

Missouri State Medical Association (MSMA) Medical Student Section

Advocacy and Resolution Writing Workshop



February 13, 2024

Adapted in Part from Sarah Mae Smith of the AMA

What is the MSMA?

- The Mission of the Missouri State Medical Association is to serve its members through promotion of the science and art of medicine, protection of the health of the public and betterment of the medical profession in Missouri.
- We are the **voice of more than 4,000 Missouri physicians and physicians-in-training** who strongly support the need for organized medicine and want to be active within their profession.
- We are medicine's advocate at the Missouri Capitol, the Department of Health, the Department of Insurance, and the Board of Healing Arts.
- We serve thousands of physicians, patients, and communities on issues at the local level.
- We are hundreds of dedicated physicians and staff who are working to maintain medical standards and ethics, and ensure Missourians' access to quality health care.

How is MSMA different from AMA?

- They operate similarly but are two separate organizations.
- **AMA = nationwide; MSMA = state-specific**
- MSMA is a non-specialty-specific medical society for Missouri.
- MSMA's focus is advocacy and lobbying in Missouri.
- MSMA sends representatives to AMA meetings to represent Missouri.

MSMA-MSS (Medical Student Section) Governing Council

Chair - Satya Sivasankar (UMKC)

Vice Chair - Nicole Neville (KCU)

Councilor - Jay Devineni (Mizzou)

Vice Councilor - Lacey Raper (Mizzou)

Secretary/Treasurer - Lauren Van Winkle (KCU)

AMA Alt. Delegate - Charlie Adams (KCU)



MSMA Advocacy Team



Jeff Howell

Executive VP



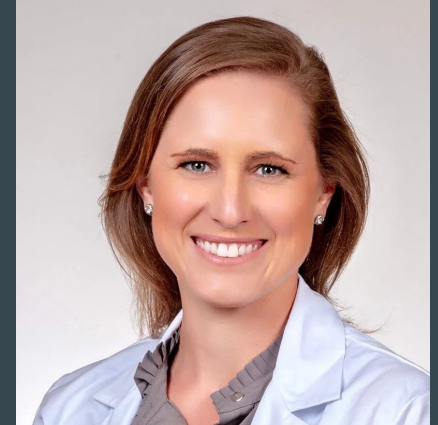
Rachel Bauer

Government
Relations



Jacob Scott

Legislative Affairs



Dr. Joanne Loethen

District 7 Councilor

Upcoming MSMA Events



Register now at msma.org/events.



ST. LOUIS

166th Missouri State Medical Association
Annual Convention

April 5-7, 2024 | Renaissance St. Louis Airport Hotel | www.msma.org/convention

What is convention? Why should I go?

- Where YOUR resolutions will be brought to the MSMA House of Delegates
- Where you can testify for (or against) resolutions brought to the MSMA House of Delegates
- **Shape health policy in the state of MO and help determine what the MSMA will be lobbying and advocating for!**
- Networking
- Public-speaking opportunities
- Great for CV (residency applications!)
- Elections for MSMA-MSS Governing Council → get a leadership position!

What is an MSMA resolution?

- A proposal that asks the MSMA to take a position and/or action
- Empowers individuals or groups within the MSMA to drive actions of the entire organization
- The basic “currency” by which the MSMA is able to discuss ideas and ultimately establish policy
- Provides a democratic structure by which a large, diverse organization can come to consensus on important issues

How a resolution leads to action

You

- Individual (you) writes a resolution

MSMA

- MSMA members have an opportunity to submit online comments on resolutions

MSMA

- MSMA members directly testify on resolutions at the Annual Convention

HOD

- MSMA delegates vote on each resolution

Results

- MSMA takes action based on the language of the adopted resolutions

Resolutions MSMA-MSS Authored & Passed Last Year @ Convention

Resolution #1 – Access to Gender-Affirming Surgery and Hormone Replacement Therapy for Transgender and Gender-Diverse Individuals

Action: Substitute Resolution #1 Adopted

RESOLVED, that our MSMA supports legislation to protect access to gender-affirming care for adults over 18 years of age.

Sponsored by Charles Adams, KCU and Alex Shimony, WashU

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

Action: Substitute Resolution Adopted

RESOLVED, that MSMA supports legislation that protects physician-patient autonomy, and opposes the criminalization of medically-necessary healthcare and policies

Sponsored by Charles Adams, Yuan Xie, Bina Ranjit, KCU and Alex Shimony, WashU

Resolution #9 – Opposing Bans on Medical School DEI Requirements

Action: Amended Resolution Adopted

RESOLVED, that our MSMA oppose legislation that prohibits medical schools from requiring education on social determinants of health.

Sponsored by Jay Devineni, Mizzou; Missouri State Medical Association Medical Student Section Governing Council

Structure of a Resolution

- Consists of two types of “Clauses”
 - “**RESOLVED**” Clauses: State the position and/or action you would like the MSMA to take
 - “**WHEREAS**” Clauses: State the reasons, research and arguments as to why the Resolved should be adopted by the MSMA

A (Very) Simple Example

- **WHEREAS**, The cost of medical school is quickly rising; and
- **WHEREAS**, Large student debt deters physicians from working in primary care and underserved areas; and
- **WHEREAS**, Like schools, bridges and roads, physicians are essential to societal infrastructure; therefore be it
- **RESOLVED**, That our MSMA advocate that the Missouri state government fund all medical school tuition

“Whereas” Clauses

- Background statements written to support the proposed action in the “RESOLVED” clause
- Each clause should be one sentence long and make one independent statement in support of the “RESOLVED” clause
- Every whereas clause should ideally contain at least one reliable citation (with references at the end in AMA style)
- After a resolution is passed, the “WHEREAS” clauses are discarded and only the title and “RESOLVED” clauses are retained as official policy

“Resolved” Clauses

- Explicitly state the proposed action that MSMA would take if the resolution is passed
- Each clause should stand by itself both in grammar and content
- The “ask” in the “RESOLVED” clause should be unambiguous
- Verbiage matters
 - “Encourage” vs. “Support” vs. “Advocate”
- Strong Resolved clauses are clear in intent and specific
 - Can be as narrow as asking the MSMA to support an individual action
 - Can be as broad as asking the MSMA to support overarching principles

References

- List in AMA format in the order in which the citation appears in the whereas clauses
- Only cite external sources here (not AMA or MSMA policy)
- More recent publications provide stronger arguments, as do peer reviewed publications over sources such as news articles

MISSOURI STATE MEDICAL ASSOCIATION

Introduced by: Women Physician Section

Subject: Gender Equity in Healthcare

Referred to: Reference Committee

Whereas, Studies have demonstrated that compensation between male and female physicians can differ by 18-36% and, among cohorts of equal training and experience, women hold less advanced academic positions and this gap widens over a woman's career trajectory^{1,2}; and

Whereas, Reports have documented gaps in medical societies' efforts to tackle work- force and patient health disparities and have called on them to more critically assess their efforts through metrics, outcomes and reporting methodology that is consistent with that used in evidence-based medicine ^{4,5}; and

Whereas, The American College of Physicians has published a position paper titled "Achieving Gender Equity in Physician Compensation and Career Advancement," clarifying the organization's positions and recommendations regarding gender equity in medicine including an emphasis on equitable compensation, promotion of transparency and assessment of compensation, adoption of universal access to family leave, training about implicit bias, encouragement of women in leadership positions, support for further research on pay and career advancement inequities, and opposition to gender discrimination⁶; and

Whereas, The American College of Surgeons has issued guidelines for policy surrounding pay equity that includes the promotion of transparency, training on implicit bias as it pertains to compensation determination, and encouraging third-party oversight of compensation models, metrics, and total compensation for all employed physicians⁷; and

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Whereas, The American Medical Association (AMA) has adopted comprehensive policy surrounding gender equity in medicine and has encouraged state and specialty societies to adopt the “AMA Principles for Advancing Gender Equity in Medicine^{8,9}; and

Whereas, Workforce disparities for women physicians may negatively impact patients’ ability to receive services and the quality of the services provided¹⁰; and

Whereas, MSMA does not have comparable policies to the AMA, ACP, ACS, and other organized medicine groups on these important topics; therefore be it

RESOLVED, That our Missouri State Medical Association support 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, and be it further that

RESOLVED, That our Missouri State Medical Association encourage hospitals, academic institutions, and other healthcare organizations in Missouri to a) use objective, gender-neutral criteria in pay structures and processes of promotion, and b) adopt institutional transparency of compensation and

References:

1. Carr PL, Gunn CM, Kaplan SA, Raj A, Freund KM. Inadequate progress for women in academic medicine: findings from the National Faculty Study. *J Womens Health (Larchmt)*. 2015;24(3):190-199.
2. Kane L. Medscape Physician Compensation Report 2018. Available at: <https://www.medscape.com/slideshow/2018-compensation-overview-6009667>.
3. Singh A, Sastri S, Burke C. Do Gender Disparities Persist in Gastroenterology after Ten Years of Practice? *Am J Gastroenterol*. Vol. 103, pages 1589–1595 (2008)
4. Silver JK, Slocum CS, Bank AM, et al. Where Are the Women? The Underrepresentation of Women Physicians Among Recognition Award Recipients From Medical Specialty Societies. *PMR*. 2017;9(8):804- 815.
5. Peek ME, Wilson SC, Bussey-Jones J, et al. A study of national physician organizations' efforts to reduce racial and ethnic health disparities in the United States. *Acad Med*. 2012;87(6):694-700.
6. Butkus R, Serchen J, Moyer DV, Tornstein SS, Hingle ST. Achieving Gender Equity in Physician Compensation and Career Advancement: A Position Paper of the American College of Physicians. *Ann Int Med*. 2018;168(10):721-723.
7. American College of Surgeons Women in Surgery Committee. Statement on Gender Salary Equity. Approved by the Board of Regents, June 2017. Published online August 2, 2017. <https://www.facs.org/about-ac/s/statements/101-gender-salary-equity>
8. American Medical Association. Principles for Advancing Gender Equity in Medicine H-65.961. Adopted by the AMA with last modification 2019.
9. American Medical Association. Advancing Gender Equity in Medicine D-65.989. Adopted by the AMA from BOT Report 27, 2019.
10. Myers CG, Sutcliff KM. How Discriminating Against Female Doctors Hurts Patients. *Harvard Business Review*. August 30, 2018. <https://hbr.org/2018/08/how-discrimination-against-female-doctors-hurts-patients>

What makes a good topic for a resolution?

- Ask yourself three questions:
 - 1) Is the topic of this resolution being discussed in relevant political arenas where MSMA has influence (e.g., the Missouri General Assembly)
 - 2) Does MSMA already have policy on this topic?
 - 3) Does this topic have a good chance of getting a passing vote from MSMA's diverse membership?
- If the answers to these questions are 1) yes, 2) no, 3) yes – it is likely a good topic!

Okay, so how do I know the answers to these questions?

- 1) Is the topic of this resolution being discussed in relevant political arenas where MSMA has influence (e.g., the Missouri General Assembly)

Best thing to do is sign up for legislative updates / bill trackers from advocacy organizations that cover topics you're interested in. Some recommendations:

- [MSMA](#) – good for scope of practice and general health care policy
- [Missouri ACOG](#) – good for women's health policy
- [Missouri AAP](#) – good for child health policy
- [PROMO](#) – good for LGBTQ+ policy
- [Sierra Club](#) / [MCE](#) – good for environmental policy

Okay, so how do I know the answers to these questions?

- 1) Is the topic of this resolution being discussed in relevant political arenas where MSMA has influence (e.g., the Missouri General Assembly)
- 2) Does MSMA already have policy on this?

MSMA.org (scroll to bottom of page)

ABOUT

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AFFILIATED ENTITIES

[Missouri State Medical Foundation](#)
[Missouri Physicians Health Program](#)
[Missouri Medical Political Action Committee](#)
[MSMA Insurance Agency](#)
[MSMA Alliance](#)

HEADQUARTERS

Missouri State Medical Association
113 Madison Street | P.O. Box 1028
Jefferson City, MO 65102
Phone: (573) 636-5151
communications@msma.org



Okay, so how do I know the answers to these questions?

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MSMA Constitution & Bylaws/Policies

In 1850, when the inhabitants of Missouri were fighting scourges of typhoid, malaria, smallpox, and diphtheria, physicians assembled to “devise a plan by which the entire medical profession of the State can be brought together.” Matters of importance that year were the passage of a good medical practice act; the establishment of a uniform system of registering births, marriages, and deaths; the control of dispensing impure drugs and competent inspections of medicines; and a liberal preliminary education for those entering the study of medicine.

Since MSMA's creation, the Constitution and Bylaws and Policy Manual have reflected the changes and modernization of Missouri's medicine.

[MSMA Constitution](#)

[MSMA Bylaws](#)

[MSMA Policies](#)



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- 2) Does MSMA already have policy on this?
- 3) Does this topic have a good chance of getting a passing vote from MSMA's diverse membership?

This is a subjective judgement. MSMA's membership has generally supported issues related to physician autonomy / protection. MSMA has been more divided on social justice issues, although some resolutions on these topics have passed (mostly from MSS resolutions). If you want advice on a certain topic, please reach out to the MSMA-MSS Governing Council.

Timeline

March 15, 2024 – deadline to submit resolutions (5:00 pm)

March 22, 2024 – online commenting period for resolutions begins

April 6, 2024 – testimony can be given to the Reference Committee at the Convention

April 7, 2024 – each resolution will be voted on at the Convention

More information can be found here: <https://msma.org/Convention>

Would you rather engage in direct advocacy with legislators?

That's great! **Physician Advocacy Day** (March 5, 2024 in Jefferson City, MO) is a great way to begin doing that. You can register at [this link](#).

You can also testify at committee hearings in the State Capitol. Basic instructions for that:

- Sign up for legislative updates so that you're up to date on when bills have hearings
- Go to the State Capitol on the day/time of the hearing to testify
 - If bill is in the House of Representative, you can also submit written testimony
 - Link for submitting written testimony in House: <https://witness.house.mo.gov/>
- Remember that you are only representing yourself when you testify unless you have received permission from MSMA or another organization to testify on their behalf

Finally, you can contact your state legislators at any time to offer your opinion on specific bills. Find your state legislators here: <https://www.senate.mo.gov/LegisLookup/Default>

THE ANATOMY OF ADVOCACY

Joanne Loethen, MD
Internal Medicine & Pediatrics
University of Missouri Kansas City
joaneloethen@gmail.com

ADVOCACY ISSUES: EXAMPLES

- PUBLIC HEALTH
- MEDICAL TRAINEE WELLBEING
- PROTECTING THE PRACTICE OF MEDICINE
- HEALTH CARE ACCESS
- UNDERREPRESENTED MINORITIES
- EQUITABLE TREATMENT
- DRUG PRICING
- SCOPE OF PRACTICE

ADVOCACY: LEVELS OF ENGAGEMENT

- INSTITUTIONAL – STUDENT COUNCIL/SENATE, HOUSE STAFF COUNCIL, PRACTICE MANAGEMENT, INSTITUTIONAL POLICIES & PROTOCOLS,
- LOCAL – SCHOOL BOARD ADVISOR, PARENTAL/PUBLIC EDUCATION
- STATE/NATIONAL POLICY MAKERS – HEALTHCARE ADVISOR
- STATE AND SPECIALTY ORGANIZATIONS
- MEDIA – LIAISON TO MEDIA, HEALTH REPORTER

THE ANATOMY OF ADVOCACY

Identify	Identify a problem • Day-to-day experiences with patients and colleagues provide opportunities to observe first-hand issues facing patients and physicians
Define	Define the problem • Define the scope of the problem, who it affects, historical perspectives, and contributing factors.
Engage	Identify & engage partners • Who are the stakeholders, who are the decision-makers, what organizations may play a role.
Develop	Develop a strategic action plan and potential solutions • Identify steps needed to move forward – relationships, accessory issues.
Communicate	Communicate an effective message • What is the story to be told?

GETTING TO YES

Relationships
& common
ground.

Do your
research.

It's not
political. It's
perspectives.

Make it
relevant.

Stories over
data.

Stay curious,
but show your
expertise.

Follow-up
Follow-up
Follow-up

ADVOCACY: GROUND RULES AT EVERY LEVEL



DON'T BURN BRIDGES



BE CLEAR ON WHETHER
YOU'RE SPEAKING FOR
YOURSELF OR SOMEONE
ELSE.



ESTABLISH RELATIONSHIPS
BEFORE YOU NEED THEM.



KNOW YOUR MEDIUM:
SOCIAL MEDIA

GIVING TESTIMONY: THE BREAKDOWN

THANK YOU MADAM/MR. SPEAKER

YOUR NAME & TITLE/ROLE, IF APPLICABLE

SPEAKING ON BEHALF OF [INDIVIDUAL, SECTION, ORGANIZATION, ETC]

YOUR POSITION ON THE ISSUE [SUPPORT/OPPOSITION/INFORMATIONAL]

To: Healthcare Reform Committee

Re: HB 1976 – Prior authorization of health care services.

I am a primary care physician in Kansas City (District 26) writing in SUPPORT of HB 1976 to help streamline the prior authorization (PA) process and reduce the patient harm that results from this administrative burden. Prior authorization is a costly and time-consuming process for our medical practices. It is delaying access to clinically appropriate care for patients and reducing patient access to our healthcare teams. Instead of helping educate and care for patients, our teams are spending hours (yes, hours) each week sitting on the phone with insurance companies & pharmacies, faxing records, filling out lengthy forms, and appealing denials for common sense and clinically indicated medications. What follows is one of the many stories of PAs harming patient care.

A patient of mine has a condition called interstitial cystitis – a condition of the bladder that can cause severe and debilitating bladder and pelvic pain. Before establishing care with me in 2021, he had tried and failed various first-line therapies. Because of this, he required a more expensive, but effective medicine to control his symptoms (a medication called Elmiron). His condition was successfully controlled on this medicine when he established care with me in 2021. However, when he switched employers in the Fall of 2023, his insurance changed. When I submitted a refill request for his medication, I was informed that a PA was required to approve coverage for this medicine. My team submitted the appropriate documentation, but the PA was denied. His new insurance claimed that he had not failed first-line therapies. When I appealed to explain the patient's history of trying and failing multiple first-line therapies, the request was again denied stating that I had not yet supplied documentation of his trial and failure of these cheaper therapies. The patient, himself, was able to track down records from his prior physician which documented his failure of first-line therapies. Three (3) months, multiple appeals, and countless hours spent by my patient, myself, and my team to convince the insurance company of the need for this medication, it was finally approved. To my knowledge, no adverse event occurred for my patient when he experienced this gap in therapy. I shudder to think if this delay had occurred for a chemotherapy agent for a patient with metastatic breast cancer, a blood thinner for a patient at risk for blood clots, or insulin for a patient with Type 1 diabetes – all true examples from my colleagues about how the unregulated prior authorization is harming patients.


FROM THIS...



TO THIS...



Monday 2/12/2024	Tuesday 2/13/2024	Wednesday 2/14/2024	Thursday 2/15/2024
<p>Budget</p> <ul style="list-style-type: none"> * House Hearing Room 3 12:00 P.M. 	<p>Budget</p> <ul style="list-style-type: none"> * House Hearing Room 3 8:00 A.M. 	<p>Budget</p> <ul style="list-style-type: none"> * House Hearing Room 3 8:00 A.M. 	<p>Joint Committee on Transportation Oversight * CANCELLED Joint Hearing Room (117) 8:00 A.M.</p>
<p>Rural Community Development</p> <ul style="list-style-type: none"> * House Hearing Room 1 12:00 P.M. 	<p>Local Government</p> <ul style="list-style-type: none"> * House Hearing Room 7 8:00 A.M. 	<p>Elementary and Secondary Education</p> <ul style="list-style-type: none"> * House Hearing Room 7 8:00 A.M. 	<p>Budget</p> <ul style="list-style-type: none"> * House Hearing Room 3 8:30 AM or upon adjournment (whichever is later)
<p>Special Committee on Government Accountability</p> <ul style="list-style-type: none"> * House Hearing Room 7 12:00 P.M. 	<p>Subcommittee on Appropriations - Health, Mental Health, and Social Services</p> <ul style="list-style-type: none"> * House Hearing Room 3 8:00 A.M. 	<p>Amended</p> <p>Government Efficiency and Downsizing</p> <ul style="list-style-type: none"> * House Hearing Room 6 8:00 A.M. 	<p>Subcommittee on Appropriations - Public Safety, Corrections, Transportation and Revenue</p> <ul style="list-style-type: none"> * House Hearing Room 3 8:30 AM or upon adjournment (whichever is later)
<p>Special Committee on Homeland Security</p> <ul style="list-style-type: none"> * House Hearing Room 5 12:00 P.M. 	<p>Veterans</p> <ul style="list-style-type: none"> * House Hearing Room 1 8:00 A.M. 	<p>Joint Committee on Transportation Oversight</p> <ul style="list-style-type: none"> * Joint Hearing Room (117) 8:00 A.M. 	<p>Transportation Accountability</p> <ul style="list-style-type: none"> * House Hearing Room 1 9:00 AM or upon adjournment (whichever is later)
<p>Subcommittee on Appropriations - Public Safety, Corrections, Transportation and Revenue</p> <ul style="list-style-type: none"> * House Hearing Room 3 12:00 P.M. 	<p>Elections and Elected Officials</p> <ul style="list-style-type: none"> * House Hearing Room 6 12:00 PM or upon adjournment (whichever is later) 	<p>Subcommittee on Appropriations - Health, Mental Health, and Social Services</p> <ul style="list-style-type: none"> * House Hearing Room 3 8:00 A.M. 	
<p>Special Committee on Education Reform</p> <ul style="list-style-type: none"> * Joint Hearing Room (117) 1:00 P.M. 	<p>Special Committee on Tax Reform</p> <ul style="list-style-type: none"> * House Hearing Room 7 12:00 PM or upon adjournment (whichever is later) 	<p>Utilities</p> <ul style="list-style-type: none"> * House Hearing Room 5 12:00 PM or upon adjournment (whichever is later) 	
<p>Rules - Administrative Oversight</p> <ul style="list-style-type: none"> * House Hearing Room 4 2:00 P.M. 	<p>General Laws</p> <ul style="list-style-type: none"> * House Hearing Room 7 2:00 P.M. 		
<p>Rules - Regulatory Oversight</p> <ul style="list-style-type: none"> * House Hearing Room 4 2:15 P.M. 	<p>Healthcare Reform</p> <ul style="list-style-type: none"> * House Hearing Room 1 2:00 P.M. 		



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