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MSMA Conflict of Interest Policy

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

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

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

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

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

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

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

Adopted by MSMA Council 01/25/09
MSMA Conflict Disclosure Form

Name: ____________________________________________________

Date: ____________________________________________________

Please describe below any relationships, positions, or circumstances in which you are involved that you believe could contribute to a conflict of interest arising:

1. __________________________________________________________
   __________________________________________________________

2. __________________________________________________________
   __________________________________________________________

3. __________________________________________________________
   __________________________________________________________

I hereby certify that I have reviewed the MSMA Conflict of Interest Policy and the information set forth above is true and complete to the best of my knowledge.

Signature: ____________________________

Print Name: ____________________________

Date: ________________________________
March 2020

Dear Doctor:

This is your copy of the Delegate’s Handbook for the Missouri State Medical Association's Annual Convention which will be held April 3-5, 2020, 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 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 bring your Handbook with you to the meeting, as the supply is limited. We look forward to working with you to make this a productive, meaningful Convention. See you at the Renaissance St. Louis Airport Hotel!

Sincerely,

James A. DiRenna, Jr., DO, FAAFP
MSMA President

Sam Page, MD
Speaker, MSMA House of Delegates

For further information, please contact:

Patrick Mills, Executive Vice President – Resolutions, House of Delegates
Benita Stennis – Meeting Planning
Carol Meyer – Registration
www.msma.org/annual-convention
800-869-6762
ALL MEMBERS & GUESTS ARE INVITED TO ATTEND

Presidential Inauguration & Reception

George J. Hruza, MD, MBA, FAAD, FACMS
St. Louis, Missouri
2020-2021 MSMA President

Saturday, April 4
6:30 p.m. - Presidential Inauguration - Renaissance Penthouse
7:30 p.m. - Presidential Reception - Renaissance Ballroom

Entertainment, Hors d’oeuvres & Cash Bar
No Reservations Required
All members and guests are invited to honor

Diana M. Corzine
St. Joseph, Missouri

2020-2021
MSMA Alliance President

during MSMA’s Presidential Inauguration & Reception

Saturday, April 4
6:30 p.m. - Presidential Inauguration - Renaissance Penthouse

7:30 p.m. - Presidential Reception - Renaissance Ballroom

Entertainment, Hors d’oeuvres & Cash Bar
No Reservations Required
Pre-Convention Meetings

Thursday, April 2
2:30 pm  MSMA Insurance Agency Board Meeting
3:30 pm  MSMA Executive Committee
3:30-6:00 pm  Convention Registration
3:30-6:00 pm  Exhibitor Setup & Registration
5:00 pm  MSMA Council Meeting
6:30 pm  MSMA Council Reception & Dinner
7:00 pm  Alliance Cabi Fashion Fundraiser

Convention Meetings

Friday, April 3
6:30 am-4:00 pm  Convention Registration
6:45 am  Moneta Group Investment Advisors Breakfast
7:00 am  Exhibit Hall Opens/Breakfast for all Attendees
8:00 am  Opening Session
9:00 am  Alliance Board Meeting
9:30 am  Alliance General Assembly - Session I
10:00 am  Reference Committee A
10:30 am  Reference Committee B
11:00 am  Missouri Physicians Health Luncheon & Meeting
Noon  “Spirit of the Alliance” Awards Luncheon
Noon  SLMMS Caucus & Luncheon
Noon  KCMS Caucus & Luncheon
1:30 pm  MSMA General Session
2:30 pm  Alliance Past President’s Reception
3:30 pm  MSMA General Session
5:00 pm  Organized Medical Staff Section Business Meeting
5:00 pm  Medical Student Section Business Meeting
5:30 pm  Medical School Alumni Receptions
7:00 pm  Alliance Foundation Fundraiser/Dinner
7:00 pm  Resident and Medical Student Mixer

Saturday, April 4
6:30 am-4:00 pm  Convention Registration
7:00 am  Breakfast for all Attendees
7:00 am  International Medical Graduate Section Meeting
8:00 am  MSMA General Session
8:30 am  Alliance General Assembly - Session II
10:00 am  MSMA General Session
10:00 am  MMPAC Meeting
10:15 am  Resident and Fellow Section Business Meeting
Noon  Alliance Installation Luncheon
1:00 pm  AMA Issues
1:30 pm  MSMA General Session
2:00 pm  Alliance Board Meeting
2:30 pm  Missouri State Medical Foundation Meeting
3:00 pm  Component/Specialty Society Leaders Meeting
3:30 pm  General Session
5:15 pm  Reception: 50-Year Pin Recipients & MSMA Past Presidents
6:30 pm  MSMA Presidential Inauguration
7:30 pm  MSMA Presidential Reception
Entertainment, Hors d’oeuvres & Cash Bar

Sunday, April 5
7:00 am  District Breakfasts & Caucuses
8:15 am  Second MSMA House of Caucuses
Immediately  Following
11:30 am  Closure of the HOD

REGISTER/RESERVATIONS

www.msma.org/annual-convention
Call the Renaissance St. Louis Airport Hotel at 1-800-468-3571 and mention “MSM.” Group rates available until March 11, 2020. Rates start at $100 per night plus charges and taxes.

Program subject to Change. Refer to Convention Official Program for times and meeting locations. For more information, contact MSMA’s Benita Stennis, at 800-869-6762 or bstennis@msma.org.
162nd Missouri State Medical Association
Annual Convention
April 3-5, 2020 | Renaissance St. Louis Airport Hotel
www.msma.org/annual-convention

GENERAL SESSIONS

Friday, April 3 | 1:30 pm
MO HealthNet Update
Kirk Mathews, MBA
Chief Transformation Officer
MO HealthNet
Jefferson City, Missouri

Friday, April 3 | 3:30 pm
To CBD or Not to CBD? That is the Question for Medical Practitioners
Merrill Norton, PharmD., DPh, ICCDP-D
Clinical Associate Professor
University of Georgia
College of Pharmacy
Athens, Georgia

Saturday, April 4 | 10:00 am
Vaping: Public Health Scourge or Safer Way to Use Nicotine?
Donald Bohnenkamp, MD
Associate Professor of Psychiatry
Washington University School of Medicine
St. Louis, Missouri

Saturday, April 4 | 1:30 pm
Stop the Bleed/Trauma First Aid
Laurie J. Punch, MD
Associate Professor of Surgery
Washington University School of Medicine
Acute and Critical Care Surgery
Barnes-Jewish Hospital
Co-Director, Stop The Bleed STL
St. Louis, Missouri

Saturday, April 4 | 8:00 am
Artificial Intelligence and Machine Learning in Health Care
Kent Bottles, MD
Thomas Jefferson University
College of Population Health
Philadelphia, Pennsylvania

Saturday, April 4 | 3:30 pm
Corona Virus Update
Randall W. Williams, MD
Director, Missouri Department of Health and Senior Services
Jefferson City, Missouri

FREE CME TO MEMBERS
CME procedures, sessions available for MOC points, how to obtain CME credit, disclosures, and evaluations will be described in the Official Program. For more information, contact Benita Stennis at 800-869-6762 or bstennis@msma.org.

REGISTER/RESERVATIONS
www.msma.org/annual-convention
Call the Renaissance St. Louis Airport Hotel at 1-800-468-3571 and mention “MSM.” Group rates available until March 11, 2020. Rates start at $100 per night plus charges and taxes.

Program subject to Change. Refer to Convention Official Program for times and meeting locations. For more information, contact MSMA’s Benita Stennis, at 800-869-6762 or bstennis@msma.org.
### 2019 Actions on Resolutions from the Annual Meeting

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<tr>
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<th>RECOMMENDED COUNCIL ACTION</th>
<th>CURRENT STATUS</th>
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<td>1</td>
<td>Chronic Traumatic Encephalopathy</td>
<td>Referred to MSMA Council</td>
<td>Executive Committee referred it to the Legislative Committee</td>
<td>Resolution not adopted by MSMA Council</td>
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<td>2</td>
<td>Addressing Healthcare Needs of Children of Incarcerated Parents</td>
<td>Substitute Resolution Adopted</td>
<td>Resolution submitted to AMA</td>
<td>AMA A19 adopted resolution 503</td>
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<tr>
<td>3</td>
<td>Creation of a Women Physicians Section within the Missouri State Medical Association</td>
<td>Amended Resolution Adopted</td>
<td>Bylaws need to be updated</td>
<td>Bylaws resolution prepared for 2020 Annual Meeting</td>
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<td>4</td>
<td>Support for Bleeding Control Training in Schools</td>
<td>Resolution adopted</td>
<td>Policies updated</td>
<td>Policies updated</td>
</tr>
<tr>
<td>5</td>
<td>Sexual Health Education in Missouri Public Schools</td>
<td>Amended Resolution Adopted</td>
<td>Policies updated</td>
<td>Policies updated</td>
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<td>6</td>
<td>Abolishing Prior Authorization Requirements for Opioid Use Disorder Treatment</td>
<td>Substitute Resolution Adopted</td>
<td>Already included in legislative language</td>
<td>HB 399 passed 2019 Missouri Legislature</td>
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<td>7</td>
<td>Supporting Common Sense Climate Change Legislation</td>
<td>Amended Resolution Referred to MSMA Council</td>
<td>Executive Committee referred it to the Legislative Committee</td>
<td>Substitute resolution adopted by MSMA Council</td>
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<td>8</td>
<td>The Study of Physician and Trainee Suicide Based on the Show-Me Compassionate Medical Education Project</td>
<td>Amended Resolution Adopted</td>
<td>Policies updated</td>
<td>Policies updated</td>
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<td>9</td>
<td>AMA Delegate Term Limits</td>
<td>Resolution adopted</td>
<td>Bylaws updated</td>
<td>Bylaws updated</td>
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Missouri State Medical Association
House of Delegates
Order of Business

1st Session, 8:00 am - Friday, April 3, 2020

Call to Order – Sam Page, MD, Speaker
Housekeeping Items – Sam Page, MD, Speaker
Report of Committee on Credentials – Sam Page, MD, Speaker
Approval of Minutes of 2019 Meeting (Published in Missouri Medicine, May/June 2019)
Presentation of Awards – James DiRenna, Jr., DO, President
Speaker's Instructions and Appointment of Reference Committees – Sam Page, MD, Speaker
President's Message – James DiRenna, Jr., DO, President
Report of the President of the MSMA Alliance – Gillian Waltman
Remarks by AMA Past President – David Barbe, MD
Appointment of Committee on Nominations – James DiRenna, Jr., DO, President
New Business

2nd Session, 8:15 am - Sunday, April 5, 2020

Call to Order – Sam Page MD, Speaker
Housekeeping Items – Sam Page, MD, Speaker
Report of the Committee on Credentials – Sam Page, MD, Speaker
Report of the Nominating Committee – Nominating Committee Chair
Election of Officers – Sam Page, MD, Speaker
Report of Elections of Councilors – Brian Biggers, MD, Secretary
Reports of Reference Committees
New Business (Only by unanimous consent of House)
Delegate Instructions

On-Site Registration
Registration for the House of Delegates is located in the Concourse Foyer, and is open from 3:30 to 6:00 p.m. on Thursday, April 2; 6:30 a.m. to 4:00 p.m. on Friday, April 3; and 6:30 a.m. to 4:00 p.m. on Saturday, April 4.

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 component medical society or section will be included on a Delegates list at the MSMA Registration Desk. If the elected Delegate is unable to be present at the Annual Convention, his or her duly elected Alternate Delegate will then be entitled to register as a Delegate.

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 162nd MSMA House of Delegates will convene with the Opening Session at 8:00 a.m. on Friday, April 3, and conclude around 10:00 a.m. It will consist of reports, awards, speeches, and consideration of acceptance of late resolutions. On Sunday, April 5, the House will convene at 8:15 a.m. to consider reports from the Reference Committees and install officers.

Reference Committees
Starting times for Reference Committees A and B are staggered. Reference Committee A will begin immediately following the first House of Delegates at 10:00 a.m. Reference Committee B will begin at 10:30 a.m.

Resolutions
Resolutions submitted after the February 18 deadline are considered late resolutions. The individual or society introducing a late resolution must supply sufficient copies, printed in standardized format, for the entire House of Delegates at its opening session (plus 10 copies delivered to the MSMA Secretary at the time of its introduction). Late resolutions will be accepted as business of the House at the opening session, but will be referred to a Reference Committee only if approved by two-thirds of the Delegates voting.

All members of the MSMA are privileged and urged to attend the sessions of the House of Delegates and meetings of the Reference Committees. While discussion in the House is limited to Delegates, any Association member may present his or her viewpoint during meetings of Reference Committees when recognized by the Chair.

Proceedings
Proceedings of the House of Delegates are conducted in accordance with Sturgis Standard Code of Parliamentary Procedure.
2019-20 Officers, Councilors, AMA Delegates, Committee & Commission Chairs and Staff

Officers

President
James DiRenna, Jr., DO – Gladstone

President-Elect
George Hruza, MD – Chesterfield

Immediate Past President
Joseph Corrado, MD – Mexico

Secretary
Brian Biggers, MD – Springfield

Treasurer
David Pohl, MD – Town & Country

1st Vice President
Michael Weaver, MD – Kansas City

Honorary Vice President
Sandra Ahlum, MD – Hannibal

Honorary Vice President
Rebecca Hierholzer, MD – Leawood, KS

Speaker, House of Delegates
Sam Page, MD – Creve Coeur

Vice Speaker, House of Delegates
Tim Swearengin, DO - Springfield

Councilors

Chair of the Council, 3rd District
Alexander Hover, MD – Ozark

Vice Chair, 8th District
George Hubbell, MD – Lake Ozark

1st District
Robert Corder, MD – St. Joseph

2nd District
John Memken, MD – Hannibal

3rd District
Elie Azrak, MD – St. Louis
Robert A. Brennan, Jr., MD – St. Louis
Inderjit Singh, MD – St. Louis
Christopher Swingle, DO – St. Louis

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

5th District
Lisa Thomas, MD – Columbia

6th District
David Kuhlmann, MD – Sedalia

7th District
Betty Drees, MD – Kansas City
Lancer Gates, DO – Kansas City
Marc Taormina, MD – Lee’s Summit

8th District
Matthew Stinson, MD – Springfield

9th District
Lirong Zhu, MD – Rolla

10th District
Sharon Wallace, MD – Cape Girardeau

Organized Medical Staff Section
Peggy Barjenbruch, MD – Mexico

International Medical Graduate Section
Sri Devi Kolli, MD – St. Louis

Young Physician Section
Ramona Behshad, MD – Chesterfield

Women Physicians Section
Joanne Loethen, MD – Prairie Village, KS

Resident & Fellow Section
Daniel Young, MD – St. Louis

Medical Student Section
Mr. Scott Berndt – Kansas City
Vice Councilors

1st District
Robert Weigand, MD – St. Joseph

2nd District
Sandra Ahlum, MD – Hannibal

3rd District
(Vacant)

4th District
Keith Ratcliff, MD – Washington

5th District
Amy Zguta, MD – Columbia

6th District
Amanda Turner, MD – Nevada

7th District
Michael O’Dell, MD – Kansas City

8th District
Brian Curtis, MD – Joplin

9th District
David Barbe, MD – Mountain Grove

10th District
Douglas Wallace, MD – Cape Girardeau

Organized Medical Staff Section
Hossein Behniaye, MD – Hannibal

International Medical Graduate Section
Louis DelCampo, MD – Springfield

Young Physician Section
Sarah B. Florio, MD – Lee’s Summit

Women Physicians Section
Frances Mei Hardin, MD – Columbia

Resident & Fellow Section
Jared Lammert, MD – Columbia

Medical Student Section
Ms. Priya Jain – Overland Park, KS

AMA Delegates

Elie Azrak, MD – St. Louis
Edmond Cabbabe, MD – St. Louis
James Conant, MD – St. Joseph
Warren Lovinger, Jr., MD – Nevada
Charles Van Way III, MD – Fairway, KS

AMA Alternate Delegates

Joseph Corrado, MD – Mexico
George Hruza, MD – Chesterfield
Ravi Johar, MD – Chesterfield
Ms. Samantha Lund – St. Louis
Michael O’Dell, MD – Kansas City

Commission and Committee Chairs

Constitution & Bylaws
George Hruza, MD – Chesterfield

Legislative Affairs
Ravi Johar, MD – Chesterfield

Physicians Health
William L. Woods, MD – Columbia

Publications
John C. Hagan, III, MD – Kansas City

Council on Ethical & Judicial Affairs
Charles W. Van Way, III, MD – Kansas City

Continuing Education
Ted Groshong, MD – Columbia

Interspecialty Medicine
Vacant

Medical Economics, Third Party Medicine and Governmental Relations
Jeffrey Copeland, MD – St. Peters

Public Affairs
James Blaine, MD – Springfield
MSMA Staff

Patrick Mills
Executive Vice President

Kelli Clemens
Finance Manager

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

Heidi Geisbuhler
Director of Legislative Affairs

Jeff Howell
Director of Governmental Relations and General Counsel

Sarah Luebbert
Director of Medical Specialty Societies

Cheri Martin
Office Manager

Carol Meyer
Administrative Assistant

Benita Stennis
Director of Scientific Affairs

Haley Wansing
Director of Membership

Cassie Williams
Membership Database Manager

MSMA Insurance Agency

Ronnie L. Staggs
Agency Manager

Agency Field Representative - Mark Higgins, Affiliate

Mary Hogan, Account Executive
Deborah Jaegers, Account Manager
Ryan Thomas, Account Manager
Connie Lueckenhoff, Account Manager
Referral of Reports

Reference Committee A

Missouri State Medical Foundation Report and Financial Statement
Physicians Health Committee Report and Financial Statement
of the Physicians Health Foundation

Reference Committee B

Executive Vice President Report
Secretary/Treasurer Reports and Financial Statement
Council Minutes Summary
Committee on Legislative Affairs Report (available 4/3/20)

Referral of Resolutions

Reference Committee A

#1 MSMA Women Physicians Section
#3 Gender Equity in Healthcare
#5 Ensuring Affordable Insulin
#9 Early Entry Pathway to ABIM Initial Certification Examination
#10 Medication-Assisted Treatment for Opioid Use Disorder in Correctional Facilities
#11 Surprise Billing

Reference Committee B

#2 Eliminating Barriers in Rural Communities for Cardiac Rehabilitation
#4 Minimum Standards for Parental Leave during Graduate Medical Education Training
#6 Non-medical Exemptions for Immunizations
#7 Research and Recreational Marijuana
#8 Decriminalization of HIV
#12 Ensuring Network Adequacy for MO HealthNet Patients
Missouri State Medical Association Insurance Agency, Inc.

Your MSMA Insurance Agency is an independent insurance agency that offers professional insurance consultation to all Missouri physicians. The Agency offers policies primarily for professional liability and health, but also covers workers compensation, business office coverage, disability, and life.

Agency staff have been exploring with other state medical associations the formation of an Association Health Plan. Due to a highly regulated environment this has moved very slowly, but it remains a worthwhile pursuit.

The board is supportive of the Agency and encourages all MSMA members to contact the Agency for a competitive health insurance or professional liability insurance bid.

MSMA Insurance Agency licensed producers
Mary Hogan
Debbie Jaegers
Connie Lueckenhoff
Ronnie Staggs
Ryan Thomas

MSMA Insurance Agency Board of Directors
Brian Biggers, MD
Lancer Gates, DO
George Hubbell, MD
Ravi Johar, MD
Lent Johnson, MD
Patrick Mills
The MSMA Medical Economics Commission addressed MSMA Resolution #5 (2018) which was referred to the MSMA Council by the House of Delegates. The commission submitted a motion to the MSMA Council that was approved at the July 2018 meeting:

**Motion:** the MSMA work with the Missouri Pharmacy Association (MPA) to identify measures to promote speedy and safe communication between physicians and pharmacies in the State of Missouri, including, but not limited to, seeking to have a physician access number placed very early in the automated queues of as many pharmacies as possible.

MSMA staff has developed a workgroup with the MPA staff to identify ways to work together toward a better communication system for both groups of medical professionals.
MSMA Young Physicians Section Report

MSMA’s YPS elected its governing council members for 2020. They are:

- **Chair** – Marc Mendelsohn, MD, assistant professor of Emergency Medicine at Washington University School of Medicine.
- **Vice-chair** – Kunj Patel, MD, director of oncology at Encompass/Barnes Jewish Rehabilitation Hospitals.
- **Secretary** – Sara Hawatmeh, MD, internal medicine specialist in private practice at Sam Hawatmeh, MD PC, in St. Louis.
- **Treasurer** – Ramona Behshad, MD, dermatologist and Mohs surgery specialist at SLU Care and assistant professor of Dermatology at Saint Louis University.

Daniel Lovinger, MD, an internal medicine specialist at University Hospital in Columbia, was selected to serve as the section’s Alternate Delegate to the MSMA House of Delegates for Annual Convention.

Sarah Florio, MD, an internal medicine specialist at St. Luke’s Health System in Lee’s Summit, will serve as the section’s Delegate for 2020, having been voted to the position at the 2019 MSMA Annual Convention.
2019 Actions of the Commission on Continuing Education

The Commission reviewed and approved the following accreditation actions:

**Reaccreditations:**
Institute for International Medicine-Kansas City, MO  
Mercy Hospital St. Louis-St. Louis, MO  
Hannibal Regional Hospital-Hannibal, MO  
St. Louis STD/HIV Prevention Training Center-St. Louis, MO  
Missouri Baptist Medical Center-St. Louis, MO  
Mercy Hospital Springfield-Springfield, MO

**Progress Reports:**
The following entities submitted Progress Reports that were approved by the Commission:
North Kansas City Hospital-Kansas City, MO  
Lake Regional Health System-Osage Beach, MO  
Cape Girardeau County Area Medical Society-Cape Girardeau, MO

**2019 Annual Convention:**
The Commission planned and approved the 2019 Annual Convention CME Program approved for 10.00 hours of AMA PRA Category 1 Credits™. Additionally, the program was approved for 7.5 American Board of Internal Medicine Maintenance of Certification Points.

Following the Annual Convention, attendees were able to participate in an online survey that measured outcomes based on questions designed by the Commission.

**Provider Withdrawal from MSMA Accreditation in 2019:**
In 2019, SSM St. Mary’s Hospital of Jefferson City chose to not seek reaccreditation as an accredited provider.

**MSMA Accredited Providers:**
The Missouri State Medical Association currently accredits twenty-three entities statewide.

MSMA staff conducted a spring and fall new staff training at MSMA headquarters.

The Missouri State Medical Association and Kansas Medical Society hosted a provider training in Lenexa, KS. Staff from the ACCME and the AMA provided attendees with an update of information as it related to the updated commendation criteria and the revisions to the AMA PRA handbook.

**Outreach and Educational Offerings:**
Benita Stennis, MSMA staff attended the state medical society meeting sponsored by the ACCME April 29-May 2, 2019 in Chicago, ACCME’s Annual Conference where attendees discussed issues and trends relevant to CME. Benita Stennis, MSMA staff, also attended the 2019 ACCME State Medical Societies Meeting in Chicago, IL December 11-12, 2019. Additionally, staff participated in the ACCME’s monthly noon conference calls.
We appreciate the participation of the following members:
Ted Groshong, MD, Chair
Peggy Barjenbruch, MD, Council Advisor
Tyler Fisher, MD
Purvi Parikh, MD
Joan Shaffer, MD
Inderjit Singh, MD
Toniya Singh, MD
Hamsa Subramanian, MD
Orin Paul Trentham, III, MD
Douglas Wallace, MD

Benita Stennis, MSMA Staff
Missouri State Medical Association Alliance 2020 Annual Report

The 2019-2020 Alliance year began in April during the MSMA convention in Kansas City when the Alliance officers were installed. Millie Bever, Kansas City, installed Gill Waltman, who was re-installed as president, and Diana Corzine as president-elect, both for second terms. Also installed were Vice presidents Kelly O'Leary (Health), Kirk Doan (Legislation), Jennifer Gast (Membership), Sana Saleh (Recording Secretary) and Debora Snyder (Treasurer.)

Looking through Rose-Colored Glasses was the theme selected by Mrs. Waltman as a carry-on from her Look on the Bright Side Monty Python-inspired theme from the previous year. This was an optimistic approach to reflect changes in the world around us with many natural disasters, economic problems, the political climate, and health-related issues including the opioid crisis and now the new electronic cigarette or vaping epidemic affecting our youth. Burnout wears down the medical profession from all sides with the need to defend medicine and patients from public opinion, invasive hospital and insurance influences, and scope-of-practice usurpers.

Mrs. Waltman presided over an Alliance Executive Board Meeting on May 29 in Columbia. Additional officers were appointed to the board and all members presented their plans for the year. The dates and venue for Fall Conference in Hannibal was circulated and plans for Day at the Legislature to be combined with the MSMA White Coat Day on March 3 were discussed.

At the AMA Alliance Annual Meeting in Chicago in June 2019, MSMA Alliance Past President Sue Ann Greco was sworn in for a second term as the national AMA Alliance Board Secretary. Missouri had excellent representation at the meeting. Due to the resignation of the AMA Alliance President Elect, Sue Ann will be installed as the AMA Alliance President at the annual meeting in Chicago in June 2020. The installation will take place on Tuesday morning at the Hyatt Centric Magnificent Mile Hotel. Sue Ann is only the 6th Missourian to be installed as AMA Alliance President. The Missouri contingent will be honoring her with a suitable celebration event and those MSMA members who will be in Chicago are invited to attend in support.

The Alliance Fall Conference was held October 29-30 in Hannibal. Sandra Murdock, conference coordinator set the venue at the Holiday Inn Express opposite the Medical Center. The program on Tuesday afternoon included invited speakers from the Hannibal Clinic recommended by Sandra Ahlum, MD. Eric Meidl, MD, an internist specializing in obesity working closely with the bariatric surgical team, spoke on the current management of obesity and discussed the pros and cons of various weight loss therapies and current trends, including intermittent fasting. Patricia Hirner, MD, a general surgeon, presented the American College of Surgeons’ new initiative called Stop the Bleed. This was a hands-on course aimed at the general public on how to stop hemorrhage at a trauma site, such as a road traffic accident or a shooting. Michael Bukstein, MD, a vascular surgeon at the Hannibal Clinic, assisted in the demonstration which included the correct methods of applying compression to a bleeding wound, packing the wound with clean cloth or hemostatic gauze, and the use of tourniquets. Dr. Hirner recommended that everyone carry a trauma kit with these contents (can be purchased online) in the glove compartment of their vehicles.

The Tuesday evening event was held at the Hannibal Country Club courtesy of members Sherry and Michael Bukstein. Henry H. Sweets, III, the Curator and Executive Director of the Mark Twain Boyhood Home and Museum spoke to the group on Medicine and Pharmacy in the time of Mark Twain.
The Alliance Board meeting continued on Wednesday morning. Pertinent board issues discussed were the transfer of the Alliance Scholarship funds to the MSMF which will handle future distribution to the Missouri medical schools. Kathy Weigand announced that the (also British) theme for the Friday night Foundations event would revolve around James Bond.

In December, the Alliance Holiday Sharing Card was published with donor names in Show Me Alliance News, Missouri Medicine, and on the MSMA website. Proceeds from donations amounted to more than $3,300 to benefit the MSM and AMA Foundations. Thanks to all who participated. The Alliance hosted many charity and fundraising events over the holidays to provide support for local food banks, a mobile food drive, shelters, school programs and local charities.

This year, the Alliance has moved its traditional Winter Board meeting and Day at the Legislature to coincide with the MSMA White Coat Rally to be held on Tuesday March 3 in Jefferson City. Legislative Vice President Kirk Doan has arranged for members to stay in a Holiday Inn & Suites and coordinated his efforts on behalf of the Alliance with the staff at MSMA. Alliance members will attend the winter board meeting the previous day and meet for dinner the night before for a briefing by the MSMA lobbyists.

The MSMA Alliance Annual Meeting will be held in conjunction with the MSMA convention in St. Louis April 2-4. For the business sessions, there were two topics of interest: the St. Louis Society for the Blind and Visually Impaired – an extraordinary organization that gives many opportunities to teach skills to individuals to empower them at home and at work; and the neurophysiologic, neuroanatomic, and neurocognitive changes from vaping on the teenage brain, which will be heard as part of MSMA’s General Session on vaping by Washington University Associate Professor of Psychiatry Donald Bohnenkamp, MD.

The Alliance Foundation Fundraiser Dinner will be held on Friday April 3 at the Renaissance Airport Hotel. Kathy Weigand chose The British Invasion last year in keeping with Mrs. Waltman’s heritage and this year the theme is The Alliance Celebrates James Bond- 007. Please attend!

Current Alliance Issues: Pertinent issues and challenges discussed at board meetings this year continue to include maintaining membership numbers and identifying current members to take on leadership positions. The Nominating Committee did a good job finding some new faces to join the leadership. The Alliance worked hard to increase membership, round up former members and recruit new ones. The former Boone County Medical Association Alliance is in the process of being resurrected and will take on a new name of Central Missouri Alliance.

Gill Waltman
2019-2020 MSMA Alliance President
Volume Number 115 of *Missouri Medicine* showcased national authors and featured state of the art scientific articles. This volume published four issues featuring “theme” articles and two issues featuring a variety of scientific topics and micro-series. It contained 508 pages and 52 scientific articles.

The Journal received a satisfactory number of unsolicited articles; acceptance rate is about 75%. We continue to have an outstanding publication queue of high-quality papers. Papers published this past year were reprinted in two state medical Journals. Our theme issues are fully subscribed through November/December 2021. Two first literature reports appeared this past year in our Journal.

“The Science of Near-Death Experiences” (University of Missouri Press 2017) continues to do extremely well in sales, is now available as an audiobook, and was the Fall 2019 cover featured article by *Proto* the magazine of Massachusetts General Hospital.

In September 2018 *Missouri Medicine* announced that after a thorough review, PubMed, the indexing service of the National Library of Medicine (NLM), would continue to index our Journal. PubMed has indexed *Missouri Medicine* since 1966. After a separate review, PubMed Central, a free full-text archive of biomedical and life sciences journal literature at the NLM/NIH also approved *Missouri Medicine* for inclusion. *Missouri Medicine* has now completed the upload of all previous (digital-only) issues dating from 2010. These new and updated services are critical to our Journal to remain one of the foremost state medical journals in the United States, and to be certain all content is available at all world data bases and literature electronic literature searches. In January 2020, modifications were made to the masthead page for greater clarity.

Our thanks to the Contributing Editors and Publications Committee for their good work: Drs. David Fleming, Art Gale, William Reynolds, Charles Van Way, III, Justin Albani, Jeffrey G. Copeland, Betty Drees and Jessica Bauerle. Added experts in 2019 to the Editorial Board are: Stephanie L. Graff, MD, FACP, Hematology/Oncology; Michael S. Clarke, MD, Military Medicine; Laine M. Young-Walker, MD, Psychiatry; Gary A. Salzman, MD, Pulmonary Medicine; Patricia I. Dickson, MD, Genetics and Genomic Medicine; and Jacqueline L. Reiss, MD, Allergy and Immunology. We wish Kan N. Huang, MD, Gary S. Gottesman, MD, and Susan Berdy, MD, the best for the future and thank them for their service on the Editorial Board. A new board position for Women Physicians Section was created and now Chaired by Joanne Loethen, MD. Elizabeth J. Plogsted James, MD, a former *Missouri Medicine* Editorial Board member for Neonatology, passed away January 2, 2019, at her home in Columbia, Missouri. The founder of MU’s neonatal-perinatal medicine program, she served as medical director of the neonatal intensive care unit for 36 years until her retirement.

*Missouri Medicine* would like to publicly thank the following non-Editorial Board experts who have done peer-review of submitted manuscripts in 2019: Angel Baldan, PhD, Doug Bogart, MD, Stephen Braddock, MD, J. Patrick Brooks, MD, Sophia M. Chung, MD, Joel Eissenberg, PhD, Muhammad Ishaq Farhan, MD, Sean Gratton, MD, Richard Hellman, MD, Charles M. Lederer, MD, Lenard Politte, MD, and Stephen Reintjes, Jr., MD.

*Missouri Medicine* provides reprinted papers for several prestigious medical specialty magazines and journals, and also selectively reprints articles from the medical component societies in Missouri and from national publications appropriate for our audience.

The Publication Committee Chair and Editor, John C. Hagan, III, MD, and Managing Editor, Lizabeth Fleenor, appreciate the many contributions of the MSMA, Alliance members, and others who have contributed to *Missouri Medicine*. The Committee 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.
Annual Report of the MSMA-RFS 2019-2020

The Resident and Fellow Section (RFS) primary objectives are increasing MSMA awareness among non-member colleagues, increasing RFS membership, and implementing strategies and events for ongoing membership recruitment. The RFS continues to network and collaborate with the Medical Student Section (MSS) and Young Physician’s Section (YPS), both at local institutions and at national meetings.

RFS members continue to participate in the Resident Ambassador Program, Physician of the Day opportunities in Jefferson City, and the MSMA White Coat Rally. New membership enrollment and advertisement for these opportunities has targeted new fellows and residents (interns), many of whom have recently moved to Missouri.

The RFS governing council meets quarterly with representation at the AMA Annual and Interim meetings, as well as the MSMA annual meeting.

Please contact Frances Mei Hardin, MD, at hardinf@health.missouri.edu with any thoughts, questions, or concerns regarding the MSMA RFS.

Frances Mei Hardin, MD
Chair, MSMA-RFS Governing Council 2019-2020
Resident, Department of Otolaryngology
University of Missouri

Jared Lammert, MD
Vice-Chair, MSMA-RFS Governing Council 2019-2020
Resident, Department of Emergency Medicine
University of Missouri
Annual Report of the MSMA-MSS 2019-2020

The Medical Student Section had a productive year statewide. Individual medical schools hosted a wide variety of events throughout the year including events that focused on advocating for our patients. Medical school chapters hosted naloxone workshops where students learned more about the opioid epidemic and were trained to teach their patients about the importance of recognizing the signs of opioid overdose and how to obtain and administer naloxone. Other medical schools hosted our MSMA lobbyists to learn more about important issues affecting our patients in Missouri.

Students participated in resolution writing workshops to learn how to write resolutions, effectively support them, and enact change through policy. Additionally, many students represented our Missouri medical schools at the AMA Annual and Interim meetings, where they authored and passed resolutions at both the MSS and AMA HOD on trauma-informed care, incorporating gun violence education into medical school curricula, and addressing the healthcare needs of children with incarcerated parents.

The Medical Student Section Board implemented a new quarterly newsletter for all medical student members with updates from each medical school about events they have hosted or projects they have been working on, information about upcoming MSMA and AMA programs, recaps about important policies passed at MSMA and AMA meetings, and information about bills affecting healthcare in the Missouri legislature.
MSMA Membership Committee Report

The 2019 MSMA membership year closed with 2,226 active members, 115 residents, 740 students and 369 retired members. 173 physicians joined as new members in 2019. In addition to traditional recruiting methods, MSMA has had a positive response to MSMA Councilors sending hand-signed letters to non-members. Peer-to-peer outreach is very beneficial to maintaining and growing membership.

MSMA initiated 29 advocacy updates by MSMA lobbyists in 2019 at component society meetings, medical resident and student events, specialty groups and hospital leadership. MSMA will host similar meetings after the 2020 legislative session concludes, as well as district meetings and meetings with hospital CMOs.

All physicians, not just MSMA members, are encouraged to sign up for legislative text alerts through MSMA’s Phone2Action program. Physicians communicating directly with legislators is very persuasive. Text MOMEDICAL to 52886 for enrollment.

MSMA has launched an awareness-building campaign, aimed at non-members and lapsed members. Phase 1 has emailed non-member Missouri physicians to introduce/re-introduce them to MSMA through a four-part series focused on vaccinations.

On social media, Facebook was the most successful platform for connecting with physicians in 2019. MSMA placed ads and promoted posts on Facebook reaching more than 44,000 people.

On MSMA’s other social media channels:

- Impressions on Twitter increased 19%;
- MSMA shared 111 posts on Instagram and added more than 30 new followers;
- Twenty-two videos were posted to YouTube and Facebook, generating more than 18,000 video views across the two platforms.

We encourage all members to follow us on social media and to share our posts with member and non-member colleagues.
Items Referred to Reference Committee A
10:00 am, Friday, April 3, 2020

Reports

Missouri State Medical Foundation Report and Financial Statement
Physicians Health Committee Report and the Financial Statement of the Physicians Health Foundation

Resolutions

#1 MSMA Women Physicians Section
#3 Gender Equity in Healthcare
#5 Ensuring Affordable Insulin
#9 Early Entry Pathway to ABIM Initial Certification Examination
#10 Medication-Assisted Treatment for Opioid Use Disorder in Correctional Facilities
#11 Surprise Billing
The Foundation made more than 3,000 medical school student loans over 50 years, totaling almost $12 million. The loan program has been closed and the Foundation funds the MSMA Scholarships awarded over the past 15 years.

In 2019, the Foundation awarded $4,000 MSMA Scholarships to ten Missouri medical students at each of the six medical schools.

Last year, 60 Missouri medical school students received $240,000 in MSMA Scholarships. This gives us a cumulative scholarship total of $1.2m awarded to Missouri natives who are attending a Missouri medical school.

The Foundation has also matched funding up to $5,000 for local medical societies and the MSMA Alliance which have initiated their own scholarship funds.

The MSMA Alliance has been an important partner to the Foundation through generous fund-raising activities. The Alliance closed their scholarship fund in 2019 and donated the entire $74,000+ to the Foundation.
Missouri State Medical Foundation
Statement of Financial Position
December 31, 2019

Audited financial statement will be available by the time of the Convention
**Supplementary-Revenue Information**

4th Quarter (October 1 to Dec 31, 2019)

<table>
<thead>
<tr>
<th></th>
<th>2019 BUDGETED</th>
<th>2019 ACTUAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions</td>
<td>$311,000</td>
<td>$309,400</td>
</tr>
<tr>
<td>Participant Fees</td>
<td>$240,000</td>
<td>$235,100</td>
</tr>
<tr>
<td><strong>TOTAL INCOME</strong></td>
<td>$551,000</td>
<td>$544,500</td>
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</table>

NOTE: 2019 Contribution amount of $5500 is forthcoming and not in total deposits for 2019. 
**Current Geographic Distribution** (current participants 2019)

<table>
<thead>
<tr>
<th>City</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saint Louis</td>
<td>38</td>
</tr>
<tr>
<td>Kansas City</td>
<td>15</td>
</tr>
<tr>
<td>Springfield</td>
<td>3</td>
</tr>
<tr>
<td>Columbia</td>
<td>16</td>
</tr>
<tr>
<td>Joplin</td>
<td>4</td>
</tr>
<tr>
<td>Poplar Bluff/Cape Girardeau</td>
<td>6</td>
</tr>
<tr>
<td>Other</td>
<td>12</td>
</tr>
</tbody>
</table>

**Total** 94

---

**2019 Participants**

**2019 New Participants** 28

Note: 2018 total new participants was 23

**Participants Released**

- Successful Completion 19
- Administrative Release 7
- Deceased 0

**Specialties** (current participants)

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiology</td>
<td>8</td>
</tr>
<tr>
<td>Cardiology</td>
<td>6</td>
</tr>
<tr>
<td>Cardiothoracic Surgery</td>
<td>0</td>
</tr>
<tr>
<td>Dermatologist</td>
<td>0</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>5</td>
</tr>
<tr>
<td>Family Practice</td>
<td>13</td>
</tr>
<tr>
<td>Hospitalist</td>
<td>1</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>16</td>
</tr>
<tr>
<td>Medical Students</td>
<td>5</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>6</td>
</tr>
<tr>
<td>Neurosurgery/Neurology</td>
<td>2</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>4</td>
</tr>
<tr>
<td>Oncology</td>
<td>4</td>
</tr>
<tr>
<td>Optometry with MD</td>
<td>1</td>
</tr>
<tr>
<td>Otolaryngology/Otology</td>
<td>1</td>
</tr>
<tr>
<td>Pathology</td>
<td>0</td>
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<tr>
<td>Pediatrics/Neonatal/Oncol</td>
<td>3</td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>0</td>
</tr>
<tr>
<td>Proctology</td>
<td>1</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>4</td>
</tr>
<tr>
<td>Pulmonary Critical Care</td>
<td>0</td>
</tr>
<tr>
<td>Radiology</td>
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</tr>
<tr>
<td>Residents</td>
<td>4</td>
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<tr>
<td>Rheumatology</td>
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</tr>
<tr>
<td>Surgery</td>
<td>5</td>
</tr>
<tr>
<td>Urology</td>
<td>0</td>
</tr>
</tbody>
</table>

**Total** 94

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**TYPE OF CONTRACT**

<table>
<thead>
<tr>
<th>Type</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recovery</td>
<td>77</td>
</tr>
<tr>
<td>Mental Health</td>
<td>14</td>
</tr>
<tr>
<td>Mental Health/Recovery</td>
<td>3</td>
</tr>
</tbody>
</table>

Referrals for this quarter 10

Potential participants in treatment or in process of signing agreement with MPHP 6

Total for year 59

---

**Trend Over Time**

- **2018**: 23
- **2019**: 28

**Note**: The increase is primarily due to growth in new participants.
MSMA Physicians Health Foundation
Statement of Financial Position
December 31, 2019

Audited financial statement will be available by the time of the Convention
WHEREAS, the Missouri State Medical Association adopted a resolution in 2019 establishing a Women Physicians Section; and

WHEREAS, the resolution did not mention the MSMA Constitution and Bylaws which need to be updated to reflect the Women Physicians Section; therefore be it

RESOLVED, that the MSMA Bylaws Chapter XIII be created to recognize the Women Physicians Section,

Chapter XIII. Women Physicians Section

Section 1. Membership. Membership in the Section shall be limited to Missouri State Medical Association members who are female.

Section 2. Governing Council. There shall be a Governing Council of the Women Physicians Section to direct programs and activities of the Section, subject to approval of the MSMA Council.

Section 3. Members of the Governing Council. There shall be eight voting members of the Governing Council, consisting of the Officers, Delegate, Alternate Delegate, councilor and vice councilor elected at the business meeting of the Section.

(a.) Officers. The Officers of the Section shall be elected annually and have the following duties and responsibilities.
(b.) Chair. The Chair shall preside at the business meetings of the Section and at the meetings of the Governing Council.
(c.) Vice Chair. The Vice Chair shall assist the Chair and preside in the absence of the Chair or at her request.
(d.) Secretary/Treasurer. The Secretary/Treasurer shall maintain such records and accounts as be necessary or advisable for the conduct of the activities of the Section.
(e.) Immediate Past Chair. To serve as an Officer of the Women Physicians Section.
(f.) Delegate and Alternate Delegate. The Delegate and Alternate Delegate shall represent the Section in the MSMA House of Delegates. The Delegate and Alternate Delegate shall be elected in alternate years.
(g.) Councilor and Vice-Councilor. The Councilor and Vice Councilor shall represent the Section on the MSMA Council.
Section 4. Term. Governing Council members, including Councilor and Vice Councilor, shall serve two-year terms, beginning at the conclusion of the Annual Convention at which they were elected.

Section 5. Vacancies. Any vacancy occurring on the governing council will be filled at the next business meeting of the Section.

Section 6. There shall be a meeting of members of the Section held prior to each Annual Convention of the MSMA House of Delegates.

Section 7. Representative to the Section Meeting. The annual meeting of the Section shall be open to any member of the Women Physicians Section;

and be it further RESOLVED, that in all places where a Section is mentioned in the MSMA Constitution and Bylaws that Women Physicians Section will also be added.

Fiscal Note:

Current Policy:
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; and

Whereas, reports have documented gaps in medical societies’ efforts to tackle workforce 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; 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 discrimination; 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 physicians; and

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”; and

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

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 regular gender-based pay audits.

Fiscal Note:

Current Policy:
Missouri State Medical Association
House of Delegates

Resolution #5
(A-20)

Introduced by: Alex Shimony, Washington University School of Medicine; Calli Morris, University of Missouri School of Medicine; Samantha Lund, Washington University School of Medicine; Lydia Von Tersch, Kansas City University of Medicine and Biosciences; Priya Jain, University of Missouri-Kansas City School of Medicine; Scott Berndt, University of Missouri School of Medicine; the St. Louis Metropolitan Medical Society; and the Kansas City Medical Society

Subject: Ensuring Affordable Insulin

Referred to: Reference Committee A

WHEREAS, it is estimated that in 2017, 492,000 adult Missourians (prevalence of 10.4%) were living with physician-diagnosed diabetes, and in 2016 that lead to 15,494 emergency room visits, 18,520 inpatient hospitalizations, and 1,508 deaths attributable to diabetes

WHEREAS, insulin is included on the Model List of Essential Medicines designated by the World Health Organization, indicating it should be available at an affordable price for individuals and communities;

WHEREAS, nationally the average price of insulin has nearly doubled from $234 a month in 2012 to $450 a month in 2016;

WHEREAS, high out-of-pocket medication costs can lead to decreased medication adherence among persons with diabetes, especially those who are already economically disadvantaged, and patients who report cost-related underuse of insulin were three times more likely to have poor glycemic control; moreover up to a third of those patients did not tell their physician about their underuse;

WHEREAS, in 2018, the Endocrine Society called for policy changes to increase access to affordable insulin, including limiting co-pays and providing human insulin at no cost to patients;

WHEREAS, Cigna Express Scripts recently capped the 30-day cost of insulin at $25 for persons with diabetes, but this only benefits Missourians on their private plans;

WHEREAS, other states, such as Colorado and Illinois, have passed laws capping co-payments for insulin at $100 a month for insured individuals; therefore, be it

RESOLVED, that our Missouri State Medical Association support legislation capping out-of-pocket insulin costs at an affordable level for individuals and further encourage our American Medical Association to support similar legislation.

Fiscal Note:

Current Policy:
References:
Missouri State Medical Association  
House of Delegates

Resolution #9  
(A-20)

Introduced by: Lancer Gates, DO, FACOI

Subject: Early Entry Pathway to ABIM Initial Certification Examination

Referred to: Reference Committee A

WHEREAS, the Missouri State Medical Association is committed to providing a robust primary care network for the citizenry of Missouri; and

WHEREAS, the sooner a physician that has completed his/her Internal Medicine residency and can begin providing patient care, the more care that will be available for the citizenry of Missouri; and

WHEREAS, the American Board of Internal Medicine (ABIM) only offers the Internal Medicine initial certification examination for newly graduated internal medicine residents once a year in mid-August1; and

WHEREAS, each year several graduating internal medicine residents choose to postpone entry into medical practice, or limit their entry into medical practice, until after they have completed their ABIM initial certification examination in mid-August; and

WHEREAS, the American Board of Family Medicine offers the option of an early initial certification examination in April for Family Medicine residents that will graduate between July 1 and October 31 of that same calendar year, and who have received a recommendation from their program director2; and

WHEREAS, in 2020 the American Osteopathic Board of Internal Medicine implemented the option of an early entry initial certification examination between March 30-April 4 to any Internal Medicine resident that has (1) participated in the Osteopathic in-service examination during each of the first two years of Internal Medicine residency, and (2) has an anticipated training completion date on or before August 31st in that same calendar year, and (3) has provided a completed program director’s report3; therefore be it

RESOLVED, that the MSMA recommend that the ABIM offer an early entry pathway to initial certification examination sometime between May and June of the final year of residency for Internal Medicine residents that (1) have participated in the in-service examination during each of their first two years of Internal Medicine residency, and (2) have an anticipated training completion date on or before August 31st in that same calendar year, and (3) have provided a completed program director’s report; and be it further

RESOLVED, that the MSMA recommend that the ABIM continue to provide the option of the mid-August initial certification examination for graduating Internal Medicine residents of that same calendar year.

Fiscal Note:

Current Policy:
Missouri State Medical Association
House of Delegates

Resolution #10
(A-20)

Introduced by: Adrienne Visani, Medical Student, Washington University School of Medicine

Subject: Medication-Assisted Treatment for Opioid Use Disorder in Correctional Facilities

Referred to: Reference Committee A

WHEREAS, Missouri’s rate of opioid overdose deaths per capita is higher than the national average and opioid misuse poses a significant public health risk including increased rates of bloodborne infections and neonatal abstinence syndrome; and

WHEREAS, an estimated 65% of individuals in US prisons or jails meet criteria for a substance use disorder and an estimated 88% of individuals in Missouri prisons report substance misuse during the year preceding incarceration; and

WHEREAS, incarcerated individuals with opioid and other substance use disorders have higher recidivism rates and are at a tenfold higher risk of overdose upon release compared to other incarcerated individuals; and

WHEREAS, at least 430 incarcerated individuals have overdosed in Missouri prisons since May 2017 and rates of in-prison overdoses are increasing, despite efforts by the Department of Corrections to prevent inmates from accessing narcotics; and

WHEREAS, opioid agonist pharmacotherapies such as methadone and buprenorphine in conjunction with counseling (known as medication-assisted treatment or MAT), is considered to be the standard-of-care for long-term management of opioid use disorders and is endorsed by the National Commission on Correctional Health Care and the World Health Organization for use in individuals with opioid use disorder in correctional facilities; and

WHEREAS, forced detoxification or denying MAT to incarcerated individuals experiencing opioid withdrawal symptoms may be considered cruel and unusual punishment under the Eighth Amendment to the United States Constitution or a violation of the Due Process Clause of the Fourteenth Amendment; therefore, be it

RESOLVED, that our Missouri State Medical Association will adopt policy congruent to the American Medical Association’s position, as stated in resolution H-430.987, to support legislation that (a) encourages or requires correctional facilities to assess incarcerated or detained individuals for opioid use disorder, (b) encourages or requires correctional facilities to make available evidence-based treatment for opioid use disorder, including initiation and continuation of Medication-
Assisted Treatment (MAT) in conjunction with counseling, to all incarcerated or detained individuals including pregnant women, or (c) expands funding for such assessment and treatment.

**Fiscal Note:**

**Current Policy:**

**References**

WHEREAS, the issue of “surprise” medical billing has become a problem both state-wide in Missouri and nationally, is the subject of resolutions currently before Congress, and contributes strongly to public dissatisfaction with physician services and billing; and

WHEREAS, in an emergency situation, patients may not be in a position to go to an in-network hospital for necessary medical services; and

WHEREAS, Commercial Health Insurers have the right to designate narrow networks of Hospitals and healthcare providers; and

WHEREAS, The Missouri Statute allows commercial healthcare insurance companies to take up to 60 business days for completion their credentialing process of healthcare providers; and

WHEREAS, some hospitals are in-network with certain commercial health insurers, but have some medical staff members that are either out-of-network healthcare providers with certain commercial health insurers or are waiting for certain commercial health insurers to complete their credentialing process; and

WHEREAS, commercially health insured patients that receive care at in-network hospitals may receive a “surprise bill” from medical staff members that are either out-of-network healthcare providers or are awaiting the credentialing process; and

WHEREAS, hospitals are required to complete a thorough primary verification process for each applicant to their medical staff; and

WHEREAS, delays in healthcare provider credentialing by commercial health insurances are economically detrimental to medical practices, and financially distressing to patients; and

WHEREAS, Blue Cross Blue Shield of Kansas City processes out-of-network hospital-based provider services delivered at in-network hospitals as in-network provider services; and

WHEREAS, effective December 1, 2019 Blue Cross Blue Shield of Kansas City made the decision not to credential Hospital based physicians and will reimburse these same physicians for their services as in-network providers from the date of acquisition of their hospital privileges; therefore be it

RESOLVED, that Missouri Healthnet & all Commercial Health Insurers of Missouri shall not require credentialing of exclusively hospital based healthcare providers (both hospital employed and non-
hospital employed) at in-network hospitals, and shall reimburse the services of these same healthcare
providers from the date of acquisition of their hospital privileges at fair market-value in a timely fashion
and with independent dispute resolution as described by current AMA policy listed below:

“The out-of-network payment shall be keyed to the market value of physician services and that
maintains a level playing field for future in-network contract negotiations. Any payment process
for out-of-network care should ensure that timely (i.e. within 30 days of claim submission), upfront
payment is made from the insurer that is of an amount that is commercially reasonable and in line with
the services provided by the physician. Legislation should provide for a robust independent dispute
resolution (IDR) mechanism that incentivizes all parties to act fairly and reasonably from the start in
setting charges and payment amounts, without ever needing to be invoked. Then for those
circumstances where the insurer’s up-front payment is insufficient (whether due to factors such as the
complexity of the patient’s medical condition, the special expertise required, comorbidities, or other
factors unique to that provider or geographic area), the IDR process itself will allow for a quick, efficient,
and easy resolution, without the need for attorney involvement or costs to the federal government.”

RESOLVED, that Missouri Healthnet & all Commercial Health Insurers of Missouri shall immediately
provide limited credentialing for all non-exclusively hospital based healthcare providers (both hospital
employed and non-hospital employed) that provide services for patients admitted through the
emergency department at in-network hospitals, and shall reimburse the services of these same
healthcare providers from the date of acquisition of their hospital privileges at fair market-value in a
timely fashion and with independent dispute resolution as described by current AMA policy listed
below:

“The out-of-network payment shall be keyed to the market value of physician services and that
maintains a level playing field for future in-network contract negotiations. Any payment process
for out-of-network care should ensure that timely (i.e. within 30 days of claim submission), upfront
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the services provided by the physician. Legislation should provide for a robust independent dispute
resolution (IDR) mechanism that incentivizes all parties to act fairly and reasonably from the start in
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complexity of the patient’s medical condition, the special expertise required, comorbidities, or other
factors unique to that provider or geographic area), the IDR process itself will allow for a quick, efficient,
and easy resolution, without the need for attorney involvement or costs to the federal government.”

Fiscal Note:

Current Policy:

References
1. Van Way III, Charles W. Surprise Medical Bills: Insurance Plans’ Narrow Provider Networks and the


https://www.medicaleconomics.com/category-47287/billing-noncredentialed-providers

https://www.naic.org/store/free/MDL-70.pdf


Items Referred to Reference Committee B  
10:30 am, Friday, April 3, 2020

Reports
Executive Vice President Report
Secretary/Treasurer Reports and Financial Statement
Council Minutes Summary
Committee on Legislative Affairs Report (available 4/3/20)

Resolutions
#2 Eliminating Barriers in Rural Communities for Cardiac Rehabilitation
#4 Minimum Standards for Parental Leave during Graduate Medical Education Training
#6 Non-medical Exemptions for Immunizations
#7 Research and Recreational Marijuana
#8 Decriminalization of HIV
#12 Ensuring Network Adequacy for MO HealthNet Patients
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 state government departments and divisions, 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 2019.

State Advocacy Activities

Your MSMA lobbyist team enjoyed a very good year in the state Capitol in 2019. 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 is involved in more legislative issues (>400) than any other organization in the state; everything from prior authorization to medication assisted treatment (MAT) to scope of practice and PDMP. Your two lobbyists are among the first to arrive at the Capitol and among the last to leave – every day. Their diligence and effectiveness are unsurpassed. Rather than overwhelm you with details here, I’ll refer you to our Legislative Report, which members receive weekly during the legislative session and twice monthly August through December. If you are not reading this publication, you’re missing out. If you are reading it, please reach out to your local senator and representative to ensure they know which issues matter to you. Your personal contact amplifies your lobbyists’ efforts. MSMA initiated local advocacy outreach in 2019 with 29 meetings in various parts of the state. This is designed to promote a better understanding of issues impacting members and non-members. Your lobbyist team received great input and will expand this activity in 2020.

Federal Activities

MSMA’s advocacy work is not limited to Missouri’s borders. We are involved in a wide range of federal government issues, year in and year out, both alone and with other organizations within the house of medicine. We lobbied federal authorities on such issues as opioids, surprise billing, and drug prices last year. Those efforts weren’t limited to letters, e-mails, and telephone calls to Washington, DC. Your MSMA leadership and staff traveled to Capitol Hill to lobby in person in the halls of Congress.

Other Notable Activities

Despite having the resources and numbers of a medium-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 attended a number of local component society meetings across the state in addition to the aforementioned advocacy meetings. Your medical association staff and leadership are available to all parts of the state, no matter how large or small.
MSMA boasts an outstanding group of member physicians who, twice a year, give the better part of a week to represent you and your patients in the AMA House of Delegates. It is significant and sometimes thankless work, but this is a valuable service they perform. Please thank them.

In addition to its regular duties, your MSMA staff also provides top-rate administrative services for one local medical society, several statewide medical specialty societies, and serves on or maintains liaison with many external governmental and private-sector committees, task forces, boards and commissions.

**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. In recent years, MSMA has increased its email communications to provide additional content without increased costs. The website and social media are two additional areas of electronic communication which receive frequent updates.

*Missouri Medicine*, MSMA’s outstanding scientific journal, is included with your membership. It has won seven prestigious Ranly Awards, and is published in digital format in addition to the print copy you receive. The journal’s scientific content is accessible in the renowned PubMed database, and it enjoys a unique partnership with MedHelp, the world’s largest online health community, joining such other notable partners as Johns Hopkins, the Cleveland Clinic, and Cornell University. You can find current and archived electronic editions on our website.

*Progress Notes*, our monthly newsletter (free to members), is full of timely news items, tips, and information. We began a monthly e-Progress Notes in 2018 to provide more specifics about your medical association’s activities in the capital city.

MSMA also offers you free CME credits at the Annual Convention, and numerous other opportunities to earn CME through our statewide CME recognition program. MSMA accredits 23 entities to offer CME, many of which participate in joint providerships across the state. Yet another membership benefit.

We know everyone struggles with providing health insurance for employees. Your Association staff and the staff of the MSMA Insurance Agency invested significant hours in 2019 working with other state medical associations in researching an Association Health Plan (AHP). This AHP will harness the combined numbers of many state medical associations on behalf of MSMA member physicians. We expect this Association Health Plan to be an important member and employee benefit. Ask Agency staff for additional information.

I would ask you to also be mindful of other 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 Medicare MIPS compliance. We also have a relationship with the Resolve Physician Agency, which offers a wide range of career services, including job placement, contract review and negotiation, practice evaluation, benefits analysis, debt management, and a lot more, all at a discount to MSMA members. We are partnered with the CCPA Purchasing Partners to give you access to up-front discounts on a variety of medical and office supplies, including some vaccines. We have an
exclusive arrangement with DocbookMD, which offers you a secure, HIPAA-compliant tool to send messages, patient information, images, and more to your MSMA colleagues through an application on your smart phone or other hand-held device (free to MSMA members). Medical Waste Services offers MSMA members significant savings on medical and biohazard waste removal and treatment services. Other partners include Officite, a medical practice website development and internet marketing provider and MedJet Assist, a medical transport service. All of these offer MSMA members a nice discount on their services. Other great offers include the Missouri Drug Card, coding and billing resources, and Go Next for your travel arrangements, all with special rates and savings for MSMA members. When put to good use, these benefits save MSMA members far more than the cost of membership dues.

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 significant number of private lenders already in the market. The focus is now on scholarships for Missouri medical school students. The Foundation is currently funding ten $4,000 MSMA Scholarships at each of the six Missouri medical schools ($240,000 in total). The Foundation also offers $5,000 in matching funds to component medical societies to create their own medical student scholarship funds.

Your Missouri Physicians Health Program is widely considered one of the most successful of its kind in the nation. Last year, the program served 94 medical students, residents, and practicing physicians who were dealing with chemical, emotional, or behavioral issues. You can assist your colleagues by asking your hospital medical staff and administration to contribute funds to assist this exceptional and vitally important program.

Your Missouri Medical Political Action Committee is one of the most respected and effective PACs in the state. In the last election cycle, MMPAC contributed close to $120,000 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 Silver ($250), Gold ($500), or Diamond ($1,000) level. 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. This independent insurance agency is a trusted source for all lines of insurance and provides financial support for MSMA. Please visit with the Agency’s staff during the Convention.

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.

The Center for Patient Safety is a private, not-for-profit organization originally founded by MSMA, the Missouri Hospital Association, and Primaris. It is dedicated to being the leader in providing solutions and resources to reduce medical errors and improve patient safety, and was among the very first
organizations in the nation to win federal designation as a Patient Safety Organization. We are very proud of the Center’s work.

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 MSMA Insurance Agency, the Physicians Health Program, the Alliance, and your AMA Delegation all create 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.

Staff

On behalf of the staff and the entire MSMA membership, I want to express 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, the profession, and patient care in Missouri.

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 Scientific Affairs, does all of our meeting planning – including the Annual Convention – and also directs CME credentialing and programming. Jeff Howell is General Counsel and Director of Governmental Relations. In addition to handling legal affairs, he heads your extremely effective lobbying team and writes the Legislative Report. Heidi Geisbuhler is your Director of Legislative Affairs and contributes to Progress Notes and the Legislative Report. Haley Wansing, the Director of Membership, works tirelessly to maintain and grow the membership base, and travels widely to liaison with the local societies, residents, and students. Stephen Foutes, your Director of Marketing, has boosted our social media presence, travels the state to personally interact with local societies and staffs Boone County Medical Society. Sarah Luebbert, the Director of Specialty Society Services, staffs ACP, ACOG, and MO ACEP and staffs internal and external committees. Cheri Martin, the Office Manager, keeps the office running like a well-oiled machine, day in and day out. She also manages MMPAC’s day-to-day activities. Kelli Clemens, the Finance Manager, is new to our staff and keeps the books and controls cash inflow and outflow. Cassie Williams, the Membership Data Manager, tends to our complicated member database and coordinates all the membership billing and mailing for MSMA, and most of our local component societies. Carol Meyer, the Administrative Assistant, is an invaluable team member who helps a great deal with CME and convention details.

And finally, please allow me to thank you, the physicians of Missouri, for the opportunity to serve you in this outstanding organization.

Patrick Mills
Executive Vice President
Secretary Report

The Missouri State Medical Association had 3,450 members as of December 2019. This was a net loss of 281 members from our membership of 3,731 as of December 2018. Following is a breakdown according to classification.

<table>
<thead>
<tr>
<th>Year</th>
<th>Students</th>
<th>Residents</th>
<th>Active</th>
<th>Honor</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>835</td>
<td>112</td>
<td>2,381</td>
<td>403</td>
<td>3,731</td>
</tr>
<tr>
<td>2019</td>
<td>740</td>
<td>115</td>
<td>2,226</td>
<td>369</td>
<td>3,450</td>
</tr>
</tbody>
</table>

The number of member deaths reported during 2019 totaled 17.

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 Michael Weaver, MD, Kansas City; Sandra Ahlum, MD, Hannibal; and Rebecca Hierholzer, MD, Leawood, KS.

**Speaker and Vice Speaker** to fill the expired terms of Sam Page, MD, Creve Coeur, and Tim Swearengin, DO, Springfield.

**Two Delegates and Five Alternate Delegates to the AMA** to fill the vacancies created by the expiration at the conclusion of the 2020 Annual Convention of the terms of Delegates: Edmond Cabbabe, MD, St. Louis; Warren Lovinger, Jr., MD, Nevada; and Alternate Delegates: Ravi Johar, MD, Chesterfield; Michael O’Dell, MD, Kansas City; George Hruza, MD, Chesterfield; Joseph Corrado, MD, Mexico; and Samantha Lund, St. Louis (one-year term). The new two-year terms will begin at the conclusion of the 2020 MSMA Annual Convention and end at the conclusion of the 2022 MSMA Annual Convention.

The terms of the following Councilors will expire in 2020: **3rd District** – Elie Azrak, MD, St. Louis; Chris Swingle, DO, St. Louis; **5th District** – George Hubbell, MD, Lake Ozark; Lisa Thomas, MD, Lake Ozark; Lancer Gates, DO, Kansas City; Marc Taormina, MD, Kansas City; **8th District** – Matthew Stinson, MD, Springfield; **9th District** – Lirong Zhu, MD, Rolla; **Organized Medical Staff Section** – Peggy Barjenbruch, MD, Mexico; **International Medical Graduate Section** – Sri Kolli, MD, Fenton; **Women Physicians Section** – Joanne Loethen, MD, Prairie Village, KS; **Resident and Fellow Section** – Daniel Young, MD, St. Louis; **Medical Student Section** – Scott Berndt, Kansas City.
The terms of the following Vice Councilors will expire in 2020: 3rd District – Vacancy; 5th District – Amy Zguta, MD, Columbia; 7th District – Michael O’Dell, MD, Kansas City; 9th District – David Barbe, MD, Mountain Grove; Organized Medical Staff Section – Hossein Behniaye, MD, Hannibal; International Medical Graduate Section – Louis DelCampo, MD, Springfield; Women Physicians Section – Frances Mei Hardin, MD, Columbia; Resident and Fellow Section – Jared Lammert, MD, Columbia; Medical Student Section – Priya Jain, Overland Park, KS.

Delegates shall meet Sunday morning during 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 entire session will be held at the Renaissance St. Louis Airport Hotel, St. Louis, Missouri. The House of Delegates will hold its First Session on Friday, April 3, 2020, at 8:00 a.m. and the Second Session on Sunday, April 5, 2020, at 8:15 a.m.

Registration facilities will be open on Thursday, April 2, at 3:30 p.m.; Friday, April 3, at 6:30 a.m. and Saturday, April 4, at 6:30 a.m. Registration will be in the Concourse Foyer.

Brian Biggers, MD
Treasurer Report

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

David Pohl, MD
2019-2020 Council Minutes Summary

Meeting of April 7, 2019 – Kansas City
James DiRenno, DO, Gladstone, President, presided. Alexander Hover, MD Springfield, was elected Chair, George Hubbell, MD, was elected Vice Chair. Brian Biggers, MD, Springfield, was elected Secretary. David Pohl, MD, St. Louis, was elected Treasurer.

Meeting of July 14, 2019 – Osage Beach
During the July 2019 Council Meeting in Osage Beach, Missouri, MSMA voted to support a campaign for the November 2020 ballot initiative regarding Medicaid expansion. Currently, a proposed statute and a proposed Constitutional amendment, both with the same language, have been filed with the Secretary of State. MSMA support would be given to whichever option emerges as viable. The Council also approved supporting Missouri Hospital Association’s subcontract bid with Iowa Healthcare Collaborative for the CMS Clinician Quality Improvement Collaboration.

Advocacy
The Council heard a review of legislative issues, including prior authorization reform, medication-assisted treatment, APRN, Physical Therapy, and other scope of practice issues, as well as public health issues such as homelessness and anti-vaccination.

Two resolutions were referred to the Committee on Legislative Affairs. Discussion on Resolution 1 regarding Chronic Traumatic Encephalopathy was tabled until October so staff can gather more information; Resolution 7 - Supporting Environmental Health Legislation, was adopted: RESOLVED, that the Missouri State Medical Association support 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.

Other actions from the Annual Convention resolutions can be found at www.msma.org/resolution-actions.

Participation in the 2019 Physician of the Day program was very much appreciated; the sign-up form and available dates for 2020 are on the website. Physicians may also agree to have a student shadow them. MSMA encourages volunteers to bring along a non-member colleague to the Capitol. White Coat Day for 2020 will be held on March 3. A sign-up form is also on the website.

MSMA has hosted several advocacy events, one in St. Louis and one in Kansas City, co-sponsored by St. Louis Metropolitan Medical Society and Kansas Medical Society. MSMA staff is happy to bring an advocacy event to you at your local medical society, medical staff, or at your home. MSMA can arrange to have your local state representative stop by. Contact MSMA for more information.

In addition to the weekly legislative updates that are provided during the legislative session, MSMA will now provide updates on the second and fourth Thursdays of the months outside of session. Please share this information with non-members.

A new communication tool, Phone2Action, will allow members to send a one-time text to sign up to be linked with their legislators, and will receive notifications when important issues are being addressed. They will then be able to provide input directly to their elected officials.
SHINE
There are changes in the ownership of KAMMCO Healthcare Solutions (KHS). KAMMCO has divested, and has sold KHS to Kansas Health Information Network, a 501c(3). The Department of Social Services budget includes $1 million, and SHINE (Show-Me Health Information Network) hopes to leverage that for the CMS 90% match creating $10 million to assist with connection costs. SHINE has already received $83,000 as the share of the Physicians Foundation grant, and hopes to use those funds to defray some of the up-front connection costs.

CME
Identified topics for the 2020 Annual Convention, based on evaluation summaries and practice gaps, include state and national advocacy efforts, science of medical marijuana, e-cigarettes and vaping, and medicine/artificial intelligence. An ad hoc committee, chaired by Betty Drees, MD, will study the MSMA Annual Convention to find ways to streamline the programming, identify savings, increase efficiency, and find alternative means that maintain its purpose of governance, education, and camaraderie.

Missouri Physicians Health Program
Lisa Thomas, MD, Medical Director for MPHP, praised the success rate of the program. The rate of return to successful practice is high because the MPHP program is longer and more comprehensive than other programs of similar nature.

AMA Report
Edmond Cabbabe, MD, reported that the AMA delegation, including Drs. Jim DiRenna and George Hruza, as well as the student and resident representatives, attended the AMA Annual Meeting in Chicago in June. David Barbe, MD, has completed his leadership role with the AMA, and is now in line to be President-Elect of the World Medical Association. MSMA presented a resolution at the AMA meeting regarding the care of children of incarcerated parents. It was combined with a similar resolution, and was adopted.

Alliance
Gill Waltman reported that she and Diana Corzine have been installed for a second term in their roles as President and President-Elect. The Alliance executive board met on May 29, with Fall Conference scheduled for October, Winter Board Meeting and Day at the Legislature to be held in conjunction with White Coat Day, and the Annual Meeting planned for April 3. The AMA Alliance Annual Meeting was held in Chicago in June, and Missouri had the largest representation. The AMA Alliance will be adding “vaping” to the list of issues to be addressed through their programs. The SLMMS Alliance received the 2019 AMA Alliance Health Awareness Promotion Award for its opioid awareness program at Loyola Academy in St. Louis.

Announcements
Council Chair Alexander Hover, MD, welcomed new Council members: Christopher Swingle, DO, District 3 Councilor; Michael Weaver, MD, First Vice President; Samantha Lund, AMA Student Delegate from Washington University; and Priya Jain, Medical Student Section Vice Councilor from UMKC. Councilor Advisors were appointed: David Kuhlmann, MD – Commission on Medical Economics; Peggy Barjenbruch, MD – Commission on Continuing Education; George Hubbell, MD – Commission on Public Affairs; Lisa Thomas, MD – Physicians Health Committee.
Councilor District Reports (Selected)

District 1
Robert Corder, MD, reported that Buchanan County Medical Society is focusing on issues that affect the health of the community, specifically human trafficking and the opioid epidemic. Dr. Corder participates in the Missouri ECHO program, which offers teleconference CME for free during the semi-monthly Opioid Use Disorder program offered by ECHO.

District 3
Christopher Swingle, DO, reported the 17th Annual Hippocrates Lecture will take place on September 17 at Spazio’s Westport in St. Louis.

District 6
Warren Lovinger, MD, reported that Nevada Regional Medical Center, which is owned by the community, has been very close to being liquidated several times. The Sole Community Hospital program, along with a half-cent sales tax, will help NRMC meet its required bond payments.

District 7
Lancer Gates, DO, announced that Marc Taormina, MD, has been appointed by Governor Parson to serve on the Missouri Board of Healing Arts. The Kansas City Medical Society Annual Meeting will be on Sept. 26. The guest speaker is Vanila Singh, MD, the Chief Medical Officer for the office of the Assistant Secretary of Health for the U.S. Dept. of Health and Human Services.

District 8
Matthew Stinson, MD, reported that Greene County Medical Society has been involved in the Tobacco 21 measure locally, and hopes that the measure will pass. Brian Curtis, MD, reported that the KCU-Joplin medical school is in its third year; there should be nearly 120 students coming into the two hospitals, Freeman and Mercy, next year.

Organized Medical Staff Section
Peggy Barjenbruch, MD, reported that approximately 100 physicians attended the AMA OMSS in June in Chicago. Out of 12 business items, three prompted robust discussion: accountable care organizations, restrictive covenants, and limitations on physician access to hospital services based on case and monetary volumetrics. The section sent six resolutions to the House of Delegates, including one on ergonomic injuries.

Medical Student Section
Scott Berndt encouraged members to reach out to students to attend their meetings. He thanked the Council for its help with the resolution that the MSS put forth and got passed at the AMA Annual Meeting regarding care of children of incarcerated parents. MU is continuing to work on advocacy and getting students signed up to vote. Washington University recently hosted a Pints and Policy event. KCUMB and SLU both have upcoming meetings.

Meeting of October 13, 2019 – Jefferson City
Demonstrating the value of membership through its upcoming advocacy efforts, MSMA announced its top priorities for medicine at the October Meeting in Jefferson City: making the credentialing process less of a headache, curbing vapor product usage by minors, and fighting the anti-vaccination movement.
Advocacy
Working on those three issues and many more begins with the 2020 legislative session on Wednesday, January 8. MSMA has held numerous statewide meetings to increase communication and advocacy this summer and fall, and has been meeting with lobbyists, discussing both old and new issues and anticipating an interesting year for public health. The October Legislative Report highlighted the importance of building relationships with elected officials before the legislative session convenes. Identify your state legislators and make contact with them. Phone2Action is a new tool to connect members to MSMA’s legislative text alert network. Visit www.msma.org/action to sign up.

An FAQ flyer on medical marijuana is being developed by MSMA, and physicians are encouraged to submit any questions they or their patients have to Jeff Howell at jhowell@msma.org so that those issues can be incorporated.

The Missouri Health Insurance Innovation Task Force has been established to look into a Section 1332 waiver in the ACA and will put in legislation to launch a re-insurance program similar to what other states have done. MSMA member Rep. Jonathan Patterson, MD, is on the committee. Five MSMA members on the state’s Opioid Prescriber Advisory Committee give MSMA great input into Medicaid opioid policies. An effort to expand the 12-month clawback period for HMO payments to physicians was turned back in the Governor’s Medicaid Fraud Task Force. The Council discussed the possibility of creating a Missouri Healthcare Collaborative to jointly pursue shared interests, as Iowa and Kansas hospital and medical associations have done.

Events to sign up for:
Physician of the Day program www.msma.org/physician-of-the-day
March 3, 2020 - White Coat Day www.msma.org/white-coat-day

Annual Convention/CME
Programming is underway for the 162nd Annual Convention, April 3-5, 2020, Renaissance St. Louis Airport Hotel, reported Peggy Barjenbruch, MD. She said the CME Commission accredited Hannibal Regional Hospital for four years, and approved progress reports for North Kansas City and Lake Regional. The MSMA annual maintenance fee will increase due to an ACCME fee increase, and beginning in 2021, Missouri CME providers will pay the maintenance fee directly to the ACCME. An ad hoc committee on the Annual Convention is reviewing possibilities for cost savings and ways to increase attendance among younger physicians. Other improvements include changes to the exhibit hall, CME, and registration fees. By 2022, the delegate handbook will be only available via MSMA’s website.

SHINE
SHINE is continuing with its existing policies and structures, and is working with MO HealthNet to determine how to distribute $10 million in federal matching funds, which are intended to assist clinics with connection fees to HIEs; these fees remain the largest challenge to signing up.

MSMA Insurance Agency
Ronnie Staggs, Director, discussed the current professional liability insurance market analysis, which showed that for the first time in many years, companies are filing for rate increases across the board. Progress continues on the Association Health Plan. It was delayed due to a new ACA format allowing individual states to make more decisions on what they will allow for groups under 50.
Services Update
MSMA will continue administration services in 2020 for Boone County Medical Society, and the Missouri organizations of the American College of OB-GYN, American College of Emergency Physicians, and American College of Physicians.

Missouri Physicians Health
Lisa Thomas, MD, Medical Director for the Missouri Physicians Health Program, reported that educational presentations will continue in 2020, and asked all physicians to support their physician health program in their respective hospitals and practice settings. She reviewed the participation figures, which are mostly internal medicine and family practice physicians. Dr. Thomas also announced her candidacy for State Representative of House District 124 comprised of portions of Camden and Miller counties. She is a resident of Lake Ozark and has been involved in MSMA leadership since 2005. She is currently one of MSMA’s District 5 Councilors.

Actions and Recommendations
Resolution actions of the 2019 House of Delegates were approved and can be found at www.msma.org/resolution-actions.

Councilor District Report (selected)
District 2
Councilor John Memken, MD, Hannibal, reported that Patricia Herner, MD, presented the American College of Surgeons “Stop the Bleed” program at a recent society meeting.

District 3
Councilor Inderjit Singh, MD, St. Louis, reported the annual Hippocrates lecture topic was “Healthcare in Crisis,” presented by Dr. Ed Weisbart in September. Following the lecture, participants discussed the pros and cons of a “Medicare for All” single-payer program. The partnership with the Midwest Health Initiative (MHI) and the St. Louis Business Health Coalition (BHC) continues to provide physician input for the Choosing Wisely initiative. A sub-group of four SLMMS physician members have joined with physicians from the MHI board to analyze areas of high cost and potential waste reduction in healthcare. Using payer-provided data, the physicians are identifying opportunities in the St. Louis market and will publish findings in 2020.

District 4
Councilor Kevin Weikart, MD, St. Charles, reported that St. Charles Lincoln County Medical Society will be awarding $7,500 for their medical student scholarship.

District 5
Councilor George Hubbell, MD, Lake Ozark, reported that Boone Hospital in Columbia will no longer be a subsidiary of BJC, but instead will be managed by itself as a county hospital, led by long-time MSMA member Jerry Kennett, MD. The University of Missouri is in the process of buying out SSM-St. Mary’s in Jefferson City and Mexico. MU is expanding its family practice residency to include Bothwell Hospital in Sedalia. Amy Zguta, MD, Columbia, was approved as the new District 5 Vice Councilor, due to the relocation of Clark Andelin, MD, Mexico. Boone County Medical Society held two events: a residency forum for directors and third-year medical students and an educational forum on medical marijuana.
District 6
Vice Councilor Amanda Turner, MD, Nevada, expressed her appreciation for Dr. Lovinger’s efforts to pass a sales tax to keep the Nevada hospital from closing. Dr. Turner thanked MSMA for its presentation on advocacy and communication at the West Central Society’s meeting in August.

District 8
Vice Councilor Brian Curtis, MD, Joplin, reported the KCU-Joplin medical school is now in its third year, so the original students are now in their third-year rotations.

District 10
Councilor Sharon Wallace, MD, Cape Girardeau, has reached out to St. Francis Medical Center to address credentialing and contracting issues. St. Francis, along with Southeast Hospital, is the ACO for 16,000 people.

Sections
Medical Student Priya Jain, UMKC, encouraged members to reach out to the medical schools and be involved in their meetings. Mizzou and Washington U have had Pints and Policy meetings. KCU and UMKC had a combined meeting in which the AMA government relations staff addressed the students.

The Council approved Jared Lammert, MD, to fill a vacancy for the Resident and Fellows Section Vice Councilor position, and Joanne Loethen, MD, as Women Physicians Section Councilor, and Frances Mei Hardin, MD, as WPS Vice Councilor. Dr. Loethen reported the WPS has held two organizational meetings to create vision and goals.

AMA Report
Elie Azrak, MD, reported the AMA delegation is preparing for the 2019 AMA Interim meeting in San Diego, November 15-19. Resolutions and reports are on the website and can be viewed and commented upon ahead of the meeting. Dr. Loethen is running for an open delegate seat in the AMA Resident and Fellows Section, and Dr. Azrak has submitted his name for appointment to an open seat on the AMPAC board. Missouri for many years was part of the four-state Heart of America Caucus at the AMA. Oklahoma and Arkansas decided to join the Southeast Caucus. Missouri and Kansas remain in the Heart of America Caucus.

Alliance
Diana Corzine, MSMAA President-elect, encouraged participation in the Alliance’s Holiday Sharing card campaign. The deadline to contribute is November 22. She announced the Foundation Fundraiser, the “Alliance Celebrates 50 Years of James Bond,” is scheduled for Friday, April 3.

Meeting of January 11, 2020 – Jefferson City
The MSMA Council met via conference call due to inclement weather. Below are the highlights.

Advocacy
Ravi Johar, MD, reported that MSMA staff have read 1,500 bills every year and follow about 400 bills that affect healthcare. He encouraged members to sign up for Physician of the Day, and to consider allowing a medical student to shadow. White Coat Day at the Capitol will be March 3, 2020. Phone2Action is a good tool for physicians to connect with legislators. Currently, there are 120 physicians signed up.
The Council approved that Resolution #1, which addresses the issue of tackle football below high school age, not be adopted. Members were also updated on the E/M coding revision and Texas v. Azar challenge to the ACA. Other updates included marketing efforts, membership outreach, and Medicaid expansion.

James DiRenna, Jr., DO, MSMA President, reported on his travels throughout the state, as well as other states. He encouraged members to keep in touch with their legislators. MSMA’s Annual Legislative Award be presented to Representative Robert Ross and Senator Bill White. The MSMA Constitution and Bylaws need to be updated by a 2020 resolution to recognize the Women Physicians Section, established by a 2019 resolution.

**Annual Convention and CME**
The Actions and Resolutions from the 2019 Annual Convention can be found online at msma.org/annual convention. Peggy Barjenbruch, MD, outlined general session topics for the upcoming Annual Convention including Vaping, Science of CBD, Stop the Bleed, Artificial Intelligence, and Missouri Medicaid. The report also reviewed recent accreditation decisions. Betty Drees, MD, reported on the restructuring of the Annual Convention. A proposal will be presented at the July MSMA Council meeting.

**MSMA Insurance Agency**
George Hubbell, MD, reported that the agency continues to meet member needs, urged them to utilize the agency for any insurance coverage, and encourage their colleagues to do likewise.

**Missouri Physicians Health Program**
Bill Woods, MD, offered the report as Chair of the Physicians Health Committee. Due to the resignation of Executive Director Bob Bondurant as of December 31, 2019, Acting Executive Director Mary Fahey has been named Bob’s replacement. The organization chart has been changed so that the Physicians Health Committee will oversee the operations of the MPHP; the finances will be overseen by the MSMA EVP, both will report to the Physicians Health Foundation board.

Dr. Woods outlined the Safe Haven system that is used in some states, which would allow those seeking voluntary help from MPHP to be exempt from reporting this to the Board of Healing Arts, as long as they are actively involved in the program. MPHP staff will research the issue and come up with recommendations.

**Membership**
Joseph Corrado, MD, reported that the Committee had met on January 7 via conference call. He reviewed current membership numbers, the results of the Councilor-signed recruitment letters, recent advocacy events, and other marketing strategies. Staff will be connecting with hospital Chief Medical Officers. He encouraged everyone to sign up for the Advocacy App Phone2Action.

**Publications**
The Council gave its approval of Missouri Medicine’s 52-member Editorial Board to serve in 2020. The Editorial Board provides peer-review and submits articles to the Journal.
Alliance
Gill Waltman reported on the fall conference in Hannibal in October. She thanked all who contributed to the 2019 Alliance Holiday Sharing Card, which raised over $3,200. Sue Ann Greco, St. Louis, will be installed as AMA Alliance President next June.

AMA Report
Elie Azrak, MD, reported that the delegation represented Missouri at the AMA interim meeting in San Diego in November. A resolution put forth at the 2018 MSMA Annual Convention resulted in a change in AMA policy, which addressed the inclusion of health system science subjects in medical curricula and LCME accreditation.

Reports of Councilors – Selected
District 3
I.J. Singh, MD, reported that the St. Louis Metropolitan Medical Society will install Jason Skyles, MD, as the 2020 SLMMS President. Four physicians were presented with awards, including Sam Page, MD, who received the Schlueter Award and Bill Huffaker, MD, who received the President’s Award. Dr. Singh also offered an update on the Choosing Wisely program.

District 5
Lisa Thomas, MD, reported that the Boone County Medical Society had a successful residency forum in October. They will be offering a second session on financial, legal and insurance issues for medical students and residents. BCMS held its annual installation of officers and gala on February 1. The BCMS board approved a contribution to the MPHP in 2019.

District 8
Matt Stinson, MD, reported that the Greene County Medical Society held a medical marijuana discussion led by Lyndall Fraker of DHSS. Kayce Morton, DO, will be taking over the GCMS presidency. Dr. Hover expressed his appreciation for the social and recruiting events hosted by the Alliance.

District 9
Lirong Zhu, MD, reported that David Barbe, MD, had been named the President-Elect of the World Medical Association. She stated that new members had joined at Mercy Clinic-Rolla and Phelps Health, and they anticipate more new members in the coming months. They are seeking to fill the vacancy of Vice Councilor-District 9.

Women Physicians Section
Joanne Loethen, MD, reported that they have had three conference call meetings since inception of the new section. They will have an information mixer on Friday, April 3, in St. Louis during the Annual Convention. They are looking at having networking events across the state in 2020.

Medical Student Section
Scott Berndt reported that two legislative bills are proceeding in support of the resolution that the MSMA Council passed at AC 2019 regarding adverse events suffered by children of incarcerated parents, which was sponsored by the Medical Student Section.
WHEREAS, diseases of the heart were the number one cause of death in the United States in 2015 with one in four deaths attributed to heart disease; and
WHEREAS, diseases of the heart were the number one cause of death in 30 states and the District of Columbia, and the number two cause of death in 20 states in 2015; and
WHEREAS, of the 3,142 counties in the United States (U.S.), 97% are rural and contain 19.3% of the U.S. population, which is about 60 million people; and
WHEREAS, approximately one half of Americans suffer from high blood pressure, high LDL cholesterol, or they smoke; and
WHEREAS, after a heart attack, patients using cardiac rehab were 53% less likely to die from any cause and 57% less likely to experience cardiac-related mortality than were those who did not use cardiac rehab; and
WHEREAS, Healthy People 2020 objectives, the U.S. Department of Health and Human Service’s Million Hearts initiative aims to increase cardiac rehab use to over 70% among heart attack survivors across the U.S.; and
WHEREAS, current rules for “National Coverage Determination (NCD) for Cardiac Rehabilitation Programs (20.10)” states that coverage is subject to the following conditions (one of five listed here):

...”The program is staffed by personnel necessary to conduct the program safely and effectively, who are trained in both basic and advanced life support techniques and in exercise therapy for coronary disease. Services of nonphysician personnel must be furnished under the direct supervision of a physician. Direct supervision means that a physician must be in the exercise program area and immediately available and accessible for an emergency at all times the exercise program is conducted. It does not require that a physician be physically present in the exercise room itself, provided
the contractor does not determine that the physician is too remote from the patients' exercise area to be considered immediately available and accessible...”, now, therefore be it

RESOLVED, That the Centers for Medicare and Medicaid Services, National Coverage Determination for Cardiac Rehabilitation Programs rules be modified to allow for cardiac rehabilitation programs to operate with the general supervision of a physician when an Automated External Defibrillator (AED) is immediately available, and the patient is attended by nursing staff currently trained in Basic Life Support and AED use; and be it further

RESOLVED, that the MSMA forward this issue to the American Medical Association (AMA).

Fiscal Note:

Current Policy:
Missouri State Medical Association
House of Delegates

Resolution #4
(A-20)

Introduced by: Resident & Fellow Section

Subject: Minimum Standards for Parental Leave during Graduate Medical Education Training

Referred to: Reference Committee B

Whereas, a substantial number of physician trainees become parents during their training as a resident or fellow, and

Whereas, residents in their first year of training do not meet eligibility for the Family Medical Leave Act, which has a 12-month employment eligibility threshold, and

Whereas, unlike other industries, such as technology and law, there is no standardized approach to parental leave across Graduate Medical Education (GME) programs, and

Whereas, the Accreditation Council for Graduate Medical Education (ACGME) does not establish minimum standards for duration of parental leave for trainees, and

Whereas, a lack of minimum national standards may result in some trainees receiving substandard resources and benefits, and

Whereas, AMA Policy H-405.960 provides comprehensive recommendations for parental leave including such components as a) encouragement for policies to include a six-week minimum parental leave allowance, b) application of parental leave policies for circumstances of both birth and adoption, c) extension of training up to 12-weeks after the traditional residency completion date while still maintaining board eligibility in a given year, d) incorporation of parental leave and alternative schedules for pregnant house staff, among others, and

Whereas, the Missouri State Medical Association currently has no policy relating to parental leave in physician training, therefore be it

RESOLVED, that the Missouri State Medical Association support efforts asking the American Medical Association (AMA) to urge the American College of Graduate Medical Education, the American Board of Medical Specialties, and other relevant stakeholders to adopt minimum requirements for parental leave during residency and fellowship training in accordance with AMA policy H-405.960, and be it further

RESOLVED, that the Missouri State Medical Association endorse 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.

Fiscal Note:

Current Policy:
WHEREAS, immunizations have been proven to be an effective method at preventing communicable
diseases that cause significant morbidity and mortality\(^1\) and require a certain percentage of the
population to be vaccinated to adequately protect the community\(^2\); and

WHEREAS, Missouri’s children have the lowest rates of mumps, measles and rubella immunization and
are in the bottom 25th percentile for diphtheria, pertussis, and tetanus; polio; varicella; hepatitis A; and
pneumococcal immunizations; as well as the 50th percentile for haemophilus influenza type B and 60th
percentile for hepatitis B immunizations compared to other states\(^3\); and

WHEREAS, Missouri’s vaccination rates have declined in recent years as religious exemptions have
increased\(^4\); and

WHEREAS, only Dutch Reform Congregations and Faith Healing Denominations of Christianity (Faith
Tabernacle; Church of the First Born; Faith Assembly; Endtime Ministries; Church of Christ, Scientist)
have demonstrated religious opposition to immunization\(^5\); and

WHEREAS, the American Medical Association, as stated in resolution H-440.970, supports legislation
eliminating non-medical exemptions from immunization and encourages state medical associations to
seek removal of non-medical exemptions in statutes requiring mandatory immunizations, including for
childcare and school attendance; therefore be it

RESOLVED, that our Missouri State Medical Association support the elimination of non-medical
(religious, philosophical, or personal) exemptions from mandated pediatric immunizations and, in the
alternative, support stricter guidelines for religious exemptions to immunizations.

Fiscal Note:

Current Policy:
References:


Missouri State Medical Association
House of Delegates

Resolution #7
(A-20)

Introduced by: Greene County Medical Society

Subject: Research and Recreational Marijuana

Referred to: Reference Committee B

WHEREAS, Missouri just legalized marijuana for medical purposes a year ago; and

WHEREAS, the actual distribution of marijuana for medical purposes will not even begin until later this year; and

WHEREAS, there is currently an effort to place legalized recreational marijuana on the November 2020 ballot; and

WHEREAS, Colorado legalized recreational marijuana in 2012; and

WHEREAS, according to the Rocky Mountain High Intensity Drug Trafficking Area program, in the first two years following legalization of recreational marijuana in Colorado, marijuana related traffic deaths increased by 41 percent annually; and

WHEREAS, although the increasing legalization of recreational marijuana has contributed to the belief that marijuana is harmless, the American College of Pediatricians says that research documents that its use by youth is grave including addiction and adverse effects on the adolescent brain; and

WHEREAS, it clearly makes little sense to legalize recreational marijuana in Missouri before the research on the impact of legalization of medical marijuana in Missouri is complete; and

WHEREAS, our patients look to organized medicine for guidance on public health issues; therefore be it

RESOLVED, that the Missouri State Medical Association will make it known that we strongly oppose the legalization of recreational marijuana in Missouri until further research can better clarify the risks and benefits.

Fiscal Note:

Current Policy:
WHEREAS, current Missouri law penalizes patients living with HIV (PLHIV) who, without disclosing serostatus, expose others to bodily fluids, whether through sex, spitting/biting, or sharing of needles with a felony punishable with up to 30 years in prison [1]; and

WHEREAS, Missouri has had many notable prosecutions under this law, including a 2015 case in which a young man was sentenced to 30 years in prison [2] before having the conviction overturned in an appeals court after serving 5 years [3]; and

WHEREAS, many convictions have come down to discrepancies in story, such that the defendant reports disclosing his/her status but is not believed by the jury [4]; and

WHEREAS, the law does not take into account things such as intent, plausibility of exposure, or reasonable scientific mechanisms to prevent transmission [4]; and

WHEREAS, some of the above punishable offenses, such as spitting and biting, are known to not create risk of HIV infection [5]; and

WHEREAS, multiple high quality studies have demonstrated that when PLHIV have a suppressed viral load they have no risk of transmission, even during condomless sex [6,7] and the CDC is currently campaigning the message to patients and healthcare providers that undetectable viral load means they are untransmittable (aka the U=U campaign) [8]; and

WHEREAS, laws that criminalize patients for nondisclosure can have unintended consequences, such as increasing stigmatization and decreasing testing so that patients will continue to have unknown status and not be subject to prosecution; and

WHEREAS, other states have been attempting to amend and repeal their HIV criminalization laws to be more in line with scientific evidence [9]; and

WHEREAS, the Missouri State Legislature has introduced bills that are attempting to amend HIV disclosure laws, including House Bill No 1692; and

WHEREAS, the American Medical Association has policy stating the AMA will “advocate for repeal of legislation that criminalizes non-disclosure of Human Immunodeficiency Virus (HIV) status for people living with HIV;” therefore be it
RESOLVED, that our Missouri State Medical Association advocate for repeal of legislation that stigmatizes and criminalizes individuals for HIV positive status; and be it further

RESOLVED, the our Missouri State Medical Associations support repeal or amendment of legislation specifically penalizing individuals living with HIV for non-disclosure of seropositive status when science based measures of non-transmission have been attempted, such as but not limited to: a) condom use, b) use of antiretroviral treatment to the point of undetectable viral levels, c) use of pre- and post-exposure prophylaxis, and d) use of needle-exchange programs; and be it further

RESOLVED, that our Missouri State Medical Association support repeal or amendment of legislation specifically penalizing individuals living with HIV for exposure of others to bodily fluids scientifically proven not to lead to HIV transmission.

Fiscal Note:

Current Policy:

References:
Relevant MSMA and AMA Policy

Discrimination and Criminalization Based on HIV Seropositivity H-20.914

H-20.914 Discrimination and Criminalization Based on HIV Seropositivity

Our AMA:

1. Remains cognizant of and concerned about society's perception of, and discrimination against, HIV-positive people;
2. Condemns any act, and opposes any legislation of categorical discrimination based on an individual's actual or imagined disease, including HIV infection; this includes Congressional mandates calling for the discharge of otherwise qualified individuals from the armed services solely because of their HIV seropositivity;
3. Encourages vigorous enforcement of existing anti-discrimination statutes; incorporation of HIV in future federal legislation that addresses discrimination; and enactment and enforcement of state and local laws, ordinances, and regulations to penalize those who illegally discriminate against persons based on disease;
4. Encourages medical staff to work closely with hospital administration and governing bodies to establish appropriate policies regarding HIV-positive patients;
5. Supports consistency of federal and/or state laws with current medical and scientific knowledge including avoidance of any imposition of punishment based on health and disability status;
6. Encourages public education and understanding of the stigma created by HIV criminalization statutes and subsequent negative clinical and public health consequences; and
7. will: (a) advocate for repeal of legislation that criminalizes non-disclosure of Human Immunodeficiency Virus (HIV) status for people living with HIV; and (b) work with other stakeholders to develop a program whose primary goal is to destigmatize HIV infection through educating the public, physicians, and other health care professionals on current medical advances in HIV treatment that minimize the risk of transmission due to viral load suppression and the availability of PrEP.
Missouri State Medical Association  
House of Delegates

Resolution #12  
(A-20)

Introduced by: Kansas City Medical Society

Subject: Ensuring Network Adequacy for MO HealthNet Patients

Referred to: Reference Committee B

WHEREAS, MO HealthNet provides health insurance for many patients in Missouri; and

WHEREAS, Missouri State Medical Association supports the expansion on MO HealthNet; and

WHEREAS, the proposed expansion of MO HealthNet is projected to increase the number of MO HealthNet patients by approximately 352,000 Missourians; and

WHEREAS, the most cost-effective healthcare delivery occurs by the provision of timely outpatient prevention care and chronic care management; and

WHEREAS, the current MO HealthNet provider network struggles to provide adequate and timely outpatient services; and

WHEREAS, utilization of Emergency Department for non-emergent care decreases access for patients requiring emergent care, and delays throughput for patients in the Emergency department; and

WHEREAS, Emergency Department visits and hospitalizations are the costliest venues of healthcare; and

WHEREAS, Missouri hospitals and healthcare providers strive to be good stewards of the public treasure; and

WHEREAS; Missouri hospital-employed provider networks employ more than 50% of Missouri physicians and health care providers; and

WHEREAS, Missouri hospital-employed provider networks are not required to provide outpatient services for MO HealthNet patients; and

WHEREAS, Missouri hospitals generally bill and accept reimbursement for MO HealthNet inpatient services; therefore, be it

RESOLVED, that the MSMA support legislation that require any Missouri Hospital System or its subsidiaries that accept reimbursement for inpatient Medicaid services to:
1. Credential with Medicaid all of its employed outpatient primary care and specialty physician and allied healthcare provider network
2. Provide outpatient services for Medicaid patients via its employed outpatient primary care and specialty physician and allied healthcare provider network
3. Provide new and existing Medicaid patients with the same opportunity for access to their employed outpatient primary care and specialty physician and allied healthcare provider network as they do for new and existing Medicare and commercially insured patients;

and be it further RESOLVED, MSMA support legislation that reinvests any savings from decreased utilization of Emergency Department and Hospitalizations of Medicaid patients back into the Medicaid healthcare provider network.

Fiscal Note:

Current Policy:

REFERENCES


1. States may opt to cover additional services, which also qualify for federal matching funds. “Optional” means that federal law does not mandate the service. While considered optional, most of these services are central to effective health care. The elimination of these services may increase utilization and costs of some mandatory services, particularly emergency room care, and hospitalizations. In addition, lack of access to optional benefits can affect the ability of older adults and people with disabilities to remain in their homes and communities and can result in admission to a nursing facility or similar institution.


1. Under the deficit reduction act (DRA), new cost-sharing and benefit rules provided States the option of imposing new premiums and increased cost sharing on all Medicaid beneficiaries except for those mentioned above and terminally ill patients in hospice care. The DRA also established special rules for cost sharing for prescription drugs and for non-emergency services furnished in emergency rooms.


1. Spending for hospital care services represented 32% of total health care spending in 2016. Hospital expenditures reached $1.1 trillion and increased 4.7% in 2016.

2. Hospital spending, the largest category at just over 1/3 of all Medicaid spending, increased 3.4% in 2016.

3. The total Medicaid spending reached $465.5 billion in 2016 and represented 17% of total national health spending.


   1. 352,000 additional people will be covered under the expansion of Medicaid

   2. As of July 2018, Medicaid/CHIP covers 933,441 people


   1. Results of this study showed that primary care physicians face many barriers to getting Medicaid and CHIP patients into primary care and outpatient specialty clinics, and instead use the ED for this process. The barriers to care were:

      1. Refusal or limitations of the number of patients with Medicaid and CHIP due to economic strain or regulations within their institutions

      2. Specialists in the hospitals were willing to see ED referred patients with Medicaid/CHIP, as this is being used as the new avenue instead of an outpatient office because of the strain put on outpatient care