identity. (2020)

Third Party Intrusion into Practice of Medicine

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. (1992) (updated, 2024)

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. (2024)

Graduate Medical Education Funding

The MSMA supports state legislation to implement state funding of GME positions in Missouri. (2023)

Health Care Decision-Making, Right to Refuse Treatment

Believing that critical decisions should be left to the patient, the family, or health care surrogate, and not to the state, the MSMA opposes any legislation that would require court approval for the withdrawal of life support systems, including artificial hydration and nutrition. The MSMA opposes legislation that would impose an arbitrary waiting period before such life support could be withdrawn. (1990)

Health Care Decision-Making, Surrogate Decision-Maker

The MSMA supports legislation allowing competent Missourians to appoint a health care surrogate, empowered by the patient to make medical decisions for him or her if he or she be unable. Such authority should include the power to accept or refuse any and all medical treatment for the patient, including artificial nutrition and hydration. (1990)

Healthcare Needs of Children of Incarcerated Parents

The MSMA supports comprehensive and evidence-based care that addresses the specific healthcare needs of children with incarcerated parents and promote earlier intervention for those children who are at risk. (2019)

Health Delivery or Financing Systems

It is MSMA policy that health delivery or financing systems which grant privileges to limited license health care practitioners should consider the education, training, experience, and demonstrated current competence and apply reasonable and nondiscriminatory standards when granting similar privileges to licensed physicians. (1998)

Helmets, Use of

The MSMA urges all motorcyclists to wear protective head gear (helmets) to prevent death and disability. (1977) The MSMA supports legislation requiring the use of bicycle safety helmets as an effective method of reducing death and injury. (1991)

Hemochromatosis

The MSMA encourages all physicians and health plans to include screening for hemochromatosis as part of routine preventive care and encourages the Missouri General Assembly to protect hemochromatosis patients and others with genetic disease from employment and insurance discrimination. (1997)

HIV Criminal Penalties

The MSMA supports modernizing criminal penalties for HIV-positive persons who knowingly or recklessly expose another person to HIV. (2020)

Home Health Costs

The MSMA urges Medicare to supply physicians with durable medical equipment and home health care services reports to allow physicians to understand the charges associated with services authorized. (1999)

Hospital Medical Staffs, Counsel

Since the hospital medical staff is a largely autonomous entity within the hospital, the MSMA supports the securing of separate legal counsel by medical staff members when considering matters of rules, regulations and bylaws. (1985)

Hospital Medical Staffs, Membership

The hospital medical staff cannot be forced to accept for full voting membership any member of the allied health professions. This is in keeping with the MSMA's support of existing JCAHO and AMA guidelines that state that a hospital governing board cannot unilaterally amend the bylaws of a self-governing medical staff, nor can it unreasonably withhold approval of the bylaws. (1987)

The MSMA supports existing state statutes and regulations that delineate requirements for hospital licensure and individual eligibility for medical staff privileges. (1989)

Hospital Medical Staffs, Self-Government

In keeping with the MSMA's current policy of supporting existing JCAHO and AMA guidelines (which state that a hospital governing board cannot unilaterally amend the bylaws of a self-governing medical staff, nor can it unreasonably withhold approval of the bylaws), work with the appropriate state agencies and the Missouri Hospital Association to insure all hospitals in the state of Missouri recognize the authority of physicians in medical and patient care issues and provide members of their medical staffs full authority with respect to self-governance and control of the medical staff bylaws. (2003)

Human Rights/Discrimination

All human beings are equal in dignity and rights and are therefore entitled to the same freedoms, without discrimination based on distinctions of any kind. (2022)

Immunization

The MSMA supports the American Academy of Pediatrics guidelines for immunization of children. (1987)

Immunization Exemptions

The MSMA supports the elimination of non-medical (religious, philosophical, or personal) exemptions from mandated pediatric immunizations and, in the alternative, supports stricter guidelines for religious exemptions to immunizations. (2020)

In-Vitro Fertilization

The MSMA opposes any legislation or ballot measures that could criminalize in-vitro fertilization. (2024)

Indigent Care

The MSMA urges all physicians to share in the care of indigent patients. (1988)

Insulin Cost

The MSMA supports legislation capping out-of-pocket insulin costs at an affordable level for individuals and further encourages our American Medical Association to support similar legislation. (2020)

Insurance Communications

The MSMA urges health insurance companies to cease to communicate abusive and inappropriate language to patients regarding their physicians' fee structures and services. (1985)

Insurance, Company Profiling

The MSMA adopts the position and has notified medical insurance companies that any profiling of physician practice costs based on health care facility charges other than the physician's own professional fees and Tel charges are unfair and unacceptable. (2006)

Insurance, Coordination of Benefits

The MSMA supports requiring insurance companies to establish patient eligibility and coordination of benefits at the time of enrollment. This approval shall last for the duration of the policies. (2001)

Insurance, HPV Vaccine

The MSMA supports mandated full insurance coverage for the Human Papilloma Virus vaccination in patients 27-45 years of age. (2021)

Insurance, Infertility

The MSMA supports requiring insurance companies to pay for fertility preservation by all payers when iatrogenic infertility may be caused, directly or indirectly, by necessary medical treatments as determined by a licensed physician. MSMA also encourages health insurers to provide insurance coverage for fertility treatments. (2021)

Insurance, Maternity Coverage

The MSMA supports inclusion in all insurance policies for those in childbearing years of a clause providing complete maternity coverage. (1974)

Insurance, Morbid Obesity

The MSMA believes all insurers in Missouri should provide coverage for surgical treatment of morbid obesity for patients in whom it is medically indicated. (2003)

Insurance, New Waiting Periods

The MSMA believes employees should not have to undergo a new waiting period for coverage of preexisting illness whenever their employer changes insurance companies, particularly when the change is being made in the interest of controlling health care coverage costs. (1985)

Insurance – Prior Authorization

The MSMA supports legislation to improve transparency and reduce the administrative burden of the prior authorization process to benefit patients and physicians. (2022)

Insurance, Psychiatric Illnesses

The MSMA recommends that the state require all health and accident insurance policies sold in Missouri to provide coverage for psychiatric illnesses equivalent to benefits for other medical and physical illnesses. (1978; Reaffirmed 1985)

Insurance, Right to Know

The MSMA encourages all third-party payors to provide an easily understood explanation of their benefits and coverage to their policyholders. (1986)

Insurance, Suicide Attempts

The MSMA believes the insurance industry, including managed care plans, should provide coverage for treatment of patients whose injuries are the result of suicide attempts. (1999)

Insurance, Termination from Network

The MSMA supports no less than nine months of continuity of care coverage after a physician is terminated from a health plan network. (2015)

International Medical Graduates

The MSMA Council and Committees are encouraged to consult with International Medical Graduate groups when subjects of interest come up. All physicians, international medical graduates included, are encouraged to participate in their component medical societies, the MSMA, and the AMA. (1982)

The MSMA acknowledges the administrative burden that accompanies the hiring of International Medical Graduates, especially in underserved and rural areas, and support federal efforts to lessen that burden. (2022)

Interstate Medical Licensure Compact

The MSMA supports legislation that enrolls the Missouri Board of Healing Arts as a member of the Interstate Medical Licensure Compact. (2023)

Licensing, Federal

The MSMA opposes any moves to require federal licensure of health manpower. (1976)

Local Medical Society Membership for Medical Students

The MSMA encourages medical student membership in Missouri's local medical societies. (2002)

Loss of Liability Coverage/Clinical Privileges – Criminal Conduct

The MSMA discourages the termination of liability coverage or clinical privileges of any physician who has been charged with a crime arising from the provision of evidence-based healthcare. (2023)

Mandated Second Opinion

The MSMA suggests that the physician who renders a mandated second opinion for a proposed surgical procedure not accept that person as a patient for the proposed surgical procedure. (1987)

Mandatory Assignment

The MSMA is opposed to the withholding of medical licensure based on the physician's nonacceptance of Medicare assignment. (1987)

Medicaid Expansion

The MSMA supports Medicaid Expansion. (2019)

Medicaid Network Adequacy

The MSMA supports requiring hospitals that accept inpatient Medicaid payments to provide a sufficient physician-led practice network for continuing care of Medicaid patients. Those practices must provide equal access and same services to new Medicaid patients as is offered to existing Medicare and commercially insured patients. (2020)

Medical Devices, Interoperability

The MSMA believes that intercommunication and interoperability of electronic medical devices could lead to important advances in patient safety and patient care, and that the standards and protocols to allow such seamless intercommunication should be developed fully with these advances in mind. The MSMA also recognizes that, as in all technological advances, interoperability poses safety and medico legal challenges as well. The development of standards and production of interoperable equipment protocols should strike the proper balance to achieve maximum patient safety, efficiency, and outcome benefit. (2009)

Medical Examiner System

The establishment of a county medical examiner system as a replacement for the county coroner system is strongly recommended. (1971)

Marijuana, Medical

The MSMA believes there is evidence that suggests marijuana and its related derivatives may have therapeutic benefits for patients with certain medical conditions. As such, the MSMA calls on the Food and Drug Administration and the Drug Enforcement Administration to promptly revise marijuana's current classification as a Schedule I controlled substance in order to facilitate evidence-based, scientifically valid clinical research to evaluate its efficacy and safety. (2017)

Marijuana, Recreational

The MSMA opposes the legalization of recreational marijuana in Missouri until further research can better clarify the risks and benefits. (2020)

Medical Records, Hospital Restrictions on Access

The MSMA supports patients' rights to review their own medical records. The MSMA opposes any efforts to restrict those reviews and advocates for the right of physicians to review any medical record pursuant to a written or verbal request from the patient, or if a minor by the authorized guardian (2009)

Medical School Funding

The MSMA supports an increase in federal and state funding for medical education at the medical schools in the State of Missouri. (2000)

Medical Student Loans

The MSMA supports the creation of a separate "Medical Student" category in the Federal Direct Student Loan Program, such that interest rates on loans to medical students can be properly risk-adjusted. (2015)

Medicare Education Programs

The Centers for Medicare and Medicaid Services (CMS) are urged to develop preferentially those programs favoring provider education and to de-emphasize, to the extent permitted by law, those programs which are deleterious to the physician-patient relationship and health care provider-patient relationship and to take a more proactive stance in development of educational programs for physicians to encourage avoidance of physician billing errors. (2002)

Medicare, Mandated Restrictions

The MSMA opposes Medicare-mandated restrictions on any laboratory tests, referrals, medical examinations or any financial arrangements that might be agreed upon between physician and patient. (1988)

Medicare, Reimbursement to Starting Physicians

The MSMA believes starting physicians should not be reimbursed at a lower rate than other physicians. All physicians should be reimbursed equally for equal services. (1992)

Medicare, Single Statewide Payment Factor

The MSMA supports the adoption by the Health Care Financing Administration of a single, statewide geographic Medicare physician payment adjustment factor for the state of Missouri. (1992)

Medicare, Reimbursement, Hospital DRGs

The MSMA believes it is unfair for Medicare to grant a lower payment to rural hospitals, as compared to urban hospitals, for patient care under the same DRG. (1988; Reaffirmed 1989)

Medication-Assisted Treatment

The MSMA supports legislation that requires persons incarcerated in jails and prisons to be screened for opioid use disorder and makes available MAT services and medications to inmates as recommended by a physician. (2020)

Mergers

The MSMA shall act as physicians' liaison with the state on matters of alliances of payors and providers, conversion of not-for-profit entities and mergers involving payors, insurers, and hospitals. (1997)

MSMF Loans

The Missouri State Medical Foundation requires membership in the MSMA for those medical students eligible for membership and receiving assistance from the Foundation. (1980)

Network Physician Listing Accuracy

The MSMA calls on all Missouri health insurers to maintain accurate and up-dated monthly listings of participating physicians – by specialty – within their networks. (2015)

Not-For-Profit Boards

The MSMA will work to ensure that non-for-profit health systems, hospitals and other non-for-profit medical and health care organizations disclose and make readily available the names of individuals who serve on their boards of directors and other pertinent information on those individuals. (2003)

Obesity

The MSMA supports the generation of high-quality data based on prospective, controlled human clinical trials in the field of childhood obesity to allow implementation of evidence-based clinical recommendations and promotes state policies that support opportunities for children and youth to develop healthy nutrition and physical activity practices. (2008)

One Health Initiative

The MSMA endorses the "One Health Initiative," which is a worldwide strategy for expanding interdisciplinary collaborations and communications in all aspects of health for humans, animals, and the environment. (2014)

Opioids, Use During Pregnancy

The MSMA supports the expansion of access to evidence-based treatments, such as buprenorphine, for pregnant individuals with opioid use disorder. (2024)

Organ Donations

The MSMA urges the Centers for Medicare and Medicaid Services to add a health care directive regarding organ donation to the Advance Directive Form. (2002)

Patient Access to Information

The MSMA acknowledges the value of well-informed patients and will promote the development of systems of delivery and retrieval of medical information to patients as well as physicians, so that timely intervention can afford prompt medical care, enhance patient safety, and reduce morbidity and mortality. (2005)

Patient Accountability

The MSMA encourages government, at all levels and whenever possible, to incorporate incentives for patients to behave in ways not detrimental to their health. (1992)

Pay for Performance

The MSMA encourages physicians to only participate in Pay for Performance programs or other quality/efficiency ratings of physicians if the programs substantially follow the AMA's principles and guidelines. (2005)

Peer Review Organization Review

The MSMA reaffirms its belief that physicians' work should be reviewed only by other physicians. In addition, the MSMA supports the modification of PRO standards of reviewer anonymity, believing that the reviewers' work should also be subject to review. (1990)

Peer to Peer Insurance Reviews

The MSMA calls for insurance companies to have an actively practicing physician, who is board certified in the same specialty as the patient's physician, to participate in the peer-to-peer stage of Missouri utilization review appeals process. (2017)

PHO Open Enrollment

The MSMA supports open enrollment of qualified physicians in their hospitals' PHOs in order to preserve physicians' right to participate in any health care plan operating in Missouri. (1994)

Pharmacy Disclosures to Drug Companies

The MSMA supports banning pharmacy and third-party payor disclosure of specific physician prescribing patterns and practices to anyone. (2001)

Physician and Extender(s) Team

The MSMA acknowledges physicians working as a team with extenders to provide patients access to medical and health care. The MSMA also acknowledges that continued physician involvement and monitoring of the patient is essential and that a significant change in the patient's condition requires the physician to reevaluate the patient. Also, under no circumstances, shall a physician relinquish the ultimate care and responsibility of a patient to anyone other than a licensed physician. (1998)

Physician and Trainee Suicide

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

Physician as Patient Advocate

The MSMA affirms its support of the physician in the role of patient advocate in the consumption of health care services, particularly when this role conflicts with the economic goals of the physician's employing third party. (1987)

Physician Leadership in Health Care

The MSMA will actively promote increased physician involvement in administrative and medical decision-making. (1998)

Physician, Right to Choose

The MSMA supports the right of each physician to determine for him or herself whom he or she will or will not accept as patients and to exercise his or her choice by the terms of contractual agreements with other physicians, medical groups, third party payers, governmental agencies, hospitals or other institutions. (1981; Updated 1992)

Physician, Right to Hospital Privileges

The MSMA is opposed to the granting of hospital privileges to a physician based on that physician's profitability to the hospital. (1988)

Primary Medical Care

Primary medical care shall be defined as only that care given by a licensed graduate of a medical or osteopathic school. (1977)

The MSMA supports efforts to increase the supply of primary care physicians in Missouri. (2021)

Psychologist Prescribing

The MSMA consistently and vigorously affirms its strident opposition to legislation allowing psychologist prescribing. (2007)

Qualifications/Licensure, Disclosure

During the initial encounter and establishment of the physician-patient relationship the MSMA encourages physicians to disclose to patients their identity, credentials, and licensure. (1998)

The MSMA supports legislation to require all health care providers clearly and accurately identify themselves and their professional license categorization in any and all communications with patients. (2014)

Referral to Licensed Limited Practitioner

A physician may refer a patient for diagnostic or therapeutic services to another physician, licensed limited practitioner, or any other licensed provider of health care services whenever the physician feels that these services will benefit the patient. As is the case with physician referrals, limited practitioner referrals should be based on the practitioner's individual competence and ability to perform service to the patient. (1981)

References to Physicians and Patients

The MSMA encourages that physicians be referred to as physicians and patients be referred to as patients in internal and external literature and communications such as journals, brochures, media, interviews, lectures, etc. (1998)

Registered Dietitians

The MSMA supports the concept that any person using the title “dietitian” should be a Registered Dietitian. (1987)

Reproductive Healthcare – Access to

The 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. (2023)

School Bus Safety

The MSMA endorses special pre-licensing examination and investigation of prospective school bus drivers in Missouri, according to criteria established by law. (1986)

School Start Times

The MSMA urges the Missouri Department of Elementary and Secondary Education to reevaluate the effects of early school start times on adolescent students. (2002)

Seasonal Time Change

The MSMA supports a resolution to remain in a consistent standardized time zone year-round, contingent upon the adoption of a similar resolution by the 48 contiguous states in the United States. (2021)

Seatbelts

The MSMA supports primary enforcement of seatbelt laws and the prohibition of passengers in pickup truck open beds. (1997)

Sexual Assault Exams

The MSMA supports the creation of appropriate reimbursement codes for sexual assault evidentiary examinations that truly reflect the amount of time and skill required to perform such exams. (2001)

Sexual Health Education in Missouri Public Schools

The MSMA supports the implementation of age-appropriate, medically accurate comprehensive sexual health education that stresses the importance of abstinence in preventing unwanted teenage pregnancy and sexually transmitted infections, teaches contraceptive choices and safe sex, and integrates sexual violence prevention, including conversations about consent, and the social and economic impact of teen pregnancy. The MSMA opposes the sole use of abstinence only based sex education. (2019)

Surgical Smoke

The MSMA recognizes surgical smoke exposure has adverse effects on the health and well-being of all exposed medical staff and the MSMA supports legislation to decrease surgical smoke exposure routinely and regularly across medical facilities in Missouri. (2024)

Taxation of Medical Procedures

The MSMA shall oppose any proposed tax, surcharge, or assessment levied on any specific type of medical service or procedure, no matter the site or setting where the service or procedure is performed. (2005)

Telehealth

The MSMA supports increased access to home broadband internet. (2021)

Texting-and-Driving

The MSMA supports legislation that would prohibit texting and driving. (2023)

Tobacco

The MSMA should pursue an increase in the state tax on cigarettes to fund public education to counter the effects of tobacco advertising and encourage local governments to require retailers to purchase a license to sell tobacco. (1997)

The MSMA and its member doctors should actively support and lobby the Missouri legislature for the following changes in state law.

The state will license retailers who sell tobacco products. Repeated sales of cigarettes to minors will result in penalties including license revocation.

All self-service cigarette and spit tobacco displays will be banned except in areas accessible by adults only.

All cigarette vending machines will be banned.

The practice of offering free samples and the sale of single cigarettes will be banned.

All outdoor advertising and store front displays in predominantly residential neighborhoods and within one-half mile of schools, churches, and day care centers will be banned.

Stricter, more explicit health warning labels on cigarette packs and other tobacco containers will be required.

Tobacco companies will be required to disclose publicly to the Missouri Department of Health the content of their products.

Tobacco companies will be required to disclose the nicotine yield in their products.

Missouri's tobacco-free school law will be expanded to include non-classroom facilities, school grounds, and outdoor areas.

The per pack state cigarette tax will be increased from 17 cents to 65 cents.

The state will increase funding for tobacco education and smoking cessation programs.

The sale of tobacco products over the Internet to Missouri residents would be banned. (1998)

The MSMA and its member doctors should actively support and lobby the Missouri legislature to ban smoking in indoor workplaces, public places, and restaurants.

The MSMA also recommends that cities, communities, and private restaurants consider adopting a smoke-free policy in restaurants. (1998)

The MSMA encourages the state of Missouri to fund and promote tobacco cessation and prevention education aimed at children and adolescents. (2007)

The MSMA supports legislation to increase Missouri's excise tax on tobacco products, to at least the same level as the lowest tax among its contiguous states. (2014)

The MSMA declares the practice of selling tobacco and vapor products in pharmacies as imprudent from a public health perspective; and encourages all physicians to encourage their patients, when possible, to support pharmacies that do not sell tobacco and vapor products. (2018)

Transgender Healthcare

The MSMA supports legislation to protect access to gender-affirming care for adults over 18 years of age. (2023)

Universal Referral Form

The MSMA believes that physicians within the State of Missouri may submit a Universal Referral Form, without penalty, in lieu of a specific form developed by the company for the referral process and that insurers may not delay or otherwise compromise the referral process solely because the referral request is made with the Universal Referral Form rather than the company's own form. (1999)

Use of Animals in Research

The MSMA supports the continued exclusion of mice, rats, and birds from the provisions of the Animal Welfare Act. (2001)

Utilization Review, Reimbursement

In those hospitals that conduct utilization review of any inpatient care, compensation of physicians for such review is a legitimate expense. The cost of such review should be included in hospital rates and reimbursable costs regardless of the source of payment. (1976)

Voluntary Hospitalist Programs

1. The MSMA policy states that (a) managed care plan enrollees and prospective enrollees should receive prior notification regarding the implementation and use of "admitting officer" or "hospitalist" programs; (b) participation in admitting officer or hospitalist programs developed and implemented by managed care or other health care organizations should be at the voluntary discretion of the patient and the patient's physician; and (c) hospitalist systems when initiated by a hospital or managed care organization should be developed consistent with the MSMA policy on medical staff bylaws and implemented with approval of the organized medical staff to assure that the principles and structure of the autonomous and self-governing medical staff are retained.
2. The hospitals and other health care organizations should not compel physicians by contractual obligation to assign their patients to "hospitalists" and that no punitive measure should be imposed on physicians or patients who decline participation in "hospitalists programs."
3. The MSMA opposes a hospitalist model that disrupts the patient/physician relationship or the continuity of patient care and jeopardizes the integrity of inpatient privileges of attending physicians and physician consultants. (1999)