MSMA Council
October 13, 2019 – 8:00 am
Magnolia Room
Doubletree Hotel
Jefferson City, Missouri

AGENDA

1. Approval of the minutes of the July 14, 2019, meeting
2. Remarks of the President – James DiRenna, Jr., DO
3. Report of the Executive Committee – Joseph Corrado, MD
4. Report of the Budget & Finance Committee – David Pohl, MD
5. Report of the Executive Vice President – Patrick Mills
7. Report of the Commission on Continuing Education – Peggy Barjenbruch, MD
8. Report of the Physicians Health Committee – Lisa Thomas, MD
9. Report of the Committee on Legislative Affairs – Ravi Johar, MD
10. Actions and Recommendations on Resolutions from the 2019 Annual Meeting
11. Report of the Membership Committee – Joseph Corrado, MD
13. Reports of Councilors
14. AMA Report – Elie Azrak, MD
15. Prerogatives of the Chair

(Over)
Meeting Schedule – October 12-13, 2019, Council Meeting

Saturday, October 12, 2019

MSMA Legislative Committee – 3:00-4:15 pm – Bella Vista Room
MSMA Council Executive Session – 4:30-5:30 – Magnolia Ballroom
MSMA Council Reception & Dinner – 6:30 pm – Magnolia Ballroom

Sunday, October 13, 2019

MSMA Council Meeting – 8:00 am – Magnolia Ballroom
Alexander Hover, MD, opened the meeting by offering a clarification of who is to attend executive session - Councilors, Vice Councilors, AMA Delegates and some members of MSMA staff. It is a closed meeting, intended for leadership to discuss issues where no votes are taken, and no minutes recorded.

Dr. Hover introduced new Council members: Christopher Swingle, DO, District 3 Councilor; Michael Weaver, MD, 1st Vice President; Samantha Lund, AMA Student Delegate from Washington University; and Priya Jain, Medical Student Section Vice Councilor from UMKC.

Approval of Minutes – On motion, duly seconded, the minutes of the April 7, 2019, meeting were approved.

Remarks of the President – MSMA President, James DiRenna, Jr., DO, welcomed everyone. He thanked everyone involved in the planning of his inauguration, and expressed how wonderful it was. He thanked the legislative team for the wonderful job that they did this year.

Report of the Executive Committee – Dr. DiRenna stated that the Committee had approved referring two resolutions – Resolution 1 on CTE and Resolution 7 on Climate Change - to the MSMA Legislative Committee. On motion, duly seconded, the vote to refer the resolutions to the Legislative Committee was approved.

The Committee approved an ad hoc committee be created to review the Annual Convention. It will be chaired by Betty Drees, MD, and staffed by Jeff Howell and Benita Stennis. The purpose of the committee is to streamline the Annual Convention agenda, identify savings, and find alternative means that maintain its purpose of governance, education and camaraderie. On motion, duly seconded, the Council approved the creation of the ad hoc committee.

The Committee recommended that the MSMA Annual Convention 2023 contract be negotiated for two nights instead of three nights. Mr. Patrick Mills explained the reason for the change, being that the dates need to be locked in now in order for us to get our preferred dates, avoiding Easter and Passover. MSMA would incur
significant cost if we needed to change from a three-night contract down to two nights; it would be easier to expand and add a night. He also encouraged all members to submit any ideas regarding the annual convention to Jeff Howell or Benita Stennis. On motion, duly seconded, the Council approved the contract for the 2023 Annual Convention to be negotiated for two nights, rather than three.

The Committee recommended that the Exhibit Hall at Annual Convention be reduced to one day, with a limited number of vendors, beginning with the 2020 Annual Convention. This change is recommended due to poor interaction between attendees and exhibitors, and many exhibitors leaving on the second day. Mr. Mills encouraged members to share any ideas or contacts for potential exhibitors with Cheri Martin. Dr. DiRenna suggested that copies of vendor application materials be provided to physicians, to be shared with potential exhibitors. On motion, duly seconded, the Council approved the recommendation to change the Annual Convention Exhibit Hall to one day.

The Committee recommended that MSMA support a campaign for a November 2020 ballot initiative regarding Medicaid expansion. There are currently a proposed statute and a proposed Constitutional amendment, both with the same language, filed with the Secretary of State. MSMA support would be given to whichever option emerges as viable. On motion, duly seconded, the Council approved the Committee’s recommendation that MSMA support a November 2020 ballot initiative for Medicaid expansion. Lisa Thomas, MD, voted no.

The Committee recommended that MSMA support the Missouri Hospital Association CMS Clinician Quality Improvement Collaboration. On motion, duly seconded, the Council approved supporting MHA’s subcontract with Iowa Healthcare Collaborative for the CMS Clinician Quality Improvement Collaboration.

The Committee approved an organizational audit of the Missouri Physicians Health Program. On motion, duly seconded, the Committee’s decision to initiate a review of the MPHP was approved.

On motion, duly seconded, the April 4 and July 2, 2019, reports of the Executive Committee were approved.

Mr. Mills introduced members to the new communication tool, Phone2Action, where members send a one-time text to sign up to be part of a communication group. Once members provide contact information online, they will be linked up 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. Instructions are included in folders. He will share information on who has signed up for each district at the October meeting.

Report of the AMA Delegation – Edmond Cabbabe, MD, reported that the delegation, including Drs. DiRenna and Hruza, as well as the student and resident representatives, attended the AMA annual meeting in Chicago in June. Kansas and Missouri are currently the only two states in the Heart of America Caucus.

Dr. Patrice Harris of Atlanta is the 2019-2020 AMA President. Dr. Cabbabe has completed his second year on the Council of Long-Range Planning and Development. David Barbe, MD, has completed his leadership role with the AMA, and as Past President he will have a seat in the House of Delegates. He is now in line to be President-Elect of the World Medical Association.

MSMA presented a resolution at the annual meeting regarding the care of children of incarcerated parents. It was combined with a similar resolution, and was adopted.

Dr. Cabbabe thanked Charles Van Way, III, MD, for editing the delegation’s contributions into the Missouri Medicine article, and referred members to copies of the article in their folders.

He reminded AMA members that they can review House actions online, and that the AMA Interim meeting will be held in San Diego in mid-November.
Dr. Cabbabe encouraged everyone to spread the word about the AMA Foundation awards that are offered every year. More applicants are needed.

Dr. Barbe reported that our delegation to the AMA is very effective and well-respected. He also thanked the Council, the MSMA staff and leadership for all of the support offered to him over the years.

*Report of the Budget and Finance Committee* – MSMA Treasurer, David Pohl, MD, reported that the Committee had met via conference call on June 24. They reviewed MSMA membership, reserves, financial statements of MSMA and MPHP, and budget assumptions for 2020. They also approved maintaining the current active member dues rate of $395 in 2020.

Dues revenue is down this year, but is very close to what was budgeted. Another billing will take place soon, as well as the campaign of letters signed by Council members to encourage lapsed members to pay their dues. Revenue from Administrative Services is up, as MSMA has taken on the staffing of Boone County Medical Society, as well as ITLS-Missouri for the Missouri Chapter-American College of Emergency Physicians.

Long-term reserves are currently at a little over $13 million. A 3.75 percent increase in those reserves had been budgeted, and we are currently up 12 percent.

Expenses are close to budget, as well as last year’s numbers. MSMA has engaged a marketing consultant to help us reach both members and non-members.

The Arthur Gale writing award has been stopped. It has been deemed inappropriate to have an award for an opinion piece in a peer-reviewed journal such as *Missouri Medicine*. Dr. Gale requested that remaining funds be donated to the Missouri Physicians Health Program.

Repairs and maintenance on the MSMA headquarters building continues this year.

Total expenses are $1,029,594, which is up approximately $19,000 from last year.

The Committee recommends the following dues rates for 2020: Active member - $395; physicians in first, second and third years of practice - $100, $200 and $300, respectively; residents - $25; Students - $8, of which $3 will go to the local student section; honor members - $25; affiliate members - $25. On motion, duly seconded, the recommendation of the Committee to maintain the current dues structure was approved.

On motion, duly seconded, the report of the Budget and Finance Committee was approved.

*Report of the Executive Vice President* – Mr. Patrick Mills asked members to remain after the meeting for a group photo for postcards to be sent to newly-licensed physicians.

Membership is down a little bit, and we have engaged a marketing firm to help with that. He directed members to the Engage page on the MSMA website for several recruitment tools.

He directed members to several handouts in their folders. These include a letter to Governor Michael Parson, asking him to veto the repeal of the motorcycle helmet law, AMA sign-on letters, and information on the MHA CQIC contract with CMS. He will gather more information on the cost of the Medicaid expansion ballot question, and will present that at the October meeting.

Mary Fahey is currently running MPHP, due to the illness of Bob Bondurant. The MPHP relies on donations, and members are encouraged to get involved in helping to sustain this program.

*Report on SHINE* – Patrick Mills explained changes in ownership of KAMMCO Healthcare Solutions (KHS).
KAMMCO is the professional liability insurance company sponsored by Kansas Medical Society, and they created KHS about ten years ago. The insurance company board has decided to divest, and has sold KHS to Kansas Health Information Network, a 501c(3). Our contractual relationships with KHS are unchanged, although they now have a new parent company. Department of Social Services budget includes $1 million, and we hope to leverage that for the federal 90% match. We have already received $83,000 as our share of the Physicians Foundation grant, and hope to use those funds to defray some of the up-front connection costs. The SHINE HIE connection fee is about $3,500, and EHR connection costs to HiEs are between $3,000 and $20,000.

Report of the Commission on Continuing Education – Peggy Barjenbruch, MD, offered the report in the absence of Ted Groshong, MD. The Commission has identified topics for the 2020 Annual Convention, based on evaluation summaries and practice gaps. The full report is in folders. Dr. Brennan expressed his desire for a good ob-gyn meeting at the Annual Convention.

On motion, duly seconded, the report of the Commission on Continuing Education was approved.

Report of the Committee on Legislative Affairs – Jeff Howell offered the report in the absence of Brian Biggers, MD. He reported that the Committee had met the previous afternoon. Folders include a copy of the Legislative Review, and members are encouraged to share those with non-members. Participation in the Physician of the Day program was great this year; the sign-up form will be passed around. Physicians may also agree to have a student shadow them. He encouraged volunteers to bring along a non-member colleague to the Capitol.

White Coat Day for 2020 will be held on March 3. Please plan to attend. We had about 80 physicians at our White Coat Day in 2019, compared to about 600 nurses that attended their rally.

Several advocacy events are coming up. On July 24, MSMA will co-sponsor with SLMMS “Medicine’s Muscle” at the Renaissance St. Louis Airport Hotel. A similar event will be held in Kansas City on August 27, co-sponsored by Kansas City Medical Society. Please sign up. Jeff and Heidi Geisbuhler will be glad to bring an advocacy event to you at your local medical society, medical staff, or at your home. They could arrange to have your local state representative stop by.

Phone2Action will be used to communicate urgent issues, improving on our current method of email blasts.

In addition to the typical 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.

The Committee received a review of legislative issues, include prior authorization reform, medication-assisted treatment, APRN, PT and other scope of practice issues, as well as public health issues such as homelessness and anti-vaccination issues.

Two resolutions were referred to the Committee: Discussion on Resolution 1 regarding youth organized football was tabled until October so that staff can gather more information; Resolution 7 on environmental climate change inspired spirited discussion. The Committee recommends the following be adopted by the Council:

Resolution 7 - Supporting Environmental Health Legislation
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.

On motion, duly seconded, the Council approved the recommendation of the Committee. Mr. Scott Berndt abstained.
On motion, duly seconded, the report of the Committee on Legislative Affairs was approved.

**Actions and Recommendations on Resolutions** – Dr. Hover directed members to the Actions on Resolutions tracker, included in their folders.

**Report of the Membership Committee** – Joseph Corrado, MD, reported that the committee met on July 9 via conference call. He shared membership numbers for the 2019 membership year: 2,188 active physicians, 105 residents, 739 students, and 369 retired members. There are also 54 active physicians and two residents who have taken advantage of the half-price dues offer, which is good through the end of July.

The January campaign of Councilor-signed letters that were sent to non-members has yielded 29 renewals and three new members. Since October’s letter campaign, more than 63 have joined or renewed. He referred members to a list of Councilor recruitments, and noted that Dr. Hierholzer’s letters yielded 7 members.

High 5 Communications has been contracted to assist in improving awareness of MSMA and increasing membership.

Phone2Action will be promoted to both members and non-members as a means of increasing MSMA’s presence and awareness of its advocacy work.

The MSMA lobbying team has been and will be meeting with many local medical societies, and will meet with small groups to include both members and non-members, as well as state representatives and senators. The Past Presidents Committee has been asked to assist with creating advocacy opportunities.

We will be developing a deeper social media strategy based on High 5’s final report, along with ideas developed by our counterparts from Texas Medical Association.

Dr. Corrado reminded members to access the msma.org/engage page and take advantage of the information and recruitment tools available there.

Robert Corder, MD, stated that the Buchanan County Medical Association has invited medical students to attend their meetings, as a means of getting them interested and involved.

On motion, duly seconded, the report of the Membership Committee was approved.

**Report of the Physicians Health Program** – Lisa Thomas, MD, offered the report. Dr. Thomas shared a letter regarding the health of the MPHP Executive Director, Bob Bondurant. Bob is undergoing treatment, and Mary Fahey is acting as Executive Director.

General information regarding participant numbers and financial reports are included in folders.

Mr. Mills answered a question regarding the difference between MPHP and the osteopathic program.

Dr. Thomas addressed a question regarding the success rate of the MPHP. The rate of return to successful practice is higher than that of public programs, probably because there is more at stake for a physician than for the general public, and the MPHP program is longer and more comprehensive.

Dr. Thomas reported that MPHP share office space with SLMMS, and will be relocating to a less expensive location.

On motion, duly seconded, the report of the Physicians Health Program was approved.
Report of the MSMA Alliance – Mrs. Gill Waltman reported that she and Mrs. Diana Corzine had been installed for a second term in their roles as President and President-Elect. The Alliance executive board met on May 29, with some members joining via conference call. Future meetings are scheduled for October 30, March 3, 2020 (in conjunction with White Coat Rally Day), and April 3, 2020. The AMA Alliance Annual Meeting was held in Chicago on June 8-11, and Missouri had the largest representation.

The Alliance will be adding “vaping” to the list of issues to be addressed through their programs.

The SLMMS Alliance received the 2019 Health Awareness Promotion (HAP) Award for its opioid awareness program at Loyola Academy in St. Louis. The award was accepted by Mrs. Sue Ann Greco.

Mrs. Waltman reported that several MSMA Alliance members had been elected to positions on the AMA Alliance Board of Directors.

Family Physician Day, a project of the AMA Alliance, will be held in each state on August 31, 2019, and will be spearheaded by Barbara Hover.

The Alliance Fall Conference will be in Hannibal, the last week of October; Sandra Murdock is the coordinator of that event.

Councilor Advisor Appointments – Dr. Hover appointed the following as Councilor Advisors: 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

District 1 – Robert Corder, MD, reported that Buchanan County Medical Society is focusing on issues that affect the health of the community. Talks have centered on human trafficking, and an opioid clinic that Dr. Corder helped start. They recently discussed the Missouri ECHO program, which offers teleconference CME for free. Dr. Corder participates in the semi-monthly Opioid Use Disorder program offered by ECHO.

District 3 – Christopher Swingle, DO, reported that SLMMS is co-sponsoring “Medicine’s Muscle: Physician Advocacy 2019” with MSMA on July 24 at the Renaissance St. Louis Airport Hotel. The 17th Annual Hippocrates Lecture will take place on September 17 at Spazio’s Westport. More information is available on the SLMMS website.

SLMMS is relocating in mid-August. The new address is 1023 Executive Parkway in Creve Coeur. The move will take place on Thursday and Friday, August 15 and 16, and they hope to be up and running in the new location on Monday, August 19.

District 5 – Dr. Thomas reported that Boone County Medical Society has been very active, and is doing well with Stephen Foutes as the Executive Director. BCMS recently hosted a Family Fishing Day event, which was well-attended by members and their families.

District 6 – Dr. Lovinger reported that rural hospitals are struggling financially. 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 to 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.

Kansas City Medical Society will host its Leadership Council on July 22. On August 27 at 6:00 p.m., a physician
advocacy event will be offered in conjunction with MSMA. KCMS annual meeting will be on September 26; the guest speaker will be Dr. Singh, the Chief Medical Officer and the Assistant Secretary of Health for HHS.

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 when the vote is taken later this month. Brian Curtis, MD, reported that the Joplin Medical School is in its third year; there should be nearly 120 students coming into the two hospitals, Freeman and Mercy, next year. Dr. Hover reported that there will be a Doctor Day Dinner on September 26.

District 9 – Lirong Zhu, MD, reported that they are trying to recruit more members and have drafted a letter with the help of MSMA staff to reach out to both members and non-members letting them know what MSMA has done to support prior authorization reform.

District 10 – Douglas Wallace, MD, reported that Cape Girardeau County Medical Society has a new executive director, Sarah Summers. Membership is still an issue; Quad County Medical Society (Poplar Bluff) has become inactive. A topic that comes up frequently now is medical marijuana and what it means to physicians.

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 – Mr. 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 working on a Homeless Connect project. UMKC is continuing to work on advocacy and getting students signed up to vote. Washington University recently hosted a Pints and Policy event. KCUMB has a meeting coming up with Haley Wansing and John Durbin. SLU will meet with Dr. Johar on July 30 to discuss advocacy.

Prerogatives of the Chair – Dr. DiRenna noted meetings coming up: MSMA Council October 12-13 in Jefferson City; AMA interim meeting November 16 in San Diego; and MSMA Council January 11 in Jefferson City. He commended Dr. Lancer Gates for responding and assisting a resort guest who fell and was injured the previous night. He also offered the statement “Let us help you to help us” as a mantra for membership.

Dr. Hover announced that the group photo will be deferred until the October meeting.

Adjournment - On motion, duly seconded, the meeting was adjourned.

Next Council Meeting – The next meeting will be held October 13, 2019, at the DoubleTree Hotel in Jefferson City.
MSMA Executive Committee Meeting Minutes  
July 2, 2019  
Conference Call

Presiding: James DiRenna, DO  

Present: Drs. Alex Hover, George Hubbell, David Pohl, Brian Biggers, Michael Weaver, and Joseph Corrado and Mr. Patrick Mills, MSMA Staff  

The MSMA Executive Committee met at 6:00 p.m., Tuesday, July 2, 2019, by telephone conference call and addressed the following:

1. Approved the Minutes of the meeting of April 4, 2019.

2. Reviewed Executive Committee votes since the last MSMA Council meeting April 7:  
   • Referred resolution #1 CTE and resolution #7 Climate Change to the MSMA Legislative Committee  
   • Created an ad hoc committee of the MSMA Council to review the Annual Convention  

3. Received an update on MSMA membership  

4. Received a report on MSMA reserves.  

5. Approved negotiating the MSMA 2023 convention contract for two nights (Fri & Sat).  

6. Approved a one-day exhibit hall at the MSMA 2020 convention with fewer exhibitors.  

7. Approved supporting a Nov 2020 ballot initiative for Medicaid expansion.  

8. Approved MSMA support of the MHA CMS Clinician Quality Improvement Collaboration.  

9. Received an update on the Physicians Health Program and approved a review of the program.  

10. Received an update on proposed Association Health Plan.  

11. Received an update on SHINE.  

12. Received an update on MSMA building maintenance projects.  

13. Approved a motion to adjourn.
September 6, 2019

Erin Stucky
Blue Cross Blue Shield of Kansas City
2301 Main Street
Kansas City, MO  64108

Dear Ms. Stucky:

As organizations representing both physicians and hospitals that support and treat patients with sepsis, we write to express concern about your organization’s use of the Sepsis-3 criteria for validating and paying hospital claims.

The Sepsis-3 criteria formulated by the Sepsis Definitions Task Force is not consistent with the Sepsis-2 criteria that otherwise have been universally adopted, most notably by the Centers for Medicare & Medicaid Services. In fact, several national organizations,¹ including CMS, reviewed the Sepsis-3 criteria and determined they have not gone through the real-world application testing needed to assess reliability, feasibility and usability. Our organizations respectfully request that you realign with the Sepsis-2 criteria. This would ensure payment practices are based on evidence and align with federal quality and payment standards.

The use of sepsis definitions and criteria that do not align with accepted practice leads to confusion, potential misdiagnoses and patient harm. The nationally recognized Sepsis-2 protocol is grounded in recognition of sepsis on systemic inflammatory response criteria, which empowers clinicians to engage a sepsis diagnosis earlier in the advancement of the disease. By prompting clinicians to initiate monitoring and treatment protocols, downstream challenges, such as organ failure, morbidity and mortality, can be avoided. The Sepsis-3 criteria – although supporting the identification of patients with a likelihood for a poor outcome – fails to provide for early identification of patients. This criteria ultimately could lead to delays in diagnoses.

A group of Missouri physicians recently shared the following regarding the current use of the Sepsis-2 bundles and the challenges presented by adoption of the Sepsis-3 criteria.

“The inherent goals [of using the Sepsis-2 definition] is to capture and prevent patient death in as broad a patient population as possible. A great deal of investment has been made by our system and others to respond appropriately to these guidelines. As a community, we are working diligently to achieve success. We are now being presented with new rules from private payers. They are using their influence to supplant the physician and define what Sepsis is, forcing the medical experts to think two different ways about the same patient. This presents several problems and provides a great disservice to patients with Sepsis.”

¹ American College of Emergency Physicians, Society for Academic Emergency Medicine, Infectious Disease Society of America
CMS repeatedly evaluated the possible transition to Sepsis-3 and found insufficient compelling evidence to change. The Sepsis-3 criteria has not been clinically validated or endorsed by numerous groups. This primarily is due to the definition itself, which relies on use of the Sequential Organ Function Assessment to identify and quantify host organ dysregulation. Per the aforementioned statement, we believe the Sepsis-2 criteria supports early diagnosis and treatment, and reduces the risk of debilitating effects and downstream costs of undiagnosed or late-diagnosed sepsis.

Your action prompts further challenges. CMS publicly reports metrics and aligns payment programs according to their SEP-1 defined standards. Accurate measurement of outcomes is dependent upon reproducible documentation criteria and coding. The use of primary diagnosis codes for sepsis using ICD-10-CM classification and official CMS coding guidelines promotes standardization of information. Accurate documentation and care aimed at early recognition and treatment have resulted in improved outcomes for sepsis patients. The diagnosis codes used with Sepsis-3 criteria are not consistent with CMS requirements nor are they considered primary diagnosis codes. The introduction of another process to comply with billing and outcomes requirements would be acceptable if there was benefit to patient outcomes. However, this is not the case. The Sepsis-3 criteria may have a place in identifying those patients with the highest likelihood of poor outcomes; however, it has not been found to be reliable for diagnosis, coding, early detection of sepsis and improved patient outcomes.

Hospitals and clinicians seek and deserve as much certainty as possible when treating patients. This point is best articulated by the group of physicians referenced earlier. They stated that, “Providers are working every day to save the lives of sepsis patients only to be given an additional barrier that is not providing any benefit to the patients.”

We must do all we can to eliminate barriers to the delivery of high-quality patient care. Payment for quality care and outcomes is a cornerstone principle, which stands to benefit patients, providers and payers, and for which we strive to have common ground. We urge your organization to consider the value of using consistent and validated standards for identification and treatment of sepsis by aligning your policy with nationally recognized and tested criteria.

Sincerely,

Herb B. Kuhn
President and CEO

Patrick Mills
Executive Vice President
Missouri State Medical Association

Steve Brushwood, D.O., FAAFP
President
Missouri Association of Osteopathic Physicians & Surgeons

Evan Schwartz, M.D.
President
Missouri College of Emergency Physicians

hbk:pm:sb:es/pt
September 9, 2019

Dear Members of Congress:

The undersigned patient, physician, health care professional, and other health care stakeholder organizations strongly support the *Improving Seniors’ Timely Access to Care Act of 2019* (H.R. 3107) recently introduced by Reps. Suzan DelBene (D-WA), Mike Kelly (R-PA), Roger Marshall, MD (R-KS), and Ami Bera, MD (D-CA). This bipartisan legislation would help protect patients from unnecessary delays in care by streamlining and standardizing prior authorization under the Medicare Advantage program, providing much-needed oversight and transparency of health insurance for America’s seniors. We urge you to join your colleagues in supporting this important legislation.

Based on a consensus statement on prior authorization reform adopted by leading national organizations representing physicians, medical groups, hospitals, pharmacists, and health plans, the legislation would facilitate electronic prior authorization, improve transparency for beneficiaries and providers alike, and increase Centers for Medicare & Medicaid Services (CMS) oversight on how Medicare Advantage plans use prior authorization. Specifically, the bill would:

- Create an electronic prior authorization program including the electronic transmission of prior authorization requests and responses and a real-time process for items and services that are routinely approved;
- Improve transparency by requiring plans to report to CMS on the extent of their use of prior authorization and the rate of approvals or denials;
- Require plans to adopt transparent prior authorization programs that are reviewed annually, adhere to evidence-based medical guidelines, and include continuity of care for individuals transitioning between coverage policies to minimize any disruption in care;
- Hold plans accountable for making timely prior authorization determinations and to provide rationales for denials; and
- Prohibit additional prior authorization for medically-necessary services performed during a surgical or invasive procedure that already received, or did not initially require, prior authorization.

The demand and need for such reforms is growing — particularly as more seniors choose Medicare Advantage for their health insurance needs. According to a recently released Kaiser Family Foundation report, *“A Dozen Facts About Medicare Advantage in 2019,”* Medicare Advantage enrollment has nearly doubled in a decade. One-third (34%) of all Medicare beneficiaries — 22 million people — are enrolled in Medicare Advantage plans, and nearly four out of five enrollees (79%) are in plans that require prior authorization for some services. The Congressional Budget Office (CBO) projects that beneficiaries enrolled in Medicare Advantage plans will rise to nearly half of all Medicare beneficiaries (about 47%) by 2029. Recognizing the need to protect a growing number of Medicare beneficiaries, more than 100 members of Congress called for such reforms in a letter last year to the CMS.
For our seniors — and as representatives of organizations seeking to protect patients from delays in care and relieve unnecessary administrative burdens that impede delivery of timely care—we are committed to advancing this legislation in Congress and ask that you join Representatives DelBene, Kelly, Marshall, and Bera in co-sponsoring H.R. 3107 and securing its enactment.

Thank you.

Sincerely,

ACCSES
Aimed Alliance
Alliance for Aging Research
Alliance for Balanced Pain Management
Alliance for Patient Access
Alliance of Specialty Medicine
Alzheimer's Association
Alzheimer's Impact Movement
AMDA – The Society for Post-Acute and Long-Term Care Medicine
American Academy of Allergy, Asthma & Immunology
American Academy of Dermatology Association
American Academy of Facial Plastic and Reconstructive Surgery
American Academy of Family Physicians
American Academy of Hospice and Palliative Medicine
American Academy of Neurology
American Academy of Ophthalmology
American Academy of Otolaryngology – Head and Neck Surgery
American Academy of PAs
American Academy of Physical Medicine & Rehabilitation
American Academy of Sleep Medicine
American Alliance of Orthopaedic Executives
American Association of Clinical Endocrinologists
American Association of Clinical Urologists
American Association of Hip and Knee Surgeons
American Association of Neurological Surgeons
American Association of Nurse Practitioners
American Association of Orthopaedic Surgeons
American Association of Pediatric Ophthalmology and Strabismus
American Association on Health and Disability
American Autoimmune Related Diseases Association
American Brain Coalition
American Cancer Society Cancer Action Network
American Clinical Laboratory Association
American Clinical Neurophysiology Society
American College of Allergy, Asthma and Immunology
American College of Cardiology
Louisiana State Medical Society
Rheumatology Alliance of Louisiana
Maine Medical Association
Maine Society of Eye Physicians and Surgeons
Maryland Chapter, American College of Cardiology
Maryland DC Society of Clinical Oncology
Maryland Society for the Rheumatic Diseases
Maryland Society of Eye Physicians and Surgeons
MedChi, The Maryland State Medical Society
Massachusetts Society of Clinical Oncologists
Massachusetts Medical Society
Michigan Society of Eye Physicians and Surgeons
Michigan Society of Hematology & Oncology
Michigan State Medical Society
Minnesota Medical Association
Minnesota Neurosurgical Society
Mississippi Arthritis and Rheumatism Society
Mississippi Oncology Society
Mississippi State Medical Association
Missouri Oncology Society
Missouri Society of Eye Physicians & Surgeons
Missouri State Medical Association
Montana Medical Association
Montana Neurosurgical Society
Montana State Oncology Society
Nebraska Chapter, American College of Cardiology
Nebraska Medical Association
Nebraska Rheumatology Society
Nevada State Medical Association
Northern New England Clinical Oncology Society
New Hampshire Medical Society
Medical Oncology Society of New Jersey
Medical Society of New Jersey
New Jersey Academy of Ophthalmology
New Jersey Neurosurgical Society
New Mexico Medical Society
Empire State Hematology & Oncology Society
Medical Society of the State of New York
New York State Neurosurgical Society
New York State Ophthalmological Society
New York State Rheumatology Society
North Carolina Medical Society
North Carolina Rheumatology Association
North Carolina Society of Eye Physicians & Surgeons
North Dakota Medical Association
September 19, 2019

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building, Room 445-G
200 Independence Avenue, SW
Washington, DC  20201

Dear Administrator Verma:

The undersigned physician organizations support the Centers for Medicare & Medicaid Services’ (CMS) Patients Over Paperwork initiative and applaud CMS for tackling the challenging issue of prior authorization (PA) as part of your efforts to reduce administrative burdens in health care. Physician practices report completing an average of 31 PAs per physician per week. This workload consumes 14.9 hours (nearly 2 business days) each week of physician and staff time and reflects time that would be better spent with patients. More importantly, PA is negatively impacting patient care. Over one-quarter (28%) of physicians report that PA has led to a serious adverse event (e.g., disability, hospitalization, death) for a patient in their care.

We do, however, have strong concerns that CMS may be focusing on automation as the only vehicle for implementing PA reforms. We are aware that CMS has invested heavily in the Da Vinci Project, which leverages technology to facilitate electronic exchange of clinical data by extracting information from physicians’ electronic health records (EHRs). While Da Vinci holds promise, there are a series of issues with exclusively relying on technology to address the burdens of PA. For example, solely concentrating on process automation may set the stage for increased PA volume because document exchange will be easier and faster. Patient care delays will continue, as manual review of medical documentation is often required following the instantaneous electronic exchange of data. Furthermore, Da Vinci will allow payers unprecedented access to EHRs. Protections are needed to prevent plans from inappropriately accessing patient information, coercing physicians into using technology (e.g., through contracts), or interfering with medical decision making. Lastly, Da Vinci represents nascent technologies that have yet to be widely implemented. Therefore, the costs and the timeframe availability across EHR vendors remain unclear. Of considerable concern, Da Vinci likely will not offer relief from PA for small practices in the near future.

Automation is important, but it reflects only one of five major reforms we believe are needed to address the significant problems caused by PA. While we understand there may be a role for PA, we believe it must be right-sized and used judiciously. We strongly urge CMS to implement a comprehensive strategy to reduce the harms and burdens of PA by facilitating payer adoption of the following principles:
• Selective application of PA to only “outliers”;
• Review/adjustment of PA lists to remove services/drugs that represent low-value PA;
• Transparency of PA requirements and their clinical basis to patients and physicians;
• Protections of patient continuity of care; and
• Automation to improve PA and process efficiency.

We would welcome the opportunity to work with CMS to identify ways technology can help advance all of these reform goals. Under your guidance, CMS could be the leader that is critically needed to address the problematic issue for patients and physicians of PA.

Sincerely,

American Medical Association
Academy of Physicians in Clinical Research
American Academy of Dermatology Association
American Academy of Facial Plastic and Reconstructive
    American Academy of Neurology
    American Academy of Ophthalmology
American Academy of Orthopaedic Surgeons
American Academy of Otolaryngic Allergy
American Academy of Otolaryngology- Head and Neck Surgery
    American Academy of Sleep Medicine
    American Association of Clinical Urologists
    American Association of Hip and Knee Surgeons
    American Association of Neurological Surgeons
American College of Allergy, Asthma and Immunology
    American College of Emergency Physicians
American College of Obstetricians and Gynecologists
    American College of Osteopathic Internists
American College of Osteopathic Surgeons
    American College of Physicians
American College of Radiation Oncology
    American College of Radiology
    American College of Rheumatology
American Gastroenterological Association
    American Medical Women’s Association
American Society for Dermatologic Surgery Association
    American Society for Gastrointestinal Endoscopy
American Society for Radiation Oncology
    American Society of Anesthesiologists
American Society of Cataract & Refractive Surgery
    American Society of Dermatopathology
American Society of Echocardiography
    American Society of Hematology
Minnesota Medical Association
Mississippi State Medical Association
Missouri State Medical Association
Montana Medical Association
Nebraska Medical Association
Nevada State Medical Association
New Hampshire Medical Society
Medical Society of New Jersey
New Mexico Medical Society
Medical Society of the State of New York
North Dakota Medical Association
Ohio State Medical Association
Oklahoma State Medical Association
Oregon Medical Association
Pennsylvania Medical Society
Rhode Island Medical Society
South Carolina Medical Association
South Dakota State Medical Association
Tennessee Medical Association
Texas Medical Association
Utah Medical Association
Vermont Medical Society
Medical Society of Virginia
Washington State Medical Association
West Virginia State Medical Association
Wisconsin Medical Society
Wyoming Medical Society
Missouri Health Connection and Kansas Health Information Network Finalize Data Sharing Agreement

Missouri Health Connection, Kansas Health Information Network, Show-Me Health Information Network of Missouri Finalize Data Sharing Agreement to Give Health Care Providers More Comprehensive Electronic Health Data

August 14, 2019 – Bringing resolution to a much needed issue for health data sharing in the Midwest, Missouri Health Connection (MHC) and the Kansas Health Information Network (KHIN) [and its subsidiary KAMMCO Health Solutions (KHS) dba SHINE] executed a comprehensive data sharing agreement effective August 12, 2019. MHC and KHIN are generally considered to be two of the largest health information exchanges in the nation and a data exchange relationship between both is an eminent sign of success for the health care providers in Missouri, Kansas and their contiguous states. This partnership will serve over 20 million combined patients across Kansas, Missouri and the Midwest to help ensure that health care providers connected to either MHC or KHIN will have access to a comprehensive health record that includes data aggregated from both health information exchanges. The seamless transfer of patients’ health records across the combined MHC and KHIN electronic health information exchange networks supports health care providers, health plans and other health care stakeholders in reducing treatment delays, duplicative testing and procedures, enhancing clinical decision making, and improving care coordination. This is accomplished using a private and secure technology that produces a longitudinal electronic medical record that is electronically updated and provided in real-time.

MHC touts the importance of this collaboration and commitment as an “epic win for Missouri, Kansas and the Midwest,” said Angie Bass, MHA, President & Chief Executive Officer of MHC. Bass continues by saying, “Data sharing between MHC and KHIN dramatically increases the value of health information exchange to our health care customers. Making a connection to each other was a sound way for MHC and KHIN to demonstrate our commitment to serving the health care providers in our respective networks. We are more than thrilled to have KHIN as a partner and collaborator.”

Laura McCrary, Ed.D, Executive Director, KHIN and President and Chief Executive Officer of KHS commends the effort to connect, “It is an honor to partner with MHC on such an important project that has the potential to improve the safety of medical care in our respective states. In the near future, patients who travel between Missouri and Kansas can rely on the fact that their electronic health information will be available to their health care providers. Patients’ medical records will be electronically available to their physicians and other health care providers any time of day. This is critically important as there are times a patient may not be able to communicate all of their health history to their physician or hospitalist in an emergency. The connection of the KHIN and MHC networks solves many challenges with the exchanging of electronic health data today.”
MHC and KHIN attribute much of their success to the commitment of their longstanding participating members. These members contribute to the robust networks that are in place and are now getting connected. Participants of MHC and KHIN continue to drive the ever-increasing value of health information exchange forward. Collaborations like this data exchange commitment between MHC and KHIN, are differentiators for the delivery of quality health care in the Missouri, Kansas and the Midwest.

About MHC

MHC provides the technological infrastructure to connect health care providers with their patients by implementing Missouri's only secure, state-wide health information network. With more than 75 hospitals, hundreds of clinics and 14 community health centers, MHC’s network of participants delivers more than half of the in-patient care provided in Missouri. The MHC network also enables more than 7,000 physicians to quickly and securely access patient health records to improve care. The connectivity services provided by MHC are designed to support all health care provider organizations, from the largest multi-hospital health system to a solo physician practice. Coordinating care, reducing preventable errors, and avoiding treatment duplication are among MHC’s primary goals. MHC’s network improves patient care and helps save lives in emergencies by securely delivering more comprehensive and accurate information at the point of care, or wherever it is needed. MHC is a non-profit 501(c)(3) organization and is governed by a private board of directors. For information, visit www.missourihealthconnection.org.

About Kansas Health Information Network (KHIN)

KHIN focuses upon the improvement of health care quality, coordination and efficiency through the exchange of health information. KHIN connects over 125 hospitals, 74% of Kansas physician practices, all of the federally qualified health centers and many other pharmacies, home health providers, health plans and long-term care facilities together to share data. KHIN is a provider-led, not for profit. Its goals are to ensure providers, patients and communities have long-term access to cost effective, sustainable health information exchange. KHIN encourages and removes barriers so health care providers can focus on quality improvement, patient centered medical home and entrepreneurial strategies that effect local health outcomes. For more information, visit www.khinonline.org.

About KAMMCO Health Solutions dba SHINE of Missouri

SHINE of Missouri is a physician-led health information exchange delivered in partnership with the Missouri State Medical Association (MSMA). SHINE offers a suite of health information technology tools to help health professionals share patient information while employing powerful analytic reports designed to help improve clinical outcomes, reduce inefficiencies, and positively impact patient safety. For more information visit www.shineofmissouri.com. KAMMCO Health Solutions also provides health information exchange and analytics services in Connecticut, New Jersey, Georgia, South Carolina and Louisiana.

For more information, contact:
Jacqueline Grunau – jgrunau@kammco.com
Haley Petersen – hschmersahl@missourihealthconnection.org
MU received $5 million in federal funds to address the shortage of primary care physicians

by The Associated Press | Saturday, September 7th 2019

COLUMBIA (AP) — The University of Missouri has received $5 million in federal funds to address a shortage of primary care physicians.

The university said it is the largest award for rural medicine in the school’s history.

The St. Louis Post-Dispatch reports a federal analysis predicts Missouri will have a shortage of 1,220 primary care doctors by 2025.

Health officials say most of the $5 million from the Health Resources and Services Administration will pay to expand existing programs to recruit college students to pursue rural medicine and to expose more medical school students to small-town clinics. It will support rural hospitals by paying for hosting and mentoring medical students.

Another program will train hospital staff to recruit and retain providers.

About $750,000 will fund a new family medicine residency program at Bothwell Regional Health Center in Sedalia.
September 25, 2019

Todd Richardson, Director
MO HealthNet
615 Howerton Court
Jefferson City, MO  65109

Dear Mr. Richardson:

The Missouri State Medical Association (MSMA) and its nearly 3,500 members invite you to address attendees of the 162nd MSMA Annual Convention on Friday, April 3, 2020.

MSMA, the state’s largest physician association, will host hundreds of members for three days of educational and policy-related sessions at the Renaissance St. Louis Airport Hotel from April 3-5. If you accept our invitation, your presentation would be from 1:30-3 p.m. on April 3. You are welcome to attend as much of the convention as you like.

Physician interest in MO HealthNet has been piqued, thanks to the move to statewide managed care, a potential Medicaid expansion ballot initiative, and an impending MO HealthNet transformation initiative. MSMA has not received a MO HealthNet update at the annual convention since 2014, and we feel this is an excellent time for our members to receive an update from the Division.

Please contact Cheri Martin at cmartin@msma.org if you have any questions.

We are hopeful you can join us.

Sincerely,

James A. DiRenna, Jr., DO
President
MSMA 2019 ADVOCACY, OUTREACH

Completed or happening this month:

- Columbia (Boone County Medical Society) – June 4
- Washington (Tri-County Medical Society) – June 6
- St Louis (Medical Group Managers Association) – June 12
- Hannibal (Northeast MO Medical Society) – June 18
- MU RFS (Resident and Fellow Society) – June 24
- MU RFS (Resident and Fellow Society) – July 23
- St Louis (special advocacy workshop) – July 24
- Rolla (Mercy physicians) – Aug. 22
- Kansas City (special advocacy workshop) – Aug. 27
- Nevada (West Central Medical Society) – Aug. 29
- St. Louis (SLU Specialty Residents) - Aug. 29

Future outreach presentations:

- Jefferson City (Capital Region Medical Center) - TBD
- St Joseph (Buchanan County Medical Society) – Sept. 4
- Moberly (Moberly Regional Medical Center) – Sept. 9
- Kirksville (Northeast Regional Medical Center) – Sept. 17
- Poplar Bluff (St. Francis Health System) – Sept. 23
- Kansas City (Truman Medical Center) – Sept. 26
- Springfield (Greene County Medical Society) – Sept. 26
- Missouri Dermatological Society – Sept. 27
- St. Louis (SLU Specialty Residents) – Oct. 1
- Columbia (Mizzou Medical Society) – Oct. 14
- St. Louis (Wash U. Students) - Oct. 30
- Sedalia (Bothwell Health) – Nov. 6
- Cape Girardeau (CGMS) - Dec. 4
MPHP COUNCIL REPORT
3rd Q 2019
July 1, 2019 to September 30, 2019
**Current Geographic Distribution**
*(current participants 2019)*

- Saint Louis: 41
- Kansas City: 18
- Springfield: 3
- Columbia: 17
- Joplin: 5
- Poplar Bluff/Cape Girardeau: 5
- Other: 12

**Total**: 101

---

**2019 Participants**

**2019 New Participants**: 21

**Participants Released**
- Successful Completion: 7
- Administrative Release: 5
- Deceased: 0

**Note**: 2018 total new participants was 23

**TYPE OF CONTRACT**
- Recovery: 79
- Mental Health: 19
- Mental Health/Recovery: 3

**Referrals for this quarter**: 13

**Total for year**: 49

**Potential participants in treatment or in process of signing agreement with MPHP**: 3

---

**Specialties** *(current participants)*

- Anesthesiology: 7
- Cardiology: 6
- Cardiothoracic Surgery: 2
- Dermatologist: 0
- Emergency Medicine: 5
- Family Practice: 14
- Hospitalist: 1
- Internal Medicine: 19
- Medical Students: 5
- Orthopedics: 5
- Neurosurgery/Neurology: 2
- OB/GYN: 5
- Oncology: 4
- Optometry with MD: 1
- Otolaryngology/Otology: 1
- Pathology: 0
- Pediatrics/neonatal/oncol: 3
- Plastic Surgery: 0
- Proctology: 1
- Psychiatry: 4
- Pulmonary Critical Care: 1
- Radiology: 5
- Residents: 4
- Rheumatology: 0
- Surgery: 6
- Urology: 0

**Total**: 101
## Supplementary-Revenue Information

3rd Quarter (July 1 to Sept 30, 2019)

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<tr>
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<th>2019 BUDGETED</th>
<th>2019 ACTUAL</th>
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<tbody>
<tr>
<td>Contributions</td>
<td>$315,000</td>
<td>$214,400</td>
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<tr>
<td>Participant Fees</td>
<td>$238,000</td>
<td>$167,750</td>
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<tr>
<td><strong>TOTAL INCOME</strong></td>
<td><strong>$553,000</strong></td>
<td><strong>$382,150</strong></td>
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Sponsored by the Missouri State Medical Association
An Update on Bob Bondurant

September 20, 2019

Dear Colleagues and Friends,

I wanted to update you on Bob Bondurant’s health. He is progressing well through his chemotherapy treatments and is halfway through. He has done a remarkable job tolerating them and comes back with strength and resolve.

The good news is that Bob had a PET scan and it showed little evidence of the cancer. He is so hopeful that he is planning to return to the MPHP full time after January 1, 2020. So, your prayers are working and Bob truly appreciates all of them including the texts, cards and phone calls he has received. We are delighted that he will be back with us as we have missed him very much.

Please keep the prayers and communication coming. It seems to really be helping in Bob’s healing process. We appreciate each and every one of you for your continued support of Bob and the MPHP.

Sincerely,

Mary Fahey, LCSW
Program Director

Sponsored by the Missouri State Medical Association
Members appointed to the Missouri Health Insurance Innovation Task Force

Jefferson City, Mo– This week, Governor Mike Parson appointed seven members to serve on the Missouri Health Insurance Innovation Task Force. This task force was created by Executive Order 19-13 for the purpose of identifying ways to curb rising healthcare premiums and increase access and competition in health insurance markets for all Missourians.

The following individuals have been appointed by the Governor:

Andrea Croley
Co-Owner, Croley Insurance
Springfield, MO

Coni Fries
Vice President, Government Relations
Blue Cross/Blue Shield of Kansas City

Gary D. Fulbright
CFO, Citizen’s Memorial Hospital
Bolivar, MO

David K. Hill
Vice President and Deputy General Counsel
United Healthcare

Nathan T. Landsbaum
Plan President and CEO
Home State Health Plan, Inc.
Also serving on the committee are Senators Paul Wieland and Bill White, and Representatives Jon Patterson and Justin Hill. Chairing the Committee is Chlora Lindley-Myers, Director of the Missouri Department of Insurance, Financial Institutions and Professional Registration.

The task force is responsible for identifying and developing concepts that will result in significant innovation in the Missouri health insurance market. These concepts may be used to develop an innovation waiver application under Section 1332 of the Patient Protection and Affordable Care Act (42 U.S.C. Section 18052) as amended.

The Chair shall submit a report to the Governor specifying the Task Force’s recommended course or courses of action to obtain a Section 1332 waiver.

The task force will convene for its first meeting on August 8th in Jefferson City.

**About the Missouri Department of Insurance, Financial Institutions & Professional Registration**

The Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP) is responsible for consumer protection through the regulation of financial industries and professionals. The department's seven divisions work to enforce state regulations both efficiently and effectively while encouraging a competitive environment for industries and professions to ensure consumers have access to quality products.

###

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<table>
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<tr>
<th>RES #</th>
<th>SUBJECT</th>
<th>HOUSE ACTION</th>
<th>RECOMMENDED COUNCIL ACTION</th>
<th>CURRENT STATUS</th>
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<tr>
<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></td>
</tr>
<tr>
<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>
</tr>
<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 updated</td>
<td>Bylaws updated</td>
</tr>
<tr>
<td>4</td>
<td>Support for Bleeding Control Training in Schools</td>
<td>Resolution adopted</td>
<td>Policies updated</td>
<td>Policies updated</td>
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<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>
</tr>
<tr>
<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>
</tr>
<tr>
<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>
</tr>
<tr>
<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></td>
<td></td>
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<tr>
<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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9/25/2019
### MSMA Membership

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<tr>
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<tr>
<td>Actives</td>
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<tr>
<td>September</td>
<td>398</td>
<td>410</td>
<td>148</td>
<td>278</td>
<td>211</td>
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<td>October</td>
<td>960</td>
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<td>January</td>
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<td>February</td>
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<td>2529</td>
<td>2229</td>
<td>1954</td>
<td>2101</td>
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<td>March</td>
<td>2879</td>
<td>2641</td>
<td>2386</td>
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<td>2359</td>
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<td>May</td>
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<td>2761</td>
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<td>2262</td>
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<td>June</td>
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<td>2849</td>
<td>2602</td>
<td>2441</td>
<td>2269</td>
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<td>July</td>
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<td>2685</td>
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<td>August</td>
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<td>2530</td>
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<tr>
<td>September</td>
<td>740</td>
<td>104</td>
<td>398</td>
<td>835</td>
<td>916</td>
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<td>October</td>
<td>2523</td>
<td>1892</td>
<td>1066</td>
<td>1152</td>
<td>1054</td>
<td>739</td>
<td>1727</td>
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<tr>
<td>November</td>
<td>91.9%</td>
<td>84.6%</td>
<td>86.6%</td>
<td>87.6%</td>
<td>88.6%</td>
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<tr>
<td>December</td>
<td>6.7%</td>
<td>4.7%</td>
<td>2.7%</td>
<td>1.7%</td>
<td>0.7%</td>
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### September 2019 to September 2020 comparison

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<tr>
<th></th>
<th>2019</th>
<th>2020</th>
<th>change</th>
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<tbody>
<tr>
<td>Actives</td>
<td>211</td>
<td>154</td>
<td>-57%</td>
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<tr>
<td>Retired</td>
<td>99</td>
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<tr>
<td>Residents</td>
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<tr>
<td>Students</td>
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<tr>
<td>ALL</td>
<td>1000</td>
<td>1274</td>
<td>274%</td>
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## MSMA Leadership Recruitment


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<th>new/re-joined members</th>
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<td>Ahlum</td>
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<tr>
<td>Andelin</td>
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<tr>
<td>Barbe, D.</td>
<td>3</td>
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<td>Barbe, N.</td>
<td>1</td>
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<tr>
<td>Barjenbruch</td>
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<tr>
<td>Biggers</td>
<td>2</td>
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<tr>
<td>Cabbabe</td>
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<tr>
<td>Conant</td>
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</tr>
<tr>
<td>Corrado</td>
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<tr>
<td>DelCampo</td>
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<tr>
<td>DiRenna</td>
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<tr>
<td>Drees</td>
<td>3</td>
</tr>
<tr>
<td>Florio</td>
<td>3</td>
</tr>
<tr>
<td>Gates</td>
<td>5</td>
</tr>
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<td>Hierholzer</td>
<td>9</td>
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<td>Hover</td>
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<td>Hruza</td>
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<td>Hubbell</td>
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<td>Kuhlmann</td>
<td>2</td>
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<td>Lovinger</td>
<td>2</td>
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<td>O'Dell</td>
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<td>Pohl</td>
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<td>Wallace, D.</td>
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<td>Wallace, S.</td>
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<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>Oct-18</td>
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<td>Jan-19</td>
<td>32</td>
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<td>Jun-19</td>
<td>28</td>
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<td>19-Aug</td>
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<td>94</td>
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</table>
2020 Annual Meeting

Renaissance St. Louis
Airport Hotel

April 3-5, 2020

Dates to Remember

Citizenship & Community Service Award Deadline:
January 20, 2020

Resolution Deadline for Handbook:
February 18, 2020
by 5:00 p.m.

Hotel Room Reservation Cut-off Date:
March 9
(Indicate rooming needs to Cheri Martin)
The 2020 Missouri State Medical Association White Coat Day is scheduled for Tuesday, March 3, 2020. This advocacy event is a great opportunity to visit the Missouri State Capitol in Jefferson City to advocate on behalf of physicians and patients in the state.

Legislators will deliver brief remarks on health care legislation to the group from 9:00-10:00 AM in the first floor rotunda of the Capitol. Lunch will be provided by MSMA to attendees in the Capitol building around noon.

Throughout the rest of the day, we encourage attendees to meet with their local legislators, explore the building, and network with fellow MSMA members. There may be additional meetings and presentations participants wish to attend, as some state medical specialty societies are planning to join the rally that day. All physicians and medical students are welcome to take part, even if you can only visit the Capitol for an hour or two!

To RSVP, visit www.msma.org/white-coat-day

For more information, contact Heidi Geisbuhler at heidi@msma.org
Tell Us Your Credentialing Stories!

MSMA’s lobbying team is already gearing up for the 2020 legislative session, and we want your input! Next year, MSMA will work with legislators to make physician credentialing more efficient. As we draft legislation to make the process less of a headache for physicians and their staff, we want to hear about credentialing frustrations that you’ve experienced in your own practice. To share your credentialing stories or offer suggestions, please contact Jeff Howell at jhowell@msma.org or Heidi Geisbuhler at heidi@msma.org.

Legislative Alerts

When legislation that affects physicians and patients is up for debate in the state legislature, minutes count. That’s why MSMA has partnered with Phone 2 Action, a program that allows your MSMA advocacy team to alert you via text message when we need your help contacting your local legislators. When you opt-in, you’ll receive action alerts from your MSMA lobbyists during the legislative session. These text alerts will include a link to a description of the legislation at hand and will provide you with the ability to either send an email or make a phone call to your local legislator. All Missouri physicians are encouraged to sign up for alerts!

Text “MOMEDICAL” to 52886 today to opt-in!
## FUTURE MEETING DATES
Updated 9/12/19

<table>
<thead>
<tr>
<th>Date</th>
<th>Meeting</th>
<th>Location</th>
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<tbody>
<tr>
<td>November 16, 2019 - November 19, 2019</td>
<td>AMA Interim Meeting</td>
<td>Manchester Grand Hyatt, San Diego</td>
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<tr>
<td>January 11, 2020</td>
<td>(one-day meeting)</td>
<td>MSMA Council Meeting</td>
</tr>
<tr>
<td>April 2, 2020 &amp; April 5, 2020</td>
<td>MSMA Council Meeting</td>
<td>Renaissance St. Louis Airport Hotel</td>
</tr>
<tr>
<td>April 3, 2020 &amp; April 5, 2020</td>
<td>MSMA Annual Meeting</td>
<td>Renaissance St. Louis Airport Hotel</td>
</tr>
<tr>
<td>July 11, 2020 &amp; July 12, 2020</td>
<td>MSMA Council Meeting</td>
<td>Margaritaville Lake Resort, Osage Beach</td>
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<tr>
<td>October 17, 2020 &amp; October 18, 2020</td>
<td>MSMA Council Meeting</td>
<td>DoubleTree Hotel, Jefferson City</td>
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<tr>
<td>April 8, 2021 &amp; April 11, 2021</td>
<td>MSMA Council Meeting</td>
<td>Westin Kansas City at Crown Center</td>
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<tr>
<td>April 9, 2021 &amp; April 11, 2021</td>
<td>MSMA Annual Meeting</td>
<td>Westin Kansas City at Crown Center</td>
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<tr>
<td>March 31, 2022 &amp; April 3, 2022</td>
<td>MSMA Council Meeting</td>
<td>Renaissance St. Louis Airport Hotel</td>
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<td>April 1, 2022 &amp; April 3, 2022</td>
<td>MSMA Annual Meeting</td>
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<td>March 30, 2023 &amp; April 2, 2023</td>
<td>MSMA Council Meeting</td>
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</tr>
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*Please reply promptly when you receive meeting notices, stating your hotel room preference and how many seats you will need for dinner. If your plans change and you cannot attend, please let us know so that we can cancel your room reservation and adjust our numbers for the meal to avoid unnecessary charges.*

**Ways to reply:**

*Email - cmartin@msma.org*
*Phone - 573/636-5151*
*Fax - 573/636-8552*