

**MEDICAL SOCIETY OF THE STATE OF NEW YORK
2014 PUBLIC HEALTH AND EDUCATION SUNSET REPORT
JOSHUA COHEN, MD, CHAIR
PUBLIC HEALTH AND EDUCATION REFERENCE COMMITTEE
HOUSE OF DELEGATES
APRIL 2014**

At its 2009 meeting, the House of Delegates established a sunset mechanism for House policies. Under this mechanism, a policy established by the House ceases to be viable after 10 years unless action is taken by the House to retain it. Members of the Science and Public Health and the Medical Education Commissions and its various committees reviewed public health and education policies that were assigned by the MSSNY Council. Consensus on all the below policies was achieved and are presented by the Public Health and Education Reference Committee in this report. Your Reference Committee recommends adoption of the report.

RECOMMENDATION:

Mister Speaker, Your Reference Committee recommends that the policies contained in 2014 Public Health and Education Sunset Report be acted upon in the manner indicated and that the remainder of this report be filed:

POLICIES FOR REAFFIRMATION:

10.000 ACCIDENT PREVENTION:
(See also Public Health and Safety, 260.000)

10.978 Physician's Role in Driver Safety: MSSNY affirms its active role in driver safety in New York State and (a) will support Department of Motor Vehicles regulations that promote reaffirmation and verification of the minimal driver standards at each renewal cycle; (b) support the role of the Medical Advisory Board of the Department of Motor Vehicles in its goal to establish "total driver qualifications" and a scale that measures medical conditions affecting driver safety (MCADS) for all drives in New York State; (c) encourage physicians to assess patients' physical and mental impairments that may affect driving abilities, and in situations where clear evidence of substantial driving impairment implies a strong threat to patient and public safety, it is desirable and ethical for physicians to notify the Commissioner of Motor Vehicles and release clinically pertinent information to help determine whether or not the patient can continue to drive safely, consistent with the American Medical Association Council on Ethical and Judicial Affairs Report 1-I-99; and (d) support legislation that would allow a physicians, family members and caregivers to report impaired drivers to the Commissioner of Motor Vehicles for reevaluation and provide immunity from civil or criminal liability for reporting or not reporting when such is done in good faith.
(HOD 00-171)

Recommendation: REAFFIRM. Policy is still relevant and should be reaffirmed.

10.981 Child Safety Seats: MSSNY will seek and support legislation that mandates that automobile rental agencies provide child safety seats whenever needed, free of charge. (HOD 98-167)

Recommendation: REAFFIRM. Currently, rental car companies are not obliged to provide car seats directly. They are required to offer them as part of a rental package but it is the responsibility of the person renting the car to rent the seat as well. Therefore, this policy is still applicable.

10.983 In-Line Skating Injuries: MSSNY supports the use of full protective equipment for in-line skating and supports appropriate efforts to educate adults and children about in-line skating safety, such as encouraging physicians to educate their patients about the importance of safety equipment use, and working with organizations like the American Academy of Pediatrics to promote widespread distribution on information and educational materials about in-line safety, including the use of protective equipment, to both medical and non-medical audiences.

MSSNY will urge state consumer protection agencies to require the availability of all safety equipment at the point of in-line skate purchase or rental and will support legislation requiring the mandatory use of full protective equipment for children 16 years of age and younger. (Council 12/14/95)

Recommendation: REAFFIRM. Policy is still relevant and should be continued.

15.000 ACQUIRED IMMUNODEFICIENCY SYNDROME - (AIDS):
(See also Children and Youth, 30.000; Medicaid, 175.000; Public Health & Safety, 260.000)

15.965 Expansion of HIV Prevention Programs in Prisons: MSSNY will urge the New York State Department of Corrections to develop and implement comprehensive HIV prevention and education programs specifically designed for the prison population. (HOD 97-157)

Recommendation: REAFFIRM. The policy is still relevant.

15.975 HIV Infection, Counseling for as a Part of Routine Health Maintenance: MSSNY supports routine HIV counseling and testing at the discretion of the physician without written consent. (HOD 96-164)

Recommendation: REAFFIRM. In 2010, the public health law was amended to allow for use of a general consent form that a patient signs and the consent is good until the patient revokes it. However, MSSNY continues to maintain the position that HIV testing and counseling needs to be treated as many other diseases.

15.980 Responsibilities of HIV Positive Physicians and Other Health Care Workers:
(1) All persons (including physicians and other health care personnel) engaging in high risk behavior have a responsibility to withdraw from or modify these practices, to notify sexual or IV drug abuser partners, to seek counseling and to consider having a determination of their HIV antibody status. (2) Physicians and medical students have the responsibility to prevent transmission of communicable diseases to their patients. Physicians and medical students should, whenever appropriate, determine their HIV status. If a physician's ability to practice medicine is impaired, either physically or mentally by HIV infection or any other disease, he/she should not practice medicine. If a physician or medical student is HIV seropositive but not impaired, he/she should not engage in any professional activity for which there is scientific evidence of disease transmission to the patient. Adequate

disability insurance coverage should be available to physicians and medical students who voluntarily limit their medical activities to reduce the risk of infecting patients with HIV. (3) Physicians should not take upon themselves responsibility for determining the limitations to be placed on their medical practice. This should be the judgment of a peer review group representing the institution or locale of the physician's practice. Physicians are entitled to confidentiality no less than others, and safeguards to assure this must be put in place. (4) The risk of transmission of HIV in health care settings is so infinitesimally small that, pending review of an individual practitioner by an appropriate panel, the Medical Society of the State of New York believes that universal disclosure of HIV status by physicians is not required. (Council 5/10/90; Council 1/31/91)

Recommendation: REAFFIRM. Policy is still relevant.

20.000 ALCOHOL AND ALCOHOLISM:
(See also Accident Prevention, 10.000; Drug Abuse, 65.000; Health Insurance Coverage, 120.000; Reimbursement, 265.000; Tobacco Use and Smoking, 300.000)

20.993 Admissibility of Blood Alcohol Samples as Legal Evidence: MSSNY supports the principle of permitting a blood alcohol sample drawn in the course of medical treatment of an injured driver to be admissible as legal evidence in any criminal or civil proceeding against such individual, provided that an appropriate chain of custody and quality of analytical results is maintained. (Council 5/14/92)

Recommendation: REAFFIRM. Policy is still relevant.

30.000 CHILDREN AND YOUTH:
(See also Acquired Immunodeficiency Syndrome – [AIDS], 15.000; Drug Dispensing, 70.000; Reimbursement, 265.000; Sports and and Physical Fitness; Tobacco Use and Smoking, 300.000; Vaccines, 312.000; Violence and Abuse, 315.000)

30.995 Immunization of Adolescents: MSSNY endorses the immunization recommendations for adolescents as set forth by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention and will urge NYS to adopt ACIP immunization requirements for adolescents as a condition for school attendance so that the state will be able to participate in the movement toward universal protection. (HOD 96-157)

Recommendation: REAFFIRM. Policy is still relevant.

70.000 DRUG DISPENSING:
(See also Children and Youth, 30.000)

70.988 Opposition to Legalization of Drugs for Non-Medically Indicated Uses: MSSNY is opposed to the legalization for non-medically indicated uses of the following substances: hallucinogenics, narcotics, and cocaine and its derivatives. (Council 1/25/90)

Recommendation: REAFFIRM. Policy is still germane.

75.000 DRUGS AND MEDICATIONS:
(See also **Abortion and Reproductive Rights, 5.000; Drug Dispensing, 70.000; Home Health Care, 135.000; Pharmaceutical Advertising, 227.000; Public Health & Safety, 260.000; Reimbursement, 265.000; Sports and Physical Fitness, 290.000**)

75.992 Prohibition of Inappropriate Pill Splitting: It is the position of MSSNY that the New York State Insurance Department and all other appropriate state agencies prohibit insurance companies from requiring pill splitting. (HOD 00-160)

Recommendation: REAFFIRM. While there have not been any insurance companies that require this practice, it is important to still have a position on this matter.

85.000 EDUCATION:
(See also **Emergency Care, 87.000; Managed Care, 165.000; Tobacco Use and Smoking, 300.000; Vaccines, 312.000; Weight Management & Promotion of Healthy Lifestyles, 320.000**)

85.988 Placement of Resident Physicians From Disbanded Residency Training Programs: MSSNY reaffirms its support for AMA Policy H-310.943 on closing residency programs to strongly encourage residency programs to offer placement of their resident physicians in comparable positions before disbanding a training program. (Council 3/19/98)

Recommendation: REAFFIRM. AMA Policy H-310.943 is stated below and it still pertinent:
H-310.943 Closing of Residency Programs

The AMA: (1) encourages the Accreditation Council for Graduate Medical Education (ACGME) to address the problem of non-educational closing or downsizing of residency training programs; (2) encourages the ACGME to develop guidelines for the institution to follow in such closings or reductions that provide for adequate notification and out-placement service (such as resource contacts, transfer assistance, and financial assistance); (3) reminds all institutions involved in educating residents of their contractual responsibilities to the resident; (4) encourages the ACGME and the various Residency Review Committees to reexamine requirements for "years of continuous training" to determine the need for implementing waivers to accommodate residents affected by non-educational closure or downsizing; (5) urges residency programs and teaching hospitals be monitored by the applicable Residency Review Committees to ensure that decreases in resident numbers do not place undo stress on remaining residents by affecting work hours or working conditions, as specified in Residency Review Committee requirements; (6) urges institutions that initiate significant reductions in graduate medical education programs (in excess of 20 percent of the trainee complement or in excess of 10 percent of trainees for a given year), or that voluntarily close programs, be requested prior to or at the time of the reduction to file a concise summary of its educational impact with the Accreditation Council for Graduate Medical Education or the relevant Residency Review Committees; and (7) opposes the closure of residency/fellowship programs or reductions in the number of current positions in programs as a result of changes in GME funding. (Sub. Res. 328, A-94; Appended by CME Rep. 11, A-98; Reaffirmed: CME Rep. 7, A-06; Appended: Res. 926, I-12)

85.995 Infection Control Course, Mandated: MSSNY will seek legislation to eliminate the statutory requirement that physicians complete course work or training in infection control practices every four years. (HOD 95-67)

Recommendation: REAFFIRM. The mandate for infection control course work or training is still in law.

255.000 PROTEST AND DEMONSTRATIONS:

255.999 Opposition to Protests Which Impede Access to Health Care: MSSNY is vehemently opposed to any interference with patients' access to desired health care services by demonstrators or protesters. (HOD 90-30)

Recommendation: REAFFIRM. Policy is still relevant.

260.000 PUBLIC HEALTH & SAFETY:

(See also **Acquired Immunodeficiency Syndrome, 15.000; Environmental Health, 90.000; Health Insurance Coverage, 120.000; Mental Illness, 205.000; Nuclear War, Weapons and Terrorism, 215.000; Peer Review, 225.000; Reimbursement, 265.000; Vaccines, 312.000; Violence and Abuse, 315.000; Weight Management & Promotion of Healthy Lifestyles, 320.000**)

260.941 Adequate Cell Phone Service Throughout New York State: MSSNY continue to support all appropriate efforts of the state and municipalities to eliminate cell phone dead zones in all service areas of New York State in the interest of public safety. (HOD 04-158)

Recommendation: REAFFIRM. Cell reception is still problematic in various regions of the state and therefore, the policy should continue.

260.959 Avian Monitoring for Encephalitis Viruses: MSSNY will support and encourage the ongoing efforts of the New York State Department of Health regarding monitoring for encephalitis viruses. (HOD 00-165)

Recommendation: REAFFIRM. Encephalitis virus is still an important public health issue and should be diligently followed by the state.

290.000 SPORTS AND PHYSICAL FITNESS:

290.995 Athletic Helmets, Removal of: MSSNY's official position on the removal of athletic helmets is as follows: (a) Athletic helmets should not be removed on the playing field, other than for rare circumstances of obstruction of emergency medical care; and (b) Shoulder pads should be removed at the time of helmet removal at an emergency facility following appropriate x-ray and clinical evaluation and with the removal done under the supervision of an experienced physician. (Council 7/18/96)

Recommendation: REAFFIRM. The American College of Sports Medicine (ACSM) strongly advises against removing the helmet from an unconscious athlete or from an athlete who has sustained a neck injury. Medical personnel should suspect that any unconscious athlete has an accompanying spinal injury until proven otherwise, because head and neck trauma frequently occur together. Proper immobilization of the spine and safe transportation to the hospital can be accomplished without removal of the helmet because, unlike motorcycle helmets, football helmets fit snugly and prevent head movement within the helmet. The same is true of shoulder pads.

290.996 Drug Free Schools: MSSNY advocates drug free schools, continues to condemn the use among student athletes of any and all performance enhancing drugs, and will recommend that the New York State Dept. of Education and all secondary school athletic associations adopt a policy of including educational programs on the dangers of drug use, and the use of

nutritional supplements in athletics, in all interscholastic athletic programs, and advocates for closer self-scrutiny to monitor the effectiveness of programs.

Further, MSSNY will urge these same agencies to seriously consider and investigate the feasibility of reasonable suspicion or reasonable cause drug testing of athletes on all New York State championship teams, modeled after established Olympic drug testing protocols, with disqualification of an entire team if any member of the team test positive. (Council 3/9/95)

Recommendation: REAFFIRM. Policy is still relevant.

290.997 **Mixed Gender Competition:** MSSNY maintains that gender specific sports participation, both before and after puberty, provides maximum opportunity and safety for a student athlete. MSSNY takes the position that students and their parents should be encouraged to select those sports that allow them the best opportunity for success in high school and beyond. However, in instances when a particular activity is not available for both genders, it is reasonable that an athlete be permitted to try out in a mixed gender interscholastic setting provided the following conditions are satisfied: (1) The parents and student provide consent for participation and acknowledge understanding of the inherent risks of interscholastic, particularly contact/collision, mixed gender competition for their student athlete. (2) The student has passed the basic routine pre-participation medical examination and interval health history. (3) The school district enforces a strict disciplinary policy for sexual harassment or misconduct. (4) The coach uses the same criteria for selecting and eliminating athletes as final team members based on athletic performance and capability alone. Under the above conditions, there is no need for the student wishing to compete in a mixed gender activity to complete any additional tests or adhere to any different standards than are presently enforced for members of the opposite sex. The same rules, regulations, standards of conduct and expectations are upheld for all athletes regardless of sex. No special privileges or exemptions are granted based solely on sex, with the exception of appropriate separation of athletes for locker room. (Council 3/9/95)

Recommendation: REAFFIRM. Policy is still relevant.

290.998 **Physician Coverage at Interscholastic Events:** The physician assigned and/or designated by the managing authority (i.e., New York State Public High School Athletic Association, school district, specific school or the New York State Education Department) of the interscholastic competition shall have the final decision making authority concerning the entry/re-entry of an athlete to competition at the particular contest. (Council 10/19/95)

Recommendation: REAFFIRM. This is consistent with MSSNY policy.

315.000 **VIOLENCE AND ABUSE:**

315.991 **Troubled Youth and Violence:** MSSNY supports legislation that children who take guns or other weapons to school should receive an evaluation by a psychiatrist and that those children who are determined by such evaluation to have a mental illness should receive appropriate treatment.

MSSNY supports teacher and parental educational initiatives to better enable them (a) to identify children with severe mental illness/emotional disturbance at risk for psychiatric illness, substance abuse, and potentially dangerous behaviors, and (b) to be aware of available treatments to assist these children and their families.

MSSNY reaffirms its support for parity of health insurance coverage for mental illness including children.

MSSNY will encourage the New York State Education Department to develop and implement a comprehensive unit in every grade, pre-school through grade 12, on anger management, peer mediation, and non-violent conflict resolution.

MSSNY will encourage the New York State Education Department to support adequate ratios of supervising adults to students, both during the school day and during off-school hours, and advocate for increased resources within the school, including before- and after-school (“wrap-around”) activities and increased personnel such as school nurse-teachers, counselors, and similar staff, to assist in educating children and their families about mental illness/emotional problems and to serve as resources to other school personnel.

MSSNY will support funding for not-for-profit community organizations that work with normal, troubled and/or addicted youth and their families to develop and promote safe, enriching, out of school alcohol and drug free activities for families, as well as parent education classes including, but not limited to, parenting skills, anger management, identifying early warning signs of substance use, gang involvement, deviant behavior, and community resources for management of the same.

MSSNY will support the establishment of guidelines by the New York State Education Department and funding for their implementation to help schools to deal effectively and safely with children whose violent or potentially-violent behavior constitutes a risk to self or others, and to find immediate screening, prevention, alternate programming and treatment in those instances where a bona fide mental health emergency has been demonstrated.

MSSNY will support funding to school districts, not-for-profit agencies, and communities to develop high quality, effective alternate programming, emergency evaluation and intervention, and short-, medium- and long-term treatment for children across the spectrum of mental illness.

MSSNY will continue to support efforts by the Legislature and the Governor to address media influence on youth violence. (HOD 5/20/00)

RECOMMENDATION: REAFFIRM. Policy is still relevant and will be updated to include sections on gun violence and children bringing violence against other children. The paper will be addressed during the 2014 House of Delegates.

POLICIES FOR SUNSET:

10.000 ACCIDENT PREVENTION:
(See also Public Health and Safety, 260.000)

10.979 “Drive Now, Talk Later”: MSSNY will urge the New York State legislature to pass legislation prohibiting the use of hand held cellular telephones while operating a motor vehicle on the streets and highways of New York State. (HOD 00-170)

Recommendation: SUNSET. Legislation has been accomplished including no texting and driving in New York State.

10.980 **Ski Helmet Requirement:** MSSNY supports the voluntary use of helmets and protective headgear for children and adolescents during recreational skiing and snowboarding. As of September 1997, there is insufficient scientific evidence to support a policy of mandatory helmet use.

MSSNY will encourage further research into the epidemiology and outcome of head injuries to children and adolescents from recreational skiing and snowboarding and research on the development of helmets to prevent or reduce the severity of these injuries.

MSSNY will encourage the American Society for Testing and Materials to finalize standards for ski helmets and study the effectiveness of ski helmets in preventing serious brain trauma. (Council 2/4/98)

Recommendation: SUNSET. Updated Policy 10.982 to include ski helmets.

10.984 **Air Bags in Automobiles:** MSSNY is seeking enactment of legislation which would mandate that all new vehicles registered in the State of New York have air bags for the driver and for the front seat passenger. (HOD 92-71)

Recommendation: SUNSET. Accomplished.

10.985 **Hand railings in Hallways:** MSSNY supports legislation which would mandate that the hallways in all newly constructed and multiple dwelling buildings in the State of New York be required to have hand railings on at least one wall of each floor. (HOD 92-70)

Recommendation: SUNSET. Accomplished.

10.986 **Jogging Attire:** MSSNY has urged statewide and local running and jogging organizations to popularize reflective tape on garments to increase the visibility of runners. (HOD 91-71)

Recommendation: SUNSET. This policy has been implemented throughout NY State.

10.988 **Videotaping Drunken Drivers:** In the interest of accident prevention, MSSNY encourages the more extensive trial use of videotaping as evidence, in conjunction with other indication of intoxication, in the arrest and prosecution of drunken drivers. (Council 10/25/90)

Recommendation: SUNSET. Law enforcement now use video various arrests from the patrol car.

10.992 **Safety Belt Usage:** MSSNY urged the New York State Legislature to pass legislation requiring the use of seat belts in school buses. (HOD 86-15; Reaffirmed HOD 99-166)

Recommendation: SUNSET. Accomplished. New York State's school bus seat belt law requires all school buses manufactured after July 1, 1987 to be equipped with seat belts. New York State does not currently mandate seat belt use on school buses, but rather, leaves the a decision to each school district.

15.000 **ACQUIRED IMMUNODEFICIENCY SYNDROME - (AIDS):**

(See also **Children and Youth, 30.000; Medicaid, 175.000; Public Health & Safety, 260.000**)

15.966 **MSSNY Position on HIV Surveillance and Partner Notification:**

- The Medical Society supports reporting of HIV infection by names and opposes using “unique identifiers”.
- The Medical Society supports the provision for partner notification as it currently exists under the law and would oppose a change in the law which would mandate that a physician conduct partner notification.
- We support:
 1. Establishing the right of a physician to do contact notification of third parties at risk of HIV infection and to do so with legal immunity and to have the option of referral to a health official;
 2. Permitting local health officials to act to control the transmission of HIV and to require physicians to report all cases of AIDS/HIV-related illness and HIV infection to municipal district health officers; and
 3. Permitting health officers to conduct investigations as warranted, including notification and counseling of affected individuals and also contact tracing.
- The Medical Society supports declaring AIDS/HIV as a sexually transmitted disease and supports physicians’ authority to test patients for HIV antibodies when screening for sexually transmitted disease.
- The Medical Society supports continuing free, publicly funded anonymous test sites.
- The Medical Society also supports repeal of laws which prohibit possession and sale of needles and syringes without a prescription.
- The Medical Society is supportive of increased funding to implement HIV surveillance by name and supports the need for increased resources to be committed to outreach and educational programs. (Council 2/5/98)

Recommendation: SUNSET. This policy was developed when the state was considering named-based reporting of HIV infection cases. Name-based reporting is now required and many of the other provisions have been achieved.

15.967 **Physician Discussion of AIDS with Patients 50 and Older:** It is the policy of MSSNY to encourage physicians to discuss risk factors, obtain sexual and drug histories, and consider HIV infection in the differential diagnosis (where clinically appropriate), in all persons, including those aged 50 and older. (HOD 98-159)

Recommendation: SUNSET. In 2006, the Centers for Disease Control and Prevention recommended and implement the offering of an HIV test to patients ages 13-65 and New York State has implemented a law requiring the offering of test to this age group along with requiring that positive patients are refer to care. Therefore, this policy is no longer needed.

15.970 **Limited Disclosure of Patient’s HIV Status:** MSSNY supports; (a) limited disclosure of a patient’s HIV status in cases of health care worker exposure or others occupationally exposed, when the information already exists in the hospital record and; (b) that there be the ability to test patients without consent and provide limited disclosure to the occupationally exposed worker’s physician. (Council 12/19/96)

Recommendation: SUNSET. In 2010, New York State law changed the testing procedures to conform with the CDC recommendations and also changed the occupational exposure under the public health law.

In cases of occupational exposures which create a significant risk of contracting or transmitting HIV infection, an anonymous test may be ordered without consent of the source patient if all of the following conditions are met: the source person is comatose or is determined by his or her attending professional to lack mental capacity to consent; the source person is not expected to recover in time for the exposed person to receive appropriate medical treatment, and there is no person immediately available who has legal authority to consent in time for the exposed person to receive appropriate medical treatment; the exposed person will benefit medically by knowing the source person's HIV test results. Since treatment decisions for the exposed person need to be made expeditiously, with therapy ideally beginning within two hours post exposure, the decision to perform an anonymous test on the source patient may be made immediately if there is no surrogate present to provide consent.

15.971 **Prophylactic Drug Treatment for Health Care Workers:** MSSNY endorses that CDC and NYS DOH recommendations for the treatment of health care workers exposed to HIV with three prophylactic drugs and will request that the Hospital Association of New York (HANY) establish these as uniform standards for the treatment of health care workers. (Council 12/19/96)

Recommendation: SUNSET. Accomplished. New York State Department of Health has established protocols for HIV Prophylaxis Following Occupational Exposure along with other protocols for sexual assault and for Post-Exposure Prophylaxis for Children Beyond the Perinatal Period.

15.972 **Needle Exchange Program, Expansion of:** MSSNY supports the expansion of existing needle exchange programs and encourages the establishment of additional needle exchange programs to meet the HIV prevention and drug treatment needs of injection drug users throughout New York State. (HOD 96-153)

Recommendation: SUNSET. Accomplished. In 2009, New York State's needle exchange program became a permanent public health measure to prevent blood borne diseases, most notably HIV/AIDS and hepatitis B and hepatitis C. Under the law, licensed pharmacies, health care facilities, and health care practitioners who can otherwise prescribe hypodermic needles or syringes may register with the New York State Department of Health to sell or furnish up to 10 hypodermic needles or syringes to persons 18 years of age or older. Persons who are age 18 years or older may legally obtain and possess hypodermic needles and syringes through ESAP- without a medical prescription.

15.974 **HIV Testing Mandatory to Prevent Prenatal Transmission of:** MSSNY supports mandatory HIV testing of all pregnant women at the earliest prenatal visit. (HOD 96-161)

Recommendation: SUNSET. As of February 1997, all newborns in New York State are tested for HIV antibodies. A newborn's test result also provides information about the mother's HIV status. Additionally, under the NYS Department of Health regulations require that all pregnant women in the first trimester be counseled and recommended for HIV screening if she does not know her status. All prenatal care settings regulated by the New York State Department of Health (NYSDOH), including hospitals, diagnostic and treatment centers, health maintenance organizations, and birthing centers, must provide HIV information and recommend HIV testing, preferably at the first prenatal visit for all women who present for care.

15.976 **HIV Testing, Mandatory in Criminal Cases:** MSSNY will actively support the passage of legislation in New York State which provides crime victims with the right to demand HIV testing in criminal cases when warranted by the particular circumstances of the crime, and the right to receive the results of such tests upon their completion. (HOD 96-175)

Recommendation: SUNSET. Accomplished. On of November 1, 2007, New York State Criminal Procedure Law Section 210.16 will require testing of criminal defendants, indicted for certain sex offenses, for human immunodeficiency virus (HIV), upon the request of the victim/survivor. The law also amended New York State Public Health Law that specifies that health care facilities providing treatment to victims/survivors of a sexual offense must: 1) offer and make available "appropriate HIV post-exposure treatment therapies in cases where it has been determined, in accordance with guidelines issued by the commissioner, that a significant exposure to HIV has occurred," and 2) inform the victim/survivor that "payment assistance for such therapies may be available from the New York State Crime Victims Board."

15.978 **Testing - Mandatory of all NYS Prison Inmates for HIV and Tuberculosis Infection:** MSSNY is supporting and seeking to implement through legislation and or rules and regulation, with all due speed, the mandatory testing of all New York State prison inmates for HIV and tuberculosis infection, not only on initial entry into the prison system but every six months thereafter so long as the prisoner is incarcerated. The results of such testing, as well as all other pertinent medical records, are to be made immediately and concurrently available to hospitals and health care workers who may be responsible for the medical care of such prison inmates. (HOD 93-93)

Recommendation: SUNSET. The Criminal Justice Initiative (CJI) was developed in response to the emerging prevention and service needs of HIV infected and at risk detainees, inmates and formerly incarcerated individuals in New York State. Its goal is to provide a comprehensive, seamless continuum of quality HIV/STI/HCV prevention and supportive services to individuals in a correctional setting and formerly incarcerated individuals returning to their home communities. These services are designed to diminish HIV/STI/HCV transmission and improve the health and well-being of individuals living with HIV and AIDS. The CJI uses multiple strategies to ensure effective service delivery. The services provided in correctional settings may include HIV/STI/HCV prevention interventions, peer educator training, anonymous HIV testing and partner services (with the option to convert to confidential), HIV supportive services, and transitional planning. This initiative also funds community-based organizations to provide re-entry assistance for formerly incarcerated individuals living with HIV/AIDS. Services include transportation, supportive services, risk reduction counseling, coordination of health and human services, referral to community case management and Project START, which is an evidence based community re-entry intervention. For correctional settings where the AIDS Institute directly provides anonymous HIV testing and partner services and the inmate chooses to convert to confidential status, a direct link to CJI contractors is provided to assist inmates with appropriate HIV-related support services while incarcerated and to provide re-entry services upon release. CJI contractor services are a compliment to the long-standing HIV prevention and support collaboration between the NYS Department of Corrections and Community Supervision (DOCCS) and the New York State Department of Health (DOH). This strong collaboration allows for the targeted distribution of Health Resource Portfolios and Work Release Packets containing HIV/STI/HCV prevention information and male and female condoms that are provided to inmates as they leave the facility. This policy is no longer relevant.

15.981 **Ambulatory Treatment of HIV Infection:** MSSNY endorses the position that HIV ambulatory treatment, where possible, be integrated not only with existing health care facilities such as hospitals, drug treatment programs and sexually transmitted disease treatment centers, but also with community-based private toward significant enhancement of remuneration of community-based private physicians and those hospital outpatient services that are not a part of Designated AIDS Centers programs. (HOD 90-14)

Recommendation: SUNSET. Policy is dated and has not kept pace with the changing treatment modalities.

15.993 **Testing - Voluntary for Persons at High Risk of AIDS:** Persons at high risk of AIDS should be encouraged to be tested. Testing should be provided to the following types of individuals who give informed consent: (1) Persons who may have sexually transmitted disease (STD) and patients at STD clinics; (2) IV drug abusers and patients at drug abuse clinics; (3) Sexual partners and those who share needles with HIV infected persons; (4) Women of childbearing age with identifiable risks; i.e., those who have used IV drugs; have engaged in prostitution, have sexual partners who are bisexual, IV drug abusers or hemophiliacs, are living in communities or were born in countries with high prevalence of HIV infection; (5) Pregnant women and women seeking family planning services in neighborhoods with high incidence of AIDS infection among young women; (6) As part of prenatal screening for all pregnant women in order to take advantage of all current medical treatments for both mothers and infants; (7) Persons who received blood transfusions or blood components from 1978 to mid-1985; (8) Persons undergoing medical evaluation or treatment with selected clinical signs and symptoms; i.e., generalized lymphadenopathy; unexplained dementia; chronic, unexplained fever or diarrhea; unexplained weight loss; or diseases such as tuberculosis as well as sexually transmitted diseases, generalized herpes, and chronic candidiasis; (9) Persons who consider themselves at risk, and whose history or clinical status warrant this measure; (10) Persons planning marriage; (11) Persons admitted to hospitals in age groups deemed to have a high prevalence of HIV infection; and those requiring surgical or other invasive procedures from areas with high incidence of AIDS or who engage in high risk behavior; (12) All victims of rape. Victims are to be encouraged to be re-tested in six months if the initial test is negative and strict confidentiality of test results are to be maintained. (Council 4/23/87; Council 6/11/87; Reaffirmed HOD 95-152)

Recommendation: SUNSET. The standard of care is testing has changed as per the Centers for Disease Control and Prevention (CDC) recommendation that individuals ages 13-65 should have at least one HIV test.

20.000 **ALCOHOL AND ALCOHOLISM:**
(See also Accident Prevention, 10.000; Drug Abuse, 65.000; Health Insurance Coverage, 120.000; Reimbursement, 265.000; Tobacco Use and Smoking, 300.000)

20.899 **Continuation of the Hospital Intervention Services Program for Alcoholism Screening:** MSSNY will recommend that all hospital currently offering the Hospital Intervention Services program continue to do so; and that those hospitals that have not yet established an HIS system consider doing so.

MSSNY will communicate this position to the New York State Department of Health, the NYS Office of Alcoholism and Substance Abuse Services (OASAS), the Greater New York Hospital Association (GNYHA), the Hospital Association of New York State (HANYs), the eighteen hospital which are already involved in the HIS program, and the Chairperson of the NYS Senate and Assembly Health Committees. (Council 10/24/96)

Recommendation: SUNSET. The Hospital Intervention Services program did exist in 1996, however, staff can find no information on this program nor what hospitals were involved in it.

20.992 **Blood Alcohol Levels in Automobile Accident Cases:** MSSNY supports legislation that would mandate implementation of Section 1194.1.(b) of the New

York State Vehicle and Traffic Law in all motor vehicle accidents where a police officer is at the scene. Section 1194.1.(b) provides: “*Every person operating a motor vehicle which has been involved in an accident or which is operated in violation of any of the provisions of this chapter shall, at the request of a police officer, submit to a breath test to be administered by the police officer. If such test indicates that such operator has consumed alcohol, the police officer may request such operator to submit to a chemical test in the manner set forth in subdivision two of this section.*” (HOD 92-73)

Recommendation: SUNSET. This section of law has changed to reflect advances in medical technology and tests and refusal of anyone to take these tests could result in further charges. In light of these changes, the policy should be sunsetted.

20.994 **Classification of Disease:** The International Classification of Diseases includes alcoholism, alcohol abuse, and alcohol dependence in the section described as mental disorders. MSSNY believes that alcoholism should be listed as both a mental disorder and a medical disorder for these reasons: (1) Clinical and investigative work of the past three decades has led many workers in the field of alcoholism to the conclusion that it may well be a medical condition with concomitant emotional and psychiatric components. (2) Listing of the disease as purely mental disorder adds an unnecessary and undesired stigma to an already overly stigmatized illness. (3) Adequate medical education as well as research concerning alcoholism might be significantly broadened and advanced by its inclusion within a classification of illness. (4) Such reclassification might also result in significant improvement in the accuracy with which alcoholism is reported in documents dealing with public health. (5) As long as alcoholism remains classified as a psychiatric disease, insurance payments for health care are limited to amounts ordinarily offered for psychiatric conditions. These amounts are often less than adequate for medical treatment. (Council 12/17/92)

Recommendation: SUNSET. MSSNY’s Council in 2003 reaffirmed policy 65.998 that would treat drug dependency as a clinical illness. Since Policy 65.998 has been more recently reaffirmed, Policy 20.994 should be sunsetted. (**MSSNY POLICY 65.998 Drug Dependency as a Clinical Illness:** It is the policy of MSSNY that drug dependency should be treated as a clinical illness. (HOD 98-90; Reaffirmed Council 9/11/03)

20.998 **Driving While Intoxicated (DWI):** MSSNY has taken the following position in regard to alcohol abuse on New York State highways: (1) Early identification of alcohol-abusing drivers should be facilitated by more widespread use in the field of chemical testing devices. Portable breathalyzers which are now available should be provided for use by officers at the time of initial investigation of accidents or violations because of impaired driving behavior; (2) It is recommended that an educational program on alcohol abuse and driving be developed by MSSNY for law enforcement and judiciary personnel, and that such a program be supported by the New York State Department of Motor Vehicles. The importance of early identification of alcohol-abusing drivers to achieve earlier treatment and rehabilitation should be explained. The acute and chronic effects of alcohol, plus a definition and description of alcoholism and methods of intervention and treatment should be described as part of the program. MSSNY should devise the medical and professional elements of the program, but support from the NYS Department of Motor Vehicles and the State would be necessary for implementation; (3) Local alcohol control programs in New York State which have successfully increased apprehension, conviction, and rehabilitation rates of alcohol-abusing drivers should be supported. MSSNY offers its services as a

liaison between the medical profession and citizens groups to help coordinate a comprehensive program against alcoholism; (4) An advertising campaign to educate the public, particularly young drivers, on the effects of alcohol should be undertaken. The public should also be made aware of the fact that violations and accidents due to alcohol abuse are early warning signs of alcoholism. The use of warning signs in public drinking places, retail liquor stores, and on the containers of alcoholic beverages should also be supported; (5) MSSNY favors the passage of legislation supporting anti-drunk driving measures such as the removal of intoxicated drivers from the road by either an immediate temporary suspension of a driver's license or an immediate revocation of a driver's license based on the blood alcohol content of the driver sufficient to convict of "Driving While Intoxicated" rather than "Driving While Impaired." The Medical Society of the State of New York encouraged the New York State Department of Motor Vehicles to lower its level of measuring "driving while intoxicated" (DWI) to 0.05% blood alcohol content (BAC); (6) MSSNY also is in support of legislative and administrative actions by State and local governments which will increase the realization on the part of drunk drivers that they may be arrested, prosecuted, convicted and punished.
(HOD 81-37; Council 9/10/81; HOD 82-20 & 82-75; Council 6/13/91)

Recommendation: SUNSET. This policy is dated and does not take into account many legislative or regulatory changes that have occurred in the last 30 years. It also discusses having MSSNY developed educational programs for local law enforcement and judges and that MSSNY would serve as a liaison between the medical groups and citizen groups. MSSNY does not have the expertise or the resources to develop these programs. Reference to advertising campaigns on alcohol is addressed in other MSSNY policies. The lowering of the blood alcohol content is addressed in Policy 20.898.

30.000 CHILDREN AND YOUTH:
(See also Acquired Immunodeficiency Syndrome – [AIDS], 15.000; Drug Dispensing, 70.000; Reimbursement, 265.000; Sports and and Physical Fitness; Tobacco Use and Smoking, 300.000; Vaccines, 312.000; Violence and Abuse, 315.000)

30.996 Students with Complicated Medical Conditions: MSSNY has adopted the following:

Guidelines to Schools for the Management, Staffing and Program Development for Student with Complicated Medical Conditions: (1) That the NYSED and the NYSDOH offer guidelines to schools which outline specific ways to manage, staff, and develop programs for students with complicated medical conditions, while awaiting final determinations of laws and regulations; and (2) That the NYSED and NYSDOH use physicians, as well as mid-level providers involved in school health matters, and educators with experience with students with complicated medical conditions as consultants in matters pertaining to such students, before proposals for guideline bulletins, Commissioner Regulation and changes to Education Law are made; MSSNY also recommends that the following considerations be taken into account in developing the above: (1) That the NYSED and NYSDOH develop a useful definition of the term "Student with Complicated Medical Condition." (See NOTE) (2) That the NYSED and NYSDOH include school nurses as individuals who can honor a valid "Do Not Resuscitate Order." (3) That the NYSED and NYDOH mandate all districts to employ registered nurses in all buildings where a child has been designated by a physician as having a severely complicated medical condition, or an LPN with an RN or MD directly available within five minutes response time. (4) That any student with a complicated medical condition have an Individual Health Plan (IHP) developed by the Committee on Students with Complicated Medical Conditions. This committee should consist of the district physician, the private physician,

the school nurse, an educator, a district administrator, and the parent. The IHP must be reviewed at least annually, and more frequently as a child's medical status changes. The IHP must include a medical emergency plan for management of the life threatening condition, including a plan for implementing a valid DNR order, if one exists, and which outlines the role for every individual who may care for the student. (5) That there be an understanding that the increased care rendered to students with complicated medical conditions may include care by a school nurse that goes beyond the present routine guidelines which state that nursing care must be limited to first aid. (6) That educational training and support groups be provided to all staff involved with students with complicated medical conditions, especially nurses who may not have rendered the kind of necessary care required in more than one year. (7) That schools provide comprehensive programs that address and measure the progress of students with complicated medical conditions socially, psychologically, and medically. (8) That care and attention be given to students without complicated medical conditions in the same class to ensure that they understand what may be happening to their classmate and to evaluate the impact, both positive and negative, a student with a complicated medical condition may be having on their educational experience.

* **NOTE:** "A STUDENT WITH A COMPLICATED MEDICAL CONDITION" is any child in a school building who has a physical condition which may be considered by the treating physician to require increased nursing support and/or to be life threatening. Designations include: (1) Severe: high risk for loss of life due to unstable, tenuous health status. This may include, but is not limited to, physical disability affecting swallowing and breathing, cardiac disease, severe anaphylaxis to food or insect bites, poorly controlled seizures resulting in frequent apneic episodes longer than 20 seconds. This shall include any students with a valid Do Not Resuscitate Order. (2) Moderate: high risk for loss of life due to usually stable, but infrequently unstable medical condition. This may include, but is not limited to, life threatening conditions generally well controlled on medicines or mechanical devices. Seizures that are frequent, but mild, or rarely result in cessation of breathing, cardiac arrhythmias well-controlled on medications or pacemakers, tube feedings that generally do not cause problems with breathing are examples of moderate complications. (3) Mild: stable condition that may require increased nursing support, but would not be expected to be life threatening. This may include but is not limited to, urethra catheterizations, intravenous drug administration, and well controlled seizures that have few breakthroughs or breathing cessation during school hours. (Council 6/1/95)

Recommendation: SUNSET. This policy is almost 20 years old and there have been significant changes to the law that may impact this policy. Additionally, there may be other state agencies involved in the process. Therefore, it is appropriate for the policy to be sunset and if needed develop a new policy for the MSSNY House of Delegates to consider.

65.000 DRUG ABUSE:

65.996 Marijuana Alert 2000: MSSNY has approved the following statement, *Marijuana Alert 2000*, originally issued by the National Academy of Pediatrics, and agreed to explore the best method of distributing it to physicians.

"Marijuana today is a high potency addictive, mind altering drug. It is five times stronger than it was 25 years ago, and users are 104 times more likely to go on to use cocaine! Some kids think it's all natural because it comes from a plant and is safer than tobacco.

Surprise - Tobacco is a plant, too. And pot has some of the same cancer causing compounds as tobacco, sometimes in higher concentrations.

Marijuana's Many Harmful Effects Include:

- Legal: Marijuana use is a criminal act.
Arrest will affect your future.
- Social: Heavy users become fearful, even paranoid, and lose sight of goals.
- Academic: Short term memory loss, shorter attention span, poor learning ability.
- Neurological: Poor coordination and longer reflex time, inability to track objects.
- Cardiovascular: Increased heart rate and blood pressure.
- Pulmonary: Like tobacco, airway obstruction cough and even lung cancer.
- Reproductive: Lower sperm count, irregular periods, smaller babies with smaller heads.
- Immunological: Lower ability to fight infection.” (Council 1/20/00)

Recommendation: SUNSET. MSSNY staff attempted to find this statement to see if it had been updated and was unsuccessful. It is also assumed that the reference was really the American Academy of Pediatrics and not the National Academy of Pediatrics. Attempts were made to determine if a newer statement has been issued but were unsuccessful. Perhaps it would be better if a newer statement was used such as the AMA statement on Cannabis.

65.997 Hypodermic Needle and Syringe Exchange Program: MSSNY supports a hypodermic needle and syringe exchange program trial in New York State which includes a controlled evaluation and drug user education program strongly encouraging drug treatment and rehabilitation as part of the ultimate goal in this process. (Council 5/14/92)

Recommendation: SUNSET. This has been accomplished and the needle exchange program has become permanent in New York State.

70.000 DRUG DISPENSING:
(See also Children and Youth, 30.000)

70.986 New Medications - Testing: MSSNY is urging the pharmaceutical industry to commence scientific testing of RU-486 in the United States. (HOD 90-83)

Recommendation: SUNSET. RU-486 is now in used in the US.

75.000 DRUGS AND MEDICATIONS:
(See also **Abortion and Reproductive Rights, 5.000; Drug Dispensing, 70.000; Home Health Care, 135.000; Pharmaceutical Advertising, 227.000; Public Health & Safety, 260.000; Reimbursement, 265.000; Sports and Physical Fitness, 290.000**)

75.991 Herbal Substances: MSSNY will support Federal legislative and regulatory efforts to ensure that herbal substances are free from known carcinogens, pesticides or any other chemicals known to cause human illness and meet standards established by the United States Pharmacopoeia for identity, strength, quality, purity, packaging, and labeling; and meet FDA post-marketing requirements to report adverse events, including drug interactions. (HOD 00-61)

Recommendation: SUNSET. Under the Dietary Supplement Health and Education Act of 1994, the FDA regulates both finished dietary supplement products and dietary ingredients. Additionally, The Federal Food, Drug, and Cosmetic Act requires that manufacturers and distributors who wish to market dietary supplements that contain "new dietary ingredients" notify the Food and Drug Administration about these ingredients. Generally, the notification must include information that is the basis on which manufacturers/distributors have concluded that a dietary supplement containing a new dietary ingredient will reasonably be expected to be safe under the conditions of use recommended or suggested in the labeling. Additionally, Policy 75.986 (listed above), is more recent and with modification will be more relevant in 2014.

75.993 Schedule I Drug Butyrolactone (GBL or 2G3H)-furanone dihydro): MSSNY will support a federal bill to include gamma Butyrolactone (GBL) or 2(3H)-furanone dihydro, which is a precursor of gamma hydroxy butyrate (GHB) as a Schedule I drug; and b) that MSSNY will support legislation asking that out-of-state pharmacies be licensed in New York State, if shipping prescriptions to New York State. (Council 1/20/00)

Recommendation: SUNSET. Accomplished. This drug is classified as Schedule I in New York State.

75.994 Enhanced Funding for ADAP (Aids Drug Assistance Program), including Drug Availability and Post Exposure Prophylaxis): MSSNY will advocate its support for ADAP (Aids Drug Assistance Program) through the appropriate legislative channels. (Council 2/4/99)

Recommendation: SUNSET. This has been accomplished and remains the mechanism whereby free medications for the treatment of HIV/AIDS and opportunistic infections.

75.995 Payment for Medications Containing Estrogen and Progesterone: MSSNY will seek legislation that any insurance carrier or HMO that has a prescription medication benefit be required to cover medications containing estrogen and progesterone alone or in combination, as long as the medication is being prescribed according to accepted medical standards. (HOD 99-171)

Recommendation: SUNSET. Accomplished.

75.996 Use Of Marijuana For Treatment of Glaucoma: MSSNY opposes any current legislative initiative which would legalize the use of marijuana for the treatment of glaucoma. (HOD 97-179)

Recommendation: SUNSET. MSSNY opposes the use of marijuana to treat any condition as the FDA has not approved it.

85.000 EDUCATION: (See also **Emergency Care, 87.000; Managed Care, 165.000; Tobacco Use and Smoking, 300.000; Vaccines, 312.000; Weight Management & Promotion of Healthy Lifestyles, 320.000**)

85.979 Academic Medical Centers Resident/Fellow Recruitment: That MSSNY encourage a program whereby MSSNY coordinate with Graduate Medical Education directors in order to be included as part of new resident/fellow orientation programs. (HOD 04-203)

Recommendation: SUNSET. At some institutions the county medical society has been able to secure a table for exhibiting membership information during orientation, but getting time on the agenda has been extremely difficult and the time allowed minimal. We are able to offer one-hour presentations at hospitals, providing education on non-clinical topics residents need to know to prepare for practice. These presentations are more valuable than trying to get time on an agenda that is already overloaded during orientation. The programs can be presented on site to residents in individual departments and scheduled at a time most convenient for the residents and program directors.

85.987 Adjusting Medical School Curricula: MSSNY will recommend that the American Medical Association propose to our Medical Schools that they adjust their curricula to add medical socio-economics and practice management. (HOD 99-157)

Recommendation: SUNSET. Attempts to add to the medical school curricula have not been successful because the curricula are so full that there is no room to add to it.

85.990 The HCFA Demonstration Project's Potential for Abuse: MSSNY affirms and will study the implementation of the use of incentive payments under HCFAs New York Graduate Medical Education Demonstration Project to relieve the burdens that may be imposed on remaining residents as a result of the reduction in the number of residency slots. (HOD 98-129)

Recommendation: SUNSET. The conclusion of this demonstration project was that a 4-5% reduction in residency positions was associated with a marked reduction in ED resident staffing and EM residency curriculum changes. Programs compensated by increasing the number of shifts worked (4/12), increasing shift length (1/12), decreasing pediatric ED shifts (1/12), decreasing elective or research time (2/12), and decreasing off-service rotations (4/12). Six departments hired PAs or NPs, two hired faculty, and two hired resident moonlighters. Six of twelve programs withdrew from HCFADP and returned to previous resident numbers. Eight of twelve PDs thought that they had decreased time for clinical teaching.

85.991 Preservation of Opportunities for US Graduates and IMGs Already Legally Present in This Country: In the event of reductions in the resident workforce in the State of New York, the Medical Society of the State of New York will advocate for a mechanism of resident selection which promotes the maintenance of resident physician training opportunities for all qualified graduates of United States Liaison Committee on Medical Education and American Osteopathic Association accredited institutions.

MSSNY adopts and will publicize the position that if hospitals reduce the number of residency positions they offer, MSSNY will continue to advocate for equal consideration in the candidate selection process of IMGs who are already legally present in this country.

MSSNY will ask the AMA to urge the Educational Commission for Foreign Medical Graduates (ECFMG) to reduce the number of examinations it offers abroad, in the light of decreased availability of residency positions; and make it clear to graduates of international medical schools that the opportunity for residency training and practice in the United States are becoming extremely limited.

This information should be included in the initial application materials given to the candidates prior to the examination. (HOD 97-228; Reaffirmed Council 3/19/98)

Recommendation: SUNSET. The Committee on Medical Education believes that a new policy should be developed that will be more relevant.

85.992 **Residents' Ability to Write Restraint Orders:** MSSNY will urge the Joint Commission for Accreditation of Healthcare Organizations to acknowledge that residents in ACGME and American Osteopathy Association approved postgraduate training programs may appropriately write orders for physical restraints, with timely notification to the attending physician. HOD 97-153)

Recommendation: SUNSET. In November 2008, the Joint Commission issued the following statement: Joint Commission standards require that a licensed independent practitioner: 1) order restraint or seclusion when applied for behavioral health reasons, and 2) conduct a face-to-face evaluation of a patient in restraint or seclusion. However, under the following four conditions a physician in a graduate medical education program (i.e., residency) may perform these activities. These activities, as all other patient care activities performed by the participants in graduate medical education programs, are to be appropriately supervised. Four requirements must be met for a resident to order restraint or seclusion for behavioral health reasons, or conduct the required face-to-face evaluation of a patient in restraint or seclusion:

1. State law permits residents to perform these two activities under the auspices of a graduate medical education program.
2. The graduate medical education program has provided relevant education and training for the resident in performing these two activities. [Graduate medical education programs accredited by the Accreditation Council on Graduate Medical Education would be expected to be in compliance with this requirement; the organization should be able to demonstrate compliance with any residency review committee citations related to this requirement.]
3. In the judgment of the graduate medical education program, the resident is able to competently perform these two activities.
4. The health care organization in which the resident provides patient care permits residents to perform these two activities.

85.996 **Funding for Medical Schools and Teaching Hospitals:** MSSNY supports the positions on medical school and teaching hospital funding as adopted by the Association of American Medical Colleges (AAMC) Executive Committee.

MSSNY supports such funding through legislation that creates all payer fund to financially assist the Medical Schools in order to ensure the continuation of high quality and responsive education and research. MSSNY supports such funding through legislation that creates an all payer fund to financially assist teaching hospitals to support their higher cost relative to non-teaching hospitals and urges that these funding proposals be incorporated in any legislative vehicles to be considered as a part of health care reform proposals. (Council 6/2/94)

NB: A copy of the Recommendations of the AAMC Summary is on file at MSSNY headquarters.

Recommendation: SUNSET. The New York Health Care Reform Act of 1996 provides for an assessment on covered lives that raises significant money for a GME fund. Technically, the New York assessment is voluntary; however, payers who do not pay the assessment on covered lives must pay a significant assessment on inpatient rates, most payers have chosen to pay the assessment on covered lives.

85.998 **Graduate Medical Education:** MSSNY adopted positions on the First and Second Annual Reports of the New York State Council on Graduate Medical Education. Copies of these positions are on file at MSSNY Headquarters. (Council 5/10/90)

Recommendation: SUNSET. MSSNY staff was unable to secure copies of these reports or the copies of the MSSNY positions. Since this policy was adopted 23 years ago, its relevance cannot be determined.

95.000 **ETHICS:**

95.983 **Physician-Assisted Suicide:** It is MSSNY's policy that a physician may not be mandated to assist a patient's suicide or to override a patient's refusal of therapy, including nutrition and dehydration, and that a terminally ill patient's appropriate medical care includes adequate analgesics even when the medication dosage is such that it may prove fatal. (Council 12/18/97)

Recommendation: SUNSET. This policy really does not address physician assisted suicide.

95.984 **Health Care Proxy Identifier:** MSSNY supports the position that the New York State Department of Motor Vehicles should designate an area on the back of drivers licenses to identify health care proxy similar to the area already identified for organ donation. (Council 7/18/97)

Recommendation: SUNSET. Accomplished.

95.986 **DNR Within New York State Correctional Facilities:** MSSNY supports the passage of legislation to further amend New York State Public Health Law, Article 29B, *Orders Not to Resuscitate*, to include inmates incarcerated in correctional facilities of the New York State Department of Corrections thus making them eligible for DNR decisions. (HOD 93-107)

Recommendation: SUNSET. The New York State Department of Health has an approved standard Out of Hospital DNR form that is legally recognized statewide for DNR requests occurring outside of Article 28 licensed facilities. This form is intended for patients not originating from a hospital or nursing home. Therefore, this policy is no longer applicable.

95.990 **Futile Cardio-Pulmonary (CPR) Resuscitation Therapy:** MSSNY supports legislation or regulatory efforts that will absolve physicians of the requirement to offer futile cardio-pulmonary resuscitation (CPR) therapy to patients in their care. (HOD 91-43)

Recommendation: SUNSET. The imposition of futile CPR is not required in New York State and therefore this policy is not relevant.

95.991

Gender Disparities in Medical Care and Research: MSSNY adopted and supports the recommendations of the AMA Council on Ethical and Judicial Affairs, Report B (1-90) as adopted by the House of Delegates on December 4, 1990 as follows: (1) Attitudes and Practices: Physicians should examine their practices and attitudes for influence of social or cultural biases which could be inadvertently affecting delivery of medical care. Further research and education should be conducted to increase awareness of the possible influences that social perceptions of gender roles may have on health care. (2) Research: More medical research on women's health and women's health problems should be pursued. Results of medical testing done solely on males should not be generalized to females without evidence that results apply equally to both genders. Research on health problems that affect both genders should include male and female subjects. Sound medical and scientific reasons be required for excluding females from medical tests and studies such as that the proposed research does not or would not affect the health of females. An example would be research on prostatic cancer. (3) Removing Gender Bias: Physicians must ensure that gender is not used inappropriately as a consideration in clinical decision making. The development and implementation of procedures and techniques which preclude or minimize the possibility of gender bias should be developed. For instance, a gender-neutral determination for kidney transplant eligibility should be used. (4) Medical Staff Assessment: Medical staffs should develop programs to determine whether treatment decisions are influenced by gender bias and whether either gender is being disadvantaged by treatment decisions generally. (5) Remedial Action: Instances in which a physician's treatment decision appears to turn inappropriately on the patient's gender deserve further scrutiny. If evidence of systematic gender bias in clinical decision making is found, then appropriate review or corrective proceedings should be undertaken. (6) Increasing Numbers of Female Physicians in Leadership Positions: Awareness of and responsiveness to socio-cultural factors which could lead to gender disparities may be enhanced by increasing the number of female physicians in leadership roles and other positions of authority in teaching, research and the practice of medicine. The AMA should continue its efforts to insure access to higher level positions in medicine for female physicians. (7) Further Study to Determine Causes of Disparities: Further research into the possible causes of gender disparities should be conducted. It is important to ascertain to what extent gender disparities in medical care are a result of biological differences between the genders and to what extent utilization practices and physician/patient interactions are influenced by cultural and social conceptions of gender. (HOD 91-30)

Recommendation: SUNSET. This policy is over 20 years old and since 1991, there has been research and programmatic changes within the healthcare arena as to the health disparities that have existed in women and other populations. Additionally, the AMA adopted new policy (Opinion 9.122-Gender Disparities in Health Care) in 1994 which is more applicable. The AMA Women's Congress has also developed a compendium on women's issues, including disparities, education and leadership which are relevant to today. (AMA Opinion 9.122 - Gender Disparities in Health Care: A patient's gender plays an appropriate role in medical decision making when biological differences between the sexes are considered. However, some data suggest that gender bias may be playing a role in medical decision making. Social attitudes, including stereotypes, prejudices, and other evaluations based on gender role expectations, may play themselves out in a variety of subtle ways. Physicians must ensure that gender is not used inappropriately as a consideration in clinical decision making. Physicians should examine their practices and attitudes for influence of social or cultural biases which could be inadvertently affecting the delivery of medical care. Research on health problems that affect both genders should include male and female subjects, and results of medical research done solely on males should not be generalized to females without evidence that results apply to both sexes. Medicine and society in general should ensure that resources for medical research should be distributed in a manner which promotes the health of both

sexes to the greatest extent possible. (I, IV). AMA Women's Congress compendium:<http://www.ama-assn.org/resources/doc/wps/wpc-policy-compendium.pdf>)

95.992 **Capital Punishment - Physician Participation:** A physician, as a healer and member of a profession dedicated to the preservation of life, should not be a participant in a legally authorized execution but may certify the death of the executed person on the grounds that this does not constitute active participation in the execution. Participation in an execution is deemed to include, among other things: (1) The determination of mental and physical fitness for execution; (2) The rendering of technical advice regarding execution; (3) The prescription, preparation, administration or supervision of doses of drugs in jurisdictions where lethal injection is used as a method of execution; (4) The performance of medical examinations during the execution to determine whether or not the prisoner is dead.

Participation in a legally authorized execution is not deemed to include the following actions and, accordingly, a physician may act in any of the following ways: (1) Serve as a witness in a criminal trial prior to the rendering of a verdict to determine guilt or innocence of an accused person; (2) Relieve acute suffering of a convicted prisoner while he is awaiting execution; (3) Certify death, provided that the prisoner has been declared dead by someone else and; (4) Perform an autopsy following an execution. This statement is firmly rooted in the principle that a physician's first consideration is to do no harm; primum non nocere. (Council 5/10/90; Reaffirmed HOD 96-219)

Recommendation: SUNSET. Policy 95.985 is more recent and therefore this policy was should be sunset.

115.000 **HEALTH CARE PROFESSIONALS/PROVIDERS:**
(See also **Acquired Immunodeficiency Syndrome [AIDS], 15.000**)

115.997 **Hepatitis B Immunization:** MSSNY takes the position that all health care workers in New York State who are at risk of infection with Hepatitis B virus should be fully immunized with HBV vaccine, and that all students entering medical school or dental school in New York State should be immunized as well.

MSSNY recommends that physicians in proposing prophylaxis with either the plasma-derived or the recombinant DNA Hepatitis B vaccine include in their consideration persons in the following susceptible pre-exposure categories: health care personnel, homosexually active men, intravenous drug abusers, heterosexual men and women with multiple sex partners, household and sexual contacts of Hepatitis B carriers, clients and staff of some institutions for the mentally retarded, hemophiliacs, hemo-dialysis patients, inmates of long-term correctional facilities, immigrants and refugees from countries with high rates of endemic Hepatitis B virus infection, and certain international travelers at increased risk of acquiring Hepatitis B. virus infection. (Council 10/9/86; Council 1/30/92)

Recommendation: SUNSET. Hepatitis immunization is now the standard of care and is provided at infancy and is a required immunization for health care workers.

120.000 **HEALTH INSURANCE COVERAGE:**
(See also **Abortion and Reproductive Rights, 5.000; Alcohol and Alcoholism, 20.000; Reimbursement, 265.000**)

120.993 **Smoking Cessation Reimbursement:** MSSNY strongly supports the introduction of appropriate legislation requiring all health insurers in this state, including HMOs, to provide coverage for smoking cessation counseling of patients, and that such coverage encompass physician office visits. (HOD 97-253)

Recommendation: SUNSET. Smoking cessation counseling is now a requirement of the Affordable Care Act and therefore, the policy is no longer relevant.

120.988 **MSSNY Position on Child Health Plus Program (CHPlus):**

- * The Medical Society supports using the Child Health Plus program as the platform for expanding children’s health insurance coverage under the new federal program.
- * We support an enhanced benefit package that includes coverage for dental, eyeglasses and hearing aids.
- * We support parity for mental illness, alcoholism and substance abuse services in the CHPlus program.
- * The Medical Society supports a 60-day presumptive eligibility period beginning with the initial visit and support a one year enrollment “lock in.”
- * MSSNY is supportive of the Department of Health efforts to create a “seamless” application process for Medicaid, CHPlus and WIC.
- * Legislative efforts to remove the face to face Medicaid enrollment requirement is supported by MSSNY.
- * We support targeting the majority of the \$25 million annually allocated for administration including enrollment and marketing to efforts targeted at the most needy -- low-income, minority and urban and rural residents.
- * The Medical Society is supportive of developing a program that allows physicians to sign up children during an office visit.
- * To the extent funds are available or unexpended, MSSNY would support raising, on an incremental basis, the eligibility for CHPlus above 220% of the federal poverty level.
- * We urge the state to consider, at an appropriate time, subsidies for family coverage. (Council 2/5/98)

Recommendation: SUNSET. Accomplished. This policy was originally developed in 1998 by MSSNY as the state was considering expansion of the Child Health Plus program. Over the last 15 years, state legislation and the passage of the Affordable Care Act, has meant that CHPlus has significantly been expanded to ensure that almost every child in New York State has health care coverage.

120.994 **Insurers To Cover Hepatitis B Immunization:** It is the position of MSSNY that all insurers should cover Hepatitis B immunization; MSSNY will petition the New York State Commissioner of Insurance to make the Hepatitis B immunization coverage mandatory for all government, private and commercial insurers who operate in the State of New York. (HOD 97-252)

Recommendation: SUNSET. Accomplished. Hepatitis B immunization is now recommended by the ACIP and under New York State law insurance companies provided coverage.

130.000 **HEALTH SYSTEM REFORM:**
(See also Education, 85.000; Health Care Delivery Systems, 110.000; Managed Care, 165.000; Reimbursement, 265.000)

130.989 **Funding Academic Medicine and Teaching Hospitals:** MSSNY supports the position on medical school and teaching hospital funding as adopted by the Association of American Medical Colleges Executive Council on February 24, 1994, a Summary of which states: “The AAMC strongly supports redrafting of the Academic Health Center (AHC) section of the Health Security Act (Title III, Subtitle B) to create a fund for teaching hospitals which is fundamentally similar to the purpose of the indirect medical education (IME) adjustment in the Medicare prospective payment system, and to establish a separate all-payer stream of revenue to assist medical schools in meeting their academic responsibilities, including the education of high quality physicians, in an era of health care reform.”

MSSNY support such funding of medical schools that creates an all payer fund to financially assist the medical schools in order to ensure the continuation of high quality and responsive education and research, and to financially assist teaching hospitals to support their higher cost relative to non-teaching hospitals. MSSNY believes that any legislative vehicles to be considered as part of health system reform proposals should include provisions for such funding. (Council 6/24/94)

Recommendation: SUNSET. This policy is essentially the same as Policy 85.996, which has been accomplished.

140.000 **HOMELESS SHELTERS:**

140.999 **Armories as Shelters for the Homeless:** MSSNY supports federal, state, and city fiscal funding of shelter programs and services for the homeless, and the mentally ill homeless in particular. It supports programs for substantial growth in the number of smaller congregate homes and in structured daytime programs for the mentally ill homeless, whether operated under public or private auspices or both. MSSNY has urged public authorities of New York State and New York City to phase out armories as shelters for the homeless as quickly as possible, and has urged the State of New York to defer its current plan to further de-institutionalize the chronic mentally ill because of its consequence of further increase in the numbers of mentally ill homeless. Selected members of New York’s Congressional Delegation were approached on possible additional federal resources to assist state and local governments to provide adequate shelters for the homeless. (HOD 92-22)

Recommendation: SUNSET. Policy is outdated as NY State has moved toward smaller group homes and other programs.

145.000 **HOSPICE AND PALLIATIVE CARE:**

145.998 **Medicare Hospice Benefits for Nursing Home Residents:** COBRA of 1986 extended Medicare hospice benefits to nursing home residents. A suitable mechanism exists in New York State whereby a certified hospice program may provide services to a nursing home resident as if the nursing home were that person’s own home. MSSNY supports the concept of contracts between nursing homes and certified hospice programs and urges nursing homes and hospices to enter into such contracts, subject to federal and state laws and regulation. (Council 5/14/92)

Recommendation: SUNSET. There have been changes to COBRA since 1986 and to hospice and nursing home care since this policy was adopted that allows nursing homes to provide hospice care. Therefore, the policy should be sunsetted as the majority of this policy has been accomplished.

205.000 MENTAL ILLNESS:
(See also **Health Insurance Coverage, 120.000; National Practitioner Data Bank, 210.000; Public Health & Safety 260.000**)

205.996 Integrated Services for Public Mental Health Care: MSSNY will ask that the New York City Department of Mental Health and the New York State Office of Mental Health work together to study other systems for providing public mental health care and develop more integrated services that provide continuity of care. (HOD 00-163)

Recommendation: SUNSET. Efforts are currently underway to enhance mental health care especially with the behavioral health and medical homes.

205.997 Outpatient Certification: MSSNY will seek Federal legislation to permit out-patient certification allowing psychiatrists to require patients who are non-compliant to be brought involuntarily to clinics. (HOD 99-156)

Recommendation: SUNSET. This policy is dated and does not speak to what type of clinic that patients should be brought to.

205.998 The Need for Adequate Community Facilities Prior to Discharge of Mentally Ill from Mental Institutions: MSSNY opposes further rapid deinstitutionalization of the mentally ill until an adequate community system is in place to accommodate them.

MSSNY will strongly urge the Commissioner of the New York State Office of Mental Health, Mr. James Stone, to use his existing powers and funds to establish residential services appropriate in number and location to meet existing and projected needs. (Council 10/22/98)

Recommendation: SUNSET. Policy was applicable in 1998, no longer applies nor is this the same commissioner. MSSNY's 2014 Legislative Program now includes current aspects of closures of facility and therefore, this policy should be sunsetted.

227.000 PHARMACEUTICAL ADVERTISING:

227.998 Regulation of Media Advertising of Prescription Drugs: MSSNY confirms its strong support for the autonomous clinical decision-making authority of physicians to prescribe medications for "off-label" use when such physician believes that it is clinically indicated for the patient. (HOD 04-67)

Recommendation: SUNSET. This is duplicative of Policy 75.988 and therefore is not necessary.

235.000 PHYSICIAN CREDENTIALING/RE-CREDENTIALING:

235.998 Physician Recredentialing: MSSNY supports the concept of the Department of Education doing a special survey of a small group of physicians licensed in the State of New York at the time of their next re-registration provided that the Society will have input into the creation of such a survey. The survey will solicit information on their education, continuing medical education activities, disciplinary actions, etc. Results of the survey may be used to expand its future use to include all New York State physicians.

MSSNY supports: (1) The development of an “indicator system” to identify “problem physicians”; (2) The development of more sophisticated methods of determining what the problems really are; and; (3) The organization of appropriate remedial actions.

MSSNY understands that the State Board for Medicine has already started the first phase. Phases 2 and 3 are more complex and will require collaboration among several groups. MSSNY recommends the careful development and testing of “practice parameters” to assist physicians in clinical decision-making but opposes any attempts, at this time, to use them for “re-credentialing purposes.” MSSNY urges better recognition and stronger support efforts to bring together under one umbrella, all parties in the Continuing Medical Education-Quality Assurance fields for better coordination of efforts, collaboration where appropriate, development of policy, and instigation of pilot projects including the issue of re-credentialing. The Continuing Medical Education Council of the State of New York, Inc. is designed to serve this purpose. MSSNY agrees with the Federation of State Medical Boards (FSMB) that “it is not possible in practical terms to determine the competence or fitness of the mass of physicians in any way that will not burden the system with unacceptable costs and physicians with unacceptable interruptions.” (Council 1/30/92)

Recommendation: SUNSET. This policy appears to be obsolete in that it dates back to 1992 and that there is no evidence this survey was ever done. Since then, this information is now gathered in the NYS Department of Health’s Physician Profile when a physician re-registers for a medical license.

260.000 PUBLIC HEALTH & SAFETY:
(See also **Acquired Immunodeficiency Syndrome, 15.000; Environmental Health, 90.000; Health Insurance Coverage, 120.000; Mental Illness, 205.000; Nuclear War, Weapons and Terrorism, 215.000; Peer Review, 225.000; Reimbursement, 265.000; Vaccines, 312.000; Violence and Abuse, 315.000; Weight Management & Promotion of Healthy Lifestyles, 320.000**)

260.942 Free Access to Fresh Water at Food Establishments: MSSNY supports local and state efforts to assure that all non-mobile venues that sell beverages provide public drinking fountains or other free sources of fresh drinking water. (HOD 04-154)

Recommendation: SUNSET. For the most part, this policy has been achieved in food establishments in NY State.

260.958 Herbal Substances: MSSNY will support Federal legislative and regulatory efforts to ensure that herbal substances are free from known carcinogens, pesticides or any other chemicals known to cause human illness and meet standards established by the United States Pharmacopoeia for identity, strength, quality, purity, packaging, and labeling; and meet FDA post-marketing requirements to report adverse events, including drug interactions. (HOD 00-161)

Recommendation: SUNSET. Policy was duplicative and there is a newer policy that is being reaffirmed (Policy 75.986) within this sunset report.

260.961 Folic Acid and the Prevention of Neural Tube Defects: MSSNY has adopted as its policy, AMA PolicyH-440.898, “Recommendations on Folic Acid Supplementation”: Our AMA will: (1) encourage the Centers for Disease Control and Prevention (CDC) to continue to conduct surveys to monitor nutritional intake

and the incidence of neural tube defects (NTGD); (2) continue to encourage broad-based public educational programs about the need for women of child-bearing potential to consume adequate folic acid through nutrition, food fortification, and vitamin supplementation to reduce the risk of (NTD); (3) encourage the CDC and the National Institutes of Health to fund basic and epidemiological studies and clinical trials to determine causal and metabolic relationships among homocystein, vitamins B12 and B6, and folic acid, so as to reduce the risks for and incidence of associated diseases and deficiency states; (4) encourage research efforts to identify and monitor those populations potentially at risk for masking vitamin B12 deficiency through routine folic acid supplementation of enriched food products; (5) urge the Food and Drug Administration to increase folic acid fortification to 350 mcg per 100 grams of enriched cereal grain; and (6) encourage the FDA to require food, food supplement, and vitamin labeling to specify milligram content, as well as RDA levels for critical nutrients, which vary by age, gender, and hormonal status (including anticipated pregnancy). (CSA Rep. 8, A-99); (HOD 00-156)

Recommendation: SUNSET. Accomplished. In 2009, the US Preventive Services Task Force recommended that recommends that all women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid; this recommendation received a Grade A recommendation. The USPSTF concluded that, for women who are planning or capable of pregnancy, there is high certainty that the net benefit is substantial. ACOG, AAFP, and most other organizations recommend 4 mg/d for women with a history of a pregnancy affected by a neural tube defect. This is now the standard of care.

260.962 **Irradiated Food:** MSSNY affirms its endorsement of the usefulness of food irradiation, and will urge the New York State Department of Health to publish an advisory to the public which reflects the addition of meat to the long list of irradiated products going back to 1963. (HOD 00-151)

Recommendation: SUNSET. This policy is no longer necessary. A variety of foods have been approved for irradiation in the United States, for several different purposes. For meats, separate approval is required both from the FDA and the USDA. A distinctive logo has been developed for use on food packaging, in order to identify the product as irradiated. This symbol is called the "radura" and is used internationally to mean that the food in the package has been irradiated. A written description may also be present, such as "Irradiated to destroy harmful microbes". There is also a list of irradiated food products on the CDC website.

260.964 **Organ/Tissue Donation Information on Health Insurance Cards:** MSSNY will call for legislation requiring that a) insurers and managed care organizations in New York State to indicate the subscribers' wishes on organ donation on the health insurance card issued to each subscriber; b) requiring that information regarding organ donation wishes be included on all Health Care Proxy forms. (HOD 00-55)

Recommendation: SUNSET. Legislation became effective October 2013 that requires all New Yorkers who are applying for, or renewing, a driver's license or non-driver's license ID will be required to respond to the organ donor enrollment question. New Yorkers can either select "yes" to enroll as an organ donor on the New York State Donate Life Registry or "skip this question. Organ donation information is also available on the NY driver's license or non-driver ID and there is a registry that an individual can now use to sign up as an organ donor. This policy is no longer needed.

260.965 **Prevention of Pneumococcal Disease:** MSSNY has adopted as policy the recommendations of the Advisory Committee on Immunization Procedures (ACIP) of the Centers for Disease Control and Prevention on the prevention of pneumococcal disease published in *Morbidity and Mortality Weekly Report* vol. 48 8RR S, April 4, 1997. A copy of *Morbidity and Mortality Weekly* is available in the Office of the Executive Vice-President. (HOD 99-162)

Recommendation: SUNSET. Pneumococcal immunization is now recommended by ACIP and is now the standard of care.

260.966 **Asthma Warning Labels for Yellow Dye Number 5 Food Coloring:** MSSNY will seek legislation that would require clear ingredient labels be placed on all edibles and drugs which contain yellow dye number five (5). (HOD 99-161)

Recommendation: SUNSET. Color additives are required to be approved by FDA and listed in the U.S. Code of Federal Regulations (CFR) before they may be used in products marketed in the U.S. Under the Federal Food, Drug, and Cosmetic Act (FFDCA or the Act), a color additive is not to be listed unless data establish that the proposed use of the color additive is safe. The FDA also has an advisory committee on this issue to look at dyes in foods. This policy talks about having MSSNY seek legislation to have an asthma warning label on all on all edibles and drugs which contain yellow dye. This is area that is regulated by the FDA and therefore, MSSNY would not be able to seek state legislation to prohibit this.

260.967 **FDA Regulation of Nutritional Supplements:** MSSNY supports a resolution to the American Medical Association's House of Delegates to seek passage of federal legislation establishing the Food and Drug Administration's authority to regulate nutritional supplements. (HOD 99-153)

Recommendation: SUNSET. This resolution went to the AMA in 1999. There has also been later policy on nutritional supplements that MSSNY has adopted.

260.968 **Prominent Notice of Product Reformulation on Cosmetic Products:** MSSNY supports a resolution to the American Medical Association's House of Delegates seeking passage of federal legislation requiring that any changes in the formulation of and the date of change of a cosmetic preparation should be prominently displayed on the container and the outer wrapper. (HOD 99-152)

Recommendation: SUNSET. This resolution was forwarded to the AMA in 1999 and therefore, is no longer relevant.

260.970 **Improving Asthma Outcomes While Reducing Costs:** MSSNY recognizes and will publicize the availability of the 1997 asthma guidelines as published by the National Institutes of Health. (HOD 98-156)

Recommendation: SUNSET. There are subsequent guidelines for asthma and therefore the policy is no longer germane.

260.971 **Women's Health Training:** MSSNY will urge the American Medical Association to explore ways to improve formal training in women's health issues. (HOD 97-152)

Recommendation: SUNSET. This resolution went to the AMA in 1997 and since then MSSNY and the AMA has adopted policies that address disparate health issues regarding various population, including women.

260.972 **Needles and Syringes, Over-the-Counter Sale of:** MSSNY supports repeal of New York State Education Law 6811 and the New York State Public Health Law 3381 to provide for pharmacy-based sale of reasonable quantities of hypodermic needles and syringes without a physician's prescription. (HOD 96-75)

Recommendation: SUNSET. The needle exchange program is now a permanent program in New York State and availability of up to 10 hypodermic needles and syringes are allowed without a prescription.

260.973 **Chlamydia Infection Sexually Transmitted, Screening for In Routine Care:** MSSNY recognizes the public health need for physicians to consider screening for Chlamydia infection as an important part of care in sexually active female adolescents, high risk pregnant women, and other women at high risk for Chlamydia infection along with treatment of male partners as well as the patient. While there is insufficient evidence to recommend for or against routine screening of males, MSSNY recommends that screening be performed in clinical settings with a high prevalence of asymptomatic infection (7% or more) as in urban adolescent clinics. (HOD 96-155)

Recommendation: SUNSET. MSSNY Policy 15.957 was revised at the 2013 House of Delegates and is now more relevant and supersedes this policy.

(MSSNY Policy 15.957 Expedited Partner Therapy in the Management of Sexually Transmitted Infections- MSSNY to (1) support the Centers for Disease Control and Prevention's guidance on expedited partner therapy (EPT) that was published in its 2006 white paper, *Expedited Partner Therapy in the Management of Sexually Transmitted Diseases*; (2) support legislation that would allow physicians diagnosing a sexually transmitted infection (STIs) in an individual to prescribe or dispense antibiotics to that person's sex partner in instances where the CDC has recommended the use of EPT; and (3) to continue to ensure that physicians participating in the delivery of EPT are protected from liability.)

260.976 **Mammography Recommendations:** MSSNY reaffirms the American Cancer Society's recommendation that mammography screening begin by age 40, but not preclude self-examination, and that this screening be repeated every one to two years for women 40-49, and every year thereafter. (HOD 95-160)

Recommendation: SUNSET. MSSNY Policy 125.966 has since been adopted and is more relevant. (MSSNY Policy 125.996 Screening Programs and Interventions Most Beneficial in Improving the Overall Health of the Public: Section 5 states: 5) *Breast Cancer Screening Mammography and Appropriate Treatment – Women age 40 and older should have a screening mammogram every year and should continue to do so for as long as they are in good health. Breast self exam (BSE) is an option for women starting in their 20s. Women should be told about the benefits and limitations of BSE. Women should report any breast changes to their health professional right away. Women in their 20s and 30s should have a clinical breast exam (CBE) as part of a periodic (regular) health exam by a health professional, at least every 3 years. After age 40, women should have a breast exam by a health professional every year. (Screening Guidelines for the Early Detection of Cancer in Average-risk Asymptomatic People— American Cancer Society). Criteria for the use of breast MRI screening as an adjunct to mammography for high risk women include: having a BRCA 1 or 2 mutation; having a first-degree relative with a BRCA 1 or 2 mutation and are untested; having a lifetime risk of breast cancer of 20-25 percent or more as defined by models that are largely dependent on family history; received radiation treatment to the chest*

between ages 10-30 such as Hodgkin's Disease; carry or have a first-degree relative who carries a genetic mutation in the TP53 or PTEN genes. (Saslow D, Boetes C, Burk W, et. al. American Cancer Society Guidelines for Breast Screening with MRI as an Adjunct to Mammography. CA Cancer J Clin 2007;57:75-89).

260.978 **Maternal And Newborn HIV Testing And Care:** MSSNY has adopted the following Official Position with respect to HIV testing of all pregnant women:
(1) Public Health Law should be amended to make HIV antibody testing routine, consistent with general informed consent, at the first prenatal visit. The institution giving intra-partum care shall obtain HIV antibody testing of the infant as part of the panel of screening tests already Performed. Results of the HIV Antibody testing will be reported to the patient's parent or appropriate caregiver. (2) Counseling will be provided in the course of routine medical care to those HIV-positive individuals. (3) Adequate resources must be allocated for continued infrastructure expansion and the costs of ongoing care, including, but not limited to: (a) Enhanced Medicaid and other third party reimbursement rates reflecting the special costs of services for HIV-infected pregnant women and children. (b) Grants and contracts for expansion and ongoing support to regional centers of excellence which meet standards for multidisciplinary care, including outreach, Public education and other non-reimbursable services. (c) Financial protection of programs in the face of competitive pressures associated with health care reform. (d) Measures to facilitate enrollment of children and their mothers in clinical treatment trials. (4) MSSNY advocates continued development and evaluation of better diagnostic tests for HIV infection in newborns and supports their widespread use in early diagnosis. (5) MSSNY advocates development of optimal programs for HIV-Positive and AIDS-symptomatic infants and their families. Such programs should include support systems to help parents care for these infants and simplified foster care arrangements for children whose parents are unable to provide such care. (HOD 95-169)

Recommendation: SUNSET. This policy is dated and there have been numerous changes to the public health law which changes reimbursement, counseling and testing of women and newborns.

260.979 **Tuberculosis Screening of Immigrants:** MSSNY has adopted the position that the AMA review with the Centers for Disease and Control and prevention and the U.S. State Department current policy and procedure for screening applicant immigrants with abnormal chest films, and advocates a return to the practice of requiring negative sputum cultures for tuberculosis in suspect cases and completion of a regimen of therapy before admission to the U.S. (HOD 95-177)

Recommendation: SUNSET. Accomplished. The U.S. Department of Health and Human Services (HHS) requires that all immigrants and refugees coming to the United States be screened for tuberculosis (TB). CDC's Division of Global Migration and Quarantine (DGMQ) develop the TB Technical Instructions, which are guidelines for physicians who conduct these screenings. These screening requirements, known as the TB Technical Instructions, focus on testing and treating immigrants and refugees.

260.982 **Vitamin K Prophylaxis in Newborn:** MSSNY has adopted the position that state medical societies urge state health departments to amend their health codes to specify that every neonate should receive a single dose of 0.5 - 1 mg of natural vitamin K oxide (phytonadione), preferably parenterally, within one hour of birth to prevent vitamin K dependent hemorrhagic disease and coagulation disorders and has urged the American

Medical Association to become a vigilant advocate, in a continuing way, on the routine use of vitamin K prophylaxis for the newborn. (HOD 94-159)

Recommendation: SUNSET. Accomplished. This has been part of the Newborn Screening Panel in New York State since 1999. Other states are requiring that Vitamin K is administered at birth.

260.983 **AZT Intervention in Pregnancy:** MSSNY has introduced a resolution at the American Medical Association's House of Delegates urging that the AMA study AZT intervention in pregnancy from several aspects, including: (1) The guidelines for HIV diagnosis and AZT treatment needed to maximize favorable outcomes for mothers and infants; (2) The cautions to be observed; (3) Re-clarification of the central role of physicians and nurse-midwives in professional decision-making; (4) Modification of the circumstances of practice, if any. (HOD 94-163)

Recommendation: SUNSET. The use of AZT is now the standard for use in infected women who are pregnant.

260.984 **Respirators for Nosocomial TB Control:** MSSNY endorses the American Medical Association's Board of Trustees Report JJ (A-93) entitled "Update on Tuberculosis" which states that the routine use of powered air purification respirators for protection against the transmission of TB is uncalled for in health care facilities where all other standard professional and governmental protective guidelines are fully implemented, and takes the position that the High Efficiency Particulate Air (HEPA) respirator is not a feasible device for use in routine care of tuberculosis patients. (HOD 94-165)

Recommendation: SUNSET. Information on this issued is very dated and there is no new information on this matter.

260.985 **Brand Certification Process, Opposition to:** MSSNY opposes the implementation of a Brand Certification Process. (HOD 94-168)

Recommendation: SUNSET. There is no information on what brand certification process is or what this pertains to.

260.986 **Chlamydial Infection, Screening for In Routine Care:** In recognition of the need to educate physicians and the public in the recent approaches that have become available for the prevention and control of chlamydial infection, the Medical Society of the State of New York takes the position that physicians and other health care providers be encouraged to recognize the public health need to include screening for chlamydial infection as an important part of routine care of sexually active, at-risk individuals, and recognize the public health key to reaching large numbers of individuals with asymptomatic infection. MSSNY has asked the AMA to take a similar position and to urge state medical societies to alert their members to the new diagnostic screening tests and the therapies available for the management of chlamydial infection. (HOD 94-169)

Recommendation: SUNSET. More updated policy adopted.

(MSSNY Policy 15.957 Expedited Partner Therapy in the Management of Sexually Transmitted Infections- MSSNY to (1) support the Centers for Disease Control and Prevention's guidance on expedited partner therapy (EPT) that was published in its 2006 white paper, *Expedited Partner Therapy in the Management of Sexually Transmitted Diseases*; (2) support legislation that would allow physicians

diagnosing a sexually transmitted infection (STIs) in an individual to prescribe or dispense antibiotics to that person's sex partner in instances where the CDC has recommended the use of EPT; and (3) to continue to ensure that physicians participating in the delivery of EPT are protected from liability.)

260.987 **Right Heart Catheterization:** The MSSNY Committee on Cardiovascular Diseases supports the concept that Right Heart Catheterization should only be performed when there are specific indications. (Council 12/16/93)

Recommendation: SUNSET. A right heart catheterization is performed to determine how well the heart is pumping and to measure the pressures in the heart and lungs and is now acceptable medical procedure.

260.989 **Folic Acid (Dietary) For the Prevention of Neural Tube Defect:** In order to reduce the risk of neural tube defect, the Medical Society of the State of New York has requested that the AMA call attention in its public education materials and reports to the recommendations of the United States Public Health Service that all women capable of becoming pregnant consume 0.4 mg. of folic acid daily and that a larger amount be consumed under medical supervision if there is a history of this defect. (HOD 93-82)

Recommendation: SUNSET. Accomplished. Standard of care in medicine.

260.990 **Case Management for TB, Increased Funding for:** MSSNY is supporting and encouraging the New York State Congressional Delegation to seek increased funding for New York State tuberculosis (TB) case management and programs for directly observed therapy with patient inducements, if necessary. The Society is urging local health officers to exercise their statutory authority to isolate, as soon as possible, infectious TB patients who are not compliant with directly observed therapy, pending due process hearings. (HOD 93-75)

Recommendation: SUNSET. It is unclear what background preceded this action. Additionally, New York State public health law allows for contact tracing and isolation of cases.

260.991 **Tuberculosis - Directly Observed Therapy:** MSSNY called on the AMA to support the initiative of public health authorities to modernize the health codes of their states on tuberculosis control, including specific authorization for implementation of a Commissioner-ordered program of directly observed therapy for tuberculosis when patient compliance poses a risk to the public. It also requested the AMA to support the view that directly observed therapy for tuberculosis for newly discharged patients from hospitals is seen as desirable routine policy for community control against the evolution of multi-drug resistant strains, as well as supporting the view that, in cases when coercive examination, evaluation, treatment or detention are seen as necessary by public health authority, each decision should be based on an individualized decision and a full due process hearing provided when detention is ordered. (HOD 93-81)

Recommendation: SUNSET. It is unclear what background preceded this request to the AMA, and since this was a policy that went to the AMA in 1993, it is no longer needed.

260.993 **Food Labeling:** MSSNY supports fat content labeling of food. (HOD 92-82)

Recommendation: SUNSET. Accomplished. Fat content is included in all food product labeling.

260.994 **Air Quality Reports:** MSSNY has requested that local area media report on a daily rating of air quality as part of their weather sections, and rate the air quality in relation to the federally accepted pollution levels. Air quality rating reports should indicate high risk groups (i.e. children, people with lung disease or heart disease, and the elderly) and provide standard advice and precautions for these groups when the pollution levels are high or exceed federal standards. The MSSNY is encouraging its members to direct high risk patients to comply with precautions as stated in daily air quality reports. (HOD 91-103)

Recommendation: SUNSET. Already being done by weather stations and within the media.

265.000 **REIMBURSEMENT:**
(See also **Abortion and Reproductive Rights, 5.000; Managed Care, 165.000; Medicare, 195.000; Nursing Homes, 217.000; Surgery, 295.000; Vaccines, 312.000; Workers' Compensation, 325.000**)

265.948 **Vaccination Schedule Should be Accepted by All Insurance Carriers:** MSSNY supported a resolution to the American Medical Association's House of Delegates seeking passage of federal legislation requiring insurance companies to adequately and appropriately cover the cost and administration of vaccines as recommended by the American Academy of Pediatrics. (HOD 01-155; Reaffirmed HOD 04-167)

Recommendation: SUNSET. New York State law was recently amended to delete the recommendations from the American Academy of Pediatrics to the Advisory Committee on Immunization Practices. New York law provides insurance coverage for those vaccines on recommended by ACIP.

265.996 **Reimbursement Based on Outcome:** MSSNY, in the best interests of patient care, adopted as policy that reimbursement should not be based upon the success of treatment as medicine, being both an art and a science, cannot guarantee the outcome of care. (HOD 93-48)

Recommendation: SUNSET. Later policy was adopted by MSSNY that stipulates that performance measures are acceptable for reimbursement as long as those measures were physician driven.

300.000 **TOBACCO USE AND SMOKING:**
(See also **Health Insurance Coverage, 120.000; Health Screening Programs, 125.000**)

300.952 **More Nicotine-Replacement Therapy for Hospitalized Smokers:** MSSNY will urge physicians to regularly consider the use of nicotine replacement therapy, counseling and post-discharge follow-up for hospitalized smokers when appropriate, both to reduce nicotine withdrawal symptoms and to enhance continuation of abstinence from tobacco after discharge, and MSSNY will urge the American Medical Association to adopt a similar resolution. (HOD 00-154)

Recommendation: SUNSET. The Clinical Practice Guideline for Treating Tobacco Use and Dependence" outlines a five-step intervention that clinicians can use to diagnose and treat tobacco use and dependence. This guideline is now a standard in all healthcare settings and this policy is no longer needed.

300.953 **Study on the Possible Use of Pneumococcal Vaccine for Chronic Smokers:** MSSNY will recommend that the American Medical Association study the possible use of

polyvalent pneumococcal vaccine for chronic smokers as a high risk population. (HOD 00-152)

Recommendation: SUNSET. The Advisory Committee on Immunization Practices (ACIP) recommends pneumococcal immunization for adults 19 through 64 years of age who smoke cigarettes or who have asthma. Therefore, such a study is no longer needed, as this is now the standard of care.

300.956 **Prohibition of Smoking on Hospital Grounds:** MSSNY will seek statutory changes which would prohibit tobacco smoking on all hospital grounds, indoors and outdoors, near all entrances, exits and ventilating systems. (HOD 98-169)

Recommendation: SUNSET. Accomplished in part by the Clean Indoor Air Act which passed in 2003. Hospitals are further expanding on this act to prohibit smoking on the hospital grounds.

300.957 **Tobacco Ads on New York City Taxi Cabs:** MSSNY supports a ban on tobacco advertising on taxi cabs in New York City. (HOD 98-166)

Recommendation: SUNSET. Accomplished. Clean Indoor Air Act passed in 2003.

300.958 **Smoking in Bars and Nightclubs:** MSSNY will take the lead in seeking to make smoking restrictions under New York State law include bars and nightclubs. (HOD 98-165)

Recommendation: SUNSET. Accomplished. Clean Indoor Air Act passed in 2003.

300.959 **Doubling the New York State Excise Tax on Cigarettes:** MSSNY will encourage State Government to double the excise tax on cigarettes before the year 2000; and will support an increase in federal excise taxes on tobacco, which would be allocated to health care needs and health education. (HOD 98-164)

Recommendation: SUNSET. This policy has been accomplished in part, but is duplicative of existing MSSNY Policy 20.900.

300.960 **Smoking Ban in Public Areas:** MSSNY will advocate for a non-smoking environment in public areas for all people, particularly children in New York State. (HOD 98-161)

Recommendation: SUNSET. Accomplished. Clean Indoor Air Act passed in 2003.

300.961 **Ban Cigarette Vending Machines:** MSSNY will petition the New York State Legislature and the Department of Health to ban the sale of cigarettes in vending machines in New York State. (HOD 97-151)

Recommendation: SUNSET. Accomplished. New York law requires all tobacco products to be located within stores out of reach of consumers. Self-service displays are prohibited. Tobacco products must be located behind the counter or in a locked cabinet.

300.962 **Increase State Excise Tax On Cigarettes:** MSSNY will seek passage of state legislation to increase the state excise tax on cigarettes. Such legislation should mandate that all monies raised by the increase in the state excise tax on cigarettes be used to pay for state funded education and research into the most appropriate steps to reduce smoking and for other programs designed to reduce smoking-related diseases. (HOD 97-74)

Recommendation: SUNSET. Accomplished in part; creation of the Tobacco Control Program which is part of the state's educational efforts on tobacco.

300.964 **Advertising in Mass Transit Systems:** MSSNY places the elimination of alcoholic beverages and tobacco advertisements in mass transit systems high on its 1995 legislative agenda and has resolved that, in the interest of a timely concerted effort, it will urge district branches to seek elimination of alcoholic beverage and tobacco advertisements from mass transit systems in their respective areas of the State beginning early in 1995. (HOD 94-162)

Recommendation: SUNSET. Accomplished in part by the national Tobacco Settlement.

300.967 **Sales Tax Increase on Alcohol and Cigarettes:** MSSNY is supporting an increase in the tax on alcohol and cigarettes in order to discourage alcohol and cigarette use. (HOD 93-124)

Recommendation: SUNSET. This policy is duplicative of Policy 20.900.

300.970 **Advertising on Billboards, at Sporting Events, in Stores and Restaurants:** MSSNY is seeking and encouraging legislation which would prohibit tobacco advertising on billboards, at sporting events, in stores and restaurants, as well as prohibiting the tobacco industry from advertising which may promote and maintain addiction among children. (HOD 92-58)

Recommendation: SUNSET. Accomplished in part by the national Tobacco Settlement.

300.971 **Adolescent Tobacco Prevention Act - Support of:** MSSNY supports the Adolescent Tobacco Prevention Act as outlined in Governor Cuomo's Messages to the Legislature on January 8, 1992. It supports increased taxes on tobacco products to be used for educational programs aimed at decreasing tobacco abuse by adolescents. (HOD 92-31)

Recommendation: SUNSET. Much of this has been accomplished through various legislation; by increased sales tax on tobacco, the Clean Indoor Air Act of 2003 and the national Tobacco Settlement. Also, technically, this legislation no longer exists

300.972 **Smoking Ban in Sports Stadia:** MSSNY has urged the owners of all sports teams in New York State to follow the example of the Oakland Athletics, the Detroit Tigers, the Minnesota Twins and the Atlanta Braves by banning smoking in all stadia in New York State out of concern for the comfort and good health of their fans. (HOD 92-27)

Recommendation: SUNSET. Accomplished in part by the national Tobacco Settlement.

300.974 **Advertising within the Metropolitan Transit Authority System:** MSSNY strongly urged the Metropolitan Transit Authority to eliminate all advertising of tobacco products within the system. (Council 5/14/92)

Recommendation: SUNSET. Accomplished in part by the national Tobacco Settlement.

300.975 **Governor's Program Bill - 1991:** On June 13, 1991, the Council approved support for the 1991 Governor's Program Bill on Smoking and Health which prohibits the distribution of tobacco products without charge, or at less than basic cost, prohibits vending machines

which dispense tobacco products, prohibits advertising of tobacco products in publicly owned or operated sports facilities, and prohibits tobacco use on school property. The purpose of this bill is to reduce the number of minors who begin smoking. (Council 6/13/91)

Recommendation: SUNSET. The main components of this legislation have been enacted through the Clean Indoor Air Act of 2003 and the national Tobacco Settlement.

300.976 **Advertising at Sporting Events:** MSSNY supports efforts to ensure that sports promoters stop accepting tobacco companies as sponsors. (HOD 91-116)

Recommendation: SUNSET. Accomplished in part by the national Tobacco Settlement.

300.977 **Cigarette Vending Machine Ban:** MSSNY supports all efforts to ban cigarette vending machines from places readily accessible to minors. (HOD 90-29)

Recommendation: SUNSET. Accomplished. New York law requires all tobacco products to be located within stores out of reach of consumers. Self-service displays are prohibited. Tobacco products must be located behind the counter or in a locked cabinet.

300.978 **Advertising Near Public Schools and Public Housing:** MSSNY, in the interest of promoting a better health care in minority and other communities, opposes cigarette advertising on billboards near public schools and public housing and supports the concept that such billboard advertisements be placed not less than 5 city blocks or 1000 feet from public schools and public housing. (HOD 90-69)

Recommendation: SUNSET. Accomplished in part by the national Tobacco Settlement.

300.980 **Smoking on U.S. Domestic Commercial Flights:** MSSNY protests the continuance of smoking on any U.S. Domestic scheduled commercial flight. (HOD 90-36)

Recommendation: SUNSET. Already accomplished. April 5, 2000: President Clinton signed the Wendell H. Ford Aviation Investment and Reform Act of the 21st Century into law, making all flights to and from the U.S. smokefree.

300.981 **Magazine Advertisements:** MSSNY publishes in the *New York State Journal of Medicine* a list of magazines that have voluntarily chosen to decline tobacco ads, and encourages physicians to substitute magazines without tobacco ads in their office reception areas. (HOD 90-24)

Recommendation: SUNSET. Accomplished in part by the national Tobacco Settlement.

300.987 **Smoking Ban in Public Places and in Work Places:** The House of Delegates of the Medical Society expressed strong support for strict anti-smoking measures in public places and in work place. (HOD 87-16; Reaffirmed HOD 95-164)

Recommendation: SUNSET. Accomplished. Clean Indoor Air Act passed in 2003.

312.000 **VACCINES:**
(See also Medicare, 195.000; Health Screening Programs, 125.000)

312.993 **Impact of Vaccine Pricing on a Medical Indication:** MSSNY will ask the American Medical Association to study the influence of a very high price in determining the indications for a new vaccine. (HOD 00-153)

Recommendation: SUNSET. This resolution was not acted upon by the AMA and is no longer relevant as it stems from 2000.

312.994 **Drug-Resistant Streptococcus Pneumoniae:** MSSNY has requested that the American Medical Association encourage state medical societies to urge their members to expand their use of 23 valent pneumococcal vaccines for those at increased risk for serious pneumococcal infections age two and over, and for all persons age 65 and over, in light of the accelerating rise in frequency of multiple resistant strains to penicillin and related drugs. (HOD 94-164)

Recommendation: SUNSET. ACIP now recommends pneumococcal immunization in various populations, including young and elderly.

312.995 **National Vaccine Authority, Establishment of:** MSSNY supports the creation of a National Vaccine Authority, along the lines proposed in the Institute of Medicine report, in order to coordinate efforts to develop new improved vaccines for use throughout the world. (HOD 94-170)

Recommendation: SUNSET. The National Vaccine Program Office has been established on the federal level and coordinate vaccine developments and distribution.

312.996 **Hepatitis B Immunization of Infants:** MSSNY is alerting and educating the public, physicians, other health care providers and legislators to the importance of Hepatitis B vaccine inoculation of all infants and groups at high risk. It is working to have the New York State Department of Health regulation adopted which would recommend that all (healthy full term *) infants born in New York State receive the first dose of Hepatitis B Vaccine before discharge from the newborn nursery, regardless of the mother's HBsAg status. MSSNY is also calling for the implementation of a nationally mandated Hepatitis B vaccination program for all infants.

NB Wording added by AMA House of Delegates, A-93 (HOD 93-104)

Recommendation: SUNSET. Accomplished. The Hepatitis B immunization is provided to infants in a series of three shots in New York State.

312.997 **Vaccines - Bulk Purchase for Medicaid Eligible Children and Free of Charge Distribution:** MSSNY has requested the New York State Department of Health and the New York State Department of Social Services to arrange for bulk purchase, at discount rates, of all vaccines required for Medicaid-eligible children and for free-of-charge distribution to physicians and other authorized health care providers. The Society has also recommended that the State of New York consider development of a universal system of distribution of all vaccines for all children in the State and has called on the AMA to recommend to state health departments the adoption of a policy of bulk purchase of all vaccines required by children with distribution free-of-charge to physicians and other

authorized health care providers in states where this is not current practice. (Council 10/29/92)

Recommendation: SUNSET. The Vaccine for Children program has been established nationally and allows for free of charge immunizations and bulk purchase of vaccines by states.

312.998 **Vaccine - CDC Pamphlets:** The Society has asked the AMA to confer with the Centers for Disease Control and the National Vaccine Program on replacing each of the current CDC vaccine pamphlets (“What You Need to Know”) with two pamphlets: a longer one containing general information and a much shorter statement to serve as sole instrument for providing necessary warnings and obtaining signatures for the patient’s records. The AMA was asked to work with the American Academy of Pediatrics toward this policy direction. (Council 10/29/92)

Recommendation: SUNSET. This is a specific policy that asked the AMA to take action in 1992 regarding pamphlets related to vaccines. This policy is no longer applicable.

312.999 **Vaccines:** MSSNY is seeking enactment of legislation in New York State to ensure in an administratively efficient manner ready availability of vaccines to immunize individuals in the State at reasonable cost, and has petitioned the Legislature to address the medical liability problems so that manufacturers may be induced to produce these vaccines. (HOD 92-32)

Recommendation: SUNSET. To reduce liability and respond to public health concerns, Congress passed the National Childhood Vaccine Injury Act (NCVIA) in 1986. The NCVIA also requires health care providers to report certain adverse events (health effects occurring after immunization that may or may not be related to the vaccine) following vaccination to the Vaccine Adverse Event Reporting System (VAERS). Under the NCVIA, the National Vaccine Injury Compensation Program (NVICP) was created to compensate those injured by vaccines on a "no fault" basis. This federal act accomplished the goals of this policy.

315.000 **VIOLENCE AND ABUSE:**

315.993 **Development of Programs Focused on Identification and Treatment of Troubled Youths:** MSSNY, while working in conjunction with the New York State Psychiatric Association, the State Education Department and other interested parties shall develop programs designed to provide early childhood identification of troubled youths. Education systems across New York state will incorporate appropriate educational programs and referral programs to identify, treat or refer troubled youths and their families. MSSNY will assist physicians, health care professionals, educators and all others who work with youths on the warning signs of emotional disturbance in young people, and MSSNY members shall recognize both their professional obligations and the importance of young people to the future of the State of New York. (HOD 99-175; Reaffirmed Council 11/2/00)

Recommendation: SUNSET. This has been accomplished in part by having SED assist with teacher training. MSSNY has also adopted a “Youth at Risk” paper that will be revised and put forward at the 2014 House of Delegates that discusses how physicians can help. This paper has concepts that were originally adopted in 2006 by the House of Delegates and therefore, this paper supersedes this policy.

315.994 **Need for Adequate Training of Teachers to Identify Potentially Dangerous Children and the Provision of Adequate Insurance Coverage to Provide for Their Treatment:**
New York State shall provide adequate training for teachers to identify disturbed and potentially dangerous behaviors in children and that MSSNY will seek changes in the laws regarding teacher training to provide this. MSSNY will seek changes in health insurance policies which would eliminate the limitations on psychiatric benefits so that emotionally disturbed children and their families may have expanded access to care and coverage for all psychiatrically/emotionally related disorders of childhood and adolescence.
(HOD 99-174; Reaffirmed Council 11/2/00)

Recommendation: SUNSET. Accomplished .Teachers are receiving various training to help identify those children that have behavioral issues and MSSNY has also achieved mental health parity for mental health conditions. MSSNY has also adopted a “Youth at Risk” paper that will be revised and put forward at the 2014 House of Delegates that discusses how physicians can help. This paper has concepts that were originally adopted in 2006 by the House of Delegates and therefore, this paper supersedes this policy.

315.995 **Violence and Abuse - Addition of Anti-Violence Statements to Birth and Marriage Certificates:** MSSNY strongly supports the addition of the following statements to certificates of birth and marriage in New York State: (1) Birth - “The laws of this state affirm your right to live free from violence and abuse. Neither you nor your child is the property of the other. The laws against physical abuse, emotional or psychological abuse and sexual abuse are applicable to all family members and violations of these laws are punishable by either fine or imprisonment, or both.” (2) Marriage - “The laws of this state affirm your right to live within this marriage free from violence or abuse. Neither you nor your spouse is the property of the other. The laws against physical abuse, emotional or psychological abuse and sexual abuse are applicable to spouses and other family members, and violations of these laws are punishable by either fine or imprisonment, or both.” (HOD 96-98)

Recommendation: SUNSET. Efforts were made in 1996 by MSSNY to have this included in the birth and marriage certificate. This policy should be sunsetted as the language change will not be made to the certificates.

315.997 **Dissemination of Information on Violence and Abuse:** MSSNY is establishing a mechanism to ensure the proper dissemination of information to all professionals involved in the handling of cases of school violence, child abuse, and family violence relating to the causes, problems of the perpetrators, appropriate solutions, and any other associated factors. (HOD 92-28)

Recommendation: SUNSET. It is unclear what the intent of this policy was and what mechanism was employed by MSSNY since this policy goes back to 1992.

REAFFIRM THE POLICY AS MODIFIED:

5.000 **ABORTION AND REPRODUCTIVE RIGHTS:**
(See also Drugs and Medications, 75.000; Health Insurance Coverage, 120.000; Reimbursement, 265.000)

5.993 **Unintended Pregnancies:** Women with an unintended pregnancy are less likely to seek early prenatal care and could expose the fetus to harmful substances such as tobacco, alcohol and other drugs. Harmful exposure and the lack of early prenatal care can lead to low birth weight newborns due to premature birth and/or growth retardation in utero. Low birth weight is the most important risk factor for infant morbidity and mortality, and infant mortality is commonly used as a health status indicator of the population. Unfortunately, this country has an infant mortality rate that is higher than most industrialized countries.

The Medical Society of the State of New York ~~will support~~ **legislation to requiring** any prescription drug plans offered by insurance companies and health maintenance organizations to cover the cost of prescriptive contraceptives. Furthermore, the Medical Society ~~will support~~ **legislation to amend the insurance law to include** direct access for women to obstetric and gynecologic services. ~~MSSNY will support measures that would comport with legislation enacted in 1994 that gave direct access to preventive obstetric and gynecologic services from physicians in health maintenance organizations.~~ (White Paper on *Women's Health Initiatives*, Council 11/2/00)

Recommendation: REAFFIRM THE POLICY AS MODIFIED. Policy is still relevant and was modified slightly to acknowledge changes in the law.

10.000 **ACCIDENT PREVENTION:**
(See also **Public Health and Safety, 260.000**)

10.982 **Expanded Use Of Safety Helmets:** MSSNY will pursue legislation which would require the use of helmets for all cyclists, in-line skaters, skateboarders, **alpine skiers, snowboarders, scooters** and roller skaters, regardless of age. (HOD 97-176)

Recommendation: REAFFIRM THE POLICY AS MODIFIED. Policy was revised to include alpine skiers, snowboarders and scooters.

15.000 **ACQUIRED IMMUNODEFICIENCY SYNDROME - (AIDS):**
(See also **Children and Youth, 30.000; Medicaid, 175.000; Public Health & Safety, 260.000**)

15.977 **Epidemiologic Control Measures Against AIDS/HIV:** ~~It is the Official Position of~~ MSSNY **supports the concept** that all findings of AIDS/**HIV** testing be made available to all treating physicians involved in the care of the patient. (HOD 95-185)

Recommendation: REAFFIRM THE POLICY AS MODIFIED. This policy is still relevant, and the modification reflects HIV testing.

15.979 **Physicians' Duty to Treat HIV Seropositive Patients:** MSSNY endorses the position ~~of the AMA Council of Ethical and Judicial Affairs~~ that a physician may not ethically refuse to treat a patient whose condition is within the physician's current realm of competence solely because the patient is HIV seropositive. Physicians who are unable to provide the services should make referrals to physicians or facilities equipped to provide such services. Persons who are HIV seropositive should not be subjected to discrimination based on fear or prejudice. (Council 1/31/91)

Recommendation: REAFFIRM THE POLICY AS MODIFIED. This policy is important and the modification was to eliminate the reference to the AMA's CEJA.

15.982 **Condoms, Use and Advertising of:** For sexually active persons, the only instance when condoms are unnecessary for reduction of infection risk is within a long-standing, mutually monogamous relationship in which neither partner uses IV drugs and neither partner is infected with HIV. This applies to any sexual activity where the exchange of semen and/or blood is possible, including vaginal, anal, and oral sex. Natural membrane condoms do not protect against infection from the HIV virus. Therefore, the FDA allows only latex condoms to be labeled for the prevention of STDs, including AIDS.

~~MSSNY urged the Chairmen of the major television networks to allow the advertising of condoms on television as a public health measure to protect against the spread of AIDS. (HOD 90-27)~~

Recommendation: REAFFIRM THE POLICY AS MODIFIED. Condoms have been effective in helping to reduce the spread of sexually transmitted diseases. These diseases include HIV (the virus that causes AIDS), chlamydia, genital herpes, genital warts, gonorrhea, hepatitis B, and syphilis. All of these diseases can be transmitted by having sex -- vaginal, anal, or oral. This majority of policy is maintained, but the reference to allowing advertising of condoms on television as a public health measure was deleted as this is occurring.

20.000 **ALCOHOL AND ALCOHOLISM:**
(See also Accident Prevention, 10.000; Drug Abuse, 65.000; Health Insurance Coverage, 120.000;
Reimbursement, 265.000; Tobacco Use and Smoking, 300.000)

20.898 **Blood Alcohol Level and Driving:** MSSNY supports ~~efforts proposals~~ to lower the current drinking level standard ~~from 0.08% for 0.10% alcohol content to 0.08% and will continue to encourage state officials in the future to lower successively the legally permissible standard~~ to the more desirable alcohol level of 0.05%. (HOD 97-182)

Recommendation: REAFFIRM THE POLICY AS MODIFIED. MSSNY and other organizations were successful in lowering the drinking level standard from 0.10% to 0.08% several years ago. This policy as drafted wanted MSSNY to seek the more desirable alcohol level of 0.05%. In Spring 2013, the National Transportation Safety Board recommended that the states reduce the allowable blood-alcohol concentration by more than a third, to 0.05 percent from 0.08 percent. Officials said they hoped that a stricter standard would reduce drinking and driving both among social drinkers and among heavy drinkers. Therefore, the policy was modified to support efforts to achieve the final provision.

20.900 **Sales Tax Increase on Alcohol and Cigarettes:** MSSNY ~~supports~~ **supports** is supporting an increase in the tax on alcohol and cigarettes in order to discourage alcohol and cigarettes use. (HOD 93-124)

Recommendation: REAFFIRM THE POLICY AS MODIFIED. This policy is still relevant and is a position that MSSNY has had for over 20 years as taxes have shown to deter young people from drinking and smoking. The modification is to reflect continued support of this policy.

20.991 **Advertising Ban:** In the interest of promoting better health in our communities, the Medical Society of the State of New York takes the position towards banning alcohol advertising on billboards near all schools and public housing and at sporting events.

Billboard advertisements should not be placed less than five city blocks or 1,500 feet from all schools and public housing. (HOD 92-100 & 92-101)

Recommendation: REAFFIRM. This policy is still relevant and some communities have passed local laws prohibiting this type of advertisement. It is important to continue the policy to indicate support of these prevention measures.

20.995 **Deleterious Effects of Alcohol Consumption:** MSSNY supports ~~programs the adoption of comprehensive legislation~~ which warns the public about the risk associated with the consumption of alcohol as it affects both men and women. (HOD 91-120)

Recommendation: REAFFIRM THE POLICY AS MODIFIED. There are various regulations, programs and other materials that discuss risks of consumption of alcohol. It is still important for MSSNY to lend its support of these efforts. The modification includes the word program to encompass past legislative and regulatory efforts.

30.000 **CHILDREN AND YOUTH:**
(See also Acquired Immunodeficiency Syndrome – [AIDS], 15.000; Drug Dispensing, 70.000; Reimbursement, 265.000; Sports and and Physical Fitness; Tobacco Use and Smoking, 300.000; Vaccines, 312.000; Violence and Abuse, 315.000)

30.997 **School Health Policy, Notification to Physicians of Changes to:** MSSNY has adopted the position that the New York State Department of Education, Health and Labor should include school district physicians on their **electronic communications or** mailing lists for any matters pertaining to school health. (Council 12/15/94)

Recommendation: REAFFIRM THE POLICY AS MODIFIED. This policy needs to be maintained and was modification to include electronic communications.

65.000 **DRUG ABUSE:**

65.995 **Opioid Dependent Patients: Methadone Maintenance: Changes in Treatment Venue of Stable Patients:** MSSNY ~~supports efforts of~~ **will seek approval from the necessary** federal and state agencies to permit properly trained and qualified practicing physicians to engage in the independent treatment of opioid dependent patients who have attained behavioral and social stability under standard treatment. (Council 9/7/00)

Recommendation: REAFFIRM THE POLICY AS MODIFIED. This policy is still relevant and was modified by changing the title to indicate Opioid Dependent Patients and that MSSNY supports efforts of both federal and state agencies to permit trained physicians to continue to engage in treatment of these patients.

70.000 **DRUG DISPENSING:**
(See also Children and Youth, 30.000)

70.985 **Opposition to Legalization of Non-Prescriptive Drugs Such as Heroin and Cocaine:** MSSNY ~~p~~Physicians ~~must~~ oppose the legalization of the use of non-prescriptive, potentially dangerous drugs such as heroin and cocaine. Use of such drugs poses a serious threat to the health of the individual and society. ~~In countries where such drugs have been legalized, their use has increased.~~ Use of potentially dangerous drugs frequently leads to limited reasoning ability, unproductive and antisocial behavior, an increase in the

development of neurologic, psychiatric, infectious and other medical diseases and fetal health problems. ~~Maternal narcotism causes damage to the embryo and/or fetus which not only increases fetal mortality but also increases fetal morbidity which may last the lifetime of the individual.~~ These health considerations outweigh any potential reduction in crime or reduction in the transmission of infection which might be anticipated from the legalization of such drugs. (Council 12/13/90)

Recommendation: REAFFIRM THE POLICY AS MODIFIED. This policy remains germane and was slightly modified that it is MSSNY position and the reference to other countries was eliminated. The term “Narcotism” no longer has much meaning as a term and opioid use in pregnancy in itself is probably not nearly as harmful as alcohol use. In fact, the treatment of choice for opioid addicted pregnant women, methadone, leads to good fetal outcomes.

75.000 DRUGS AND MEDICATIONS:

(See also Abortion and Reproductive Rights, 5.000; Drug Dispensing, 70.000; Home Health Care, 135.000; Pharmaceutical Advertising, 227.000; Public Health & Safety, 260.000; Reimbursement, 265.000; Sports and Physical Fitness, 290.000)

75.986

Herbal Supplements: (1) MSSNY work with the American Medical Association to educate physicians and the public ~~about FDA’s MedWatch program and to strongly encourage physicians and the public~~ to report potential adverse events associated with dietary supplements and herbal remedies to help support FDA’s efforts to create a database of adverse event information on these forms of alternative/complementary therapies; (2) MSSNY, in conjunction with the AMA, ~~continue to urge Congress to~~ supports efforts to modify the Dietary Supplement Health and Education Act to require that (a) dietary supplements and herbal remedies including the products already in the marketplace undergo FDA approval for evidence of safety and efficacy; (b) meet standards established by the United States Pharmacopeia for identity, strength, quality, purity, packaging, and labeling; (c) meet FDA post-marketing requirements to report adverse events, including drug interactions; and (d) pursue the development and enactment of legislation that declares metabolites and precursors of anabolic steroids to be drug substances that may not be used in a dietary supplement; (3) MSSNY work with the AMA to support enforcement efforts based on the FTC Act and current FTC policy on expert endorsements; (4) That the product labeling of dietary supplements and herbal remedies contain the following disclaimer as a minimum requirement: “This product has not been evaluated by the Food and Drug Administration and is not intended to diagnose, mitigate, treat, cure, or prevent disease.” This product may have significant adverse side effects and/or interactions with medications and other dietary supplements; therefore it is important that you inform your doctor that you are using this product; (5) That in order to protect the public, manufacturers be required to investigate and obtain data under conditions of normal use on adverse effects, contraindications, and possible drug interactions, and that such information be included on the label; and (6) That MSSNY continue its efforts to educate patients and physicians about the possible ramifications associated with the use of dietary supplements and herbal remedies. (HOD 04-151)

Recommendation: REAFFIRM THE POLICY AS MODIFIED. The policy is still relevant and was modified slightly to eliminate duplicative wording. Under the Dietary Supplement Health and Education Act (DSHEA), manufacturers have an essential responsibility to substantiate the safety of their products and for determining that any representations or claims made about their products are substantiated by adequate evidence to show that they are not false or misleading. However, the FDA still does not have approval over these types of supplements.

75.988 **Medicare and ‘Off Label’ Uses of Drugs:** MSSNY confirms its strong support for the autonomous clinical decision-making authority of physicians to prescribe medications for ‘off-label’ use. ~~when such physician believes that it is clinically indicated for the patient.~~ (HOD 04-67)

Recommendation: REAFFIRM THE POLICY AS MODIFIED. The policy is still relevant, however there modification eliminates the word Medicare from the title as the “off-label” use of drugs can occur in all insurance situations and eliminated the portion of the policy that provided for physicians belief. The “off label” use of the drug still needs clinical evidence before it is use in any treatment modality.

85.000 **EDUCATION:**
(See also Emergency Care, 87.000; Managed Care, 165.000; Tobacco Use and Smoking, 300.000; Vaccines, 312.000; Weight Management & Promotion of Healthy Lifestyles, 320.000)

85.980 **Nutrition, Physical Activity and Weight Management Curriculum in Medical Schools:** MSSNY encourage all New York State medical schools to develop a nutrition, **physical activity** and weight management curriculum at both the basic science level and the clinical level; (2) that MSSNY also encourage New York State medical schools to integrate nutrition **and physical activity** education into their residency programs and encourage the development of bariatric medicine fellowship programs; ~~and (3) that a copy of this resolution be transmitted to the American Medical Association for its consideration.~~ (HOD 04-161)

Recommendation: REAFFIRM THE POLICY AS MODIFIED. This policy is still relevant, but was modified as to the transmittal of the resolution to the AMA as this was done in 2004. “Physical Actitivity” was added to the title and the policy as this is an important component in weight management.

85.989 **Advocacy Policy to Increase Number of Minority Physicians:** MSSNY recognizes the threat to minority physician training incident to downsizing of training programs in the state; and will ~~develop an advocacy policy and resources directed~~ **work with other organizations, including physician organizations and government,** toward maintaining and increasing relative numbers of minority physicians. (HOD 98-160)

Recommendation: REAFFIRM THE POLICY AS MODIFIED. Working with other organizations, including physician organizations and government would be more effective than developing an advocacy policy.

85.994 **Hepatitis Vaccinations for all Medical Students:** MSSNY supports efforts to ~~will seek legislation and/or regulation which will~~ require all medical students to be vaccinated for Hepatitis A and B unless they have already been vaccinated; and will also require everyone entering a US residency training program to be vaccinated for Hepatitis A and B if they have not yet received vaccination. (Council 3/27/97)

Recommendation: REAFFIRM THE POLICY AS MODIFIED. For New York requirements, see N.Y. Comp. Codes, Rules & Regs. Title 12, § 800.3, which applies the occupational exposure requirements of 29 CFR § 1910.1030 to employers of public employees. 29 CFR §1910.1030 requires employers to make available the hepatitis B vaccine and vaccination series to all public employees who have occupational exposure. If the public employee initially declines vaccination but changes their mind while still covered under the standard, the employer shall make available the hepatitis B vaccine. If routine booster dose(s) are recommended by the U.S. Public Health Service, they shall be made available

to the employee. There is no mandate for medical students or any Health care workers to be vaccinated against Hepatitis A or B.

85.997 **Animals in Biomedical Research:** MSSNY supports ~~the AMA's position on the humane~~ use of animals in biomedical research ~~which recognizes the importance of biomedical research, supports the humane use of animals for this purpose~~ and advocates support of regulatory policies to protect animals from unnecessary uses in biomedical research. ~~MSSNY joins the efforts of the Health, Safety and Research Alliance of New York State, a coalition composed of medical schools, voluntary health agencies and pharmaceutical companies in New York State, whose aim is to increase the public's understanding about the appropriate use of laboratory animals in medical research.~~ (HOD 91-49)

Recommendation: REAFFIRM THE POLICY AS MODIFIED. The modification eliminates the reference to the AMA and allows MSSNY to continue to support the use of animals in biomedical research. The modification also eliminates the reference to the Health, Safety and Research Alliance of New York State. This entity is still incorporated, but staff was unable to obtain any further information of the groups policies or actions.

95.000 **ETHICS:**

95.981 **Cloning:** It is the policy of MSSNY that there should be a ~~voluntary five-year~~ moratorium by the medical and research communities on cloning a human being. Congress should permit human, animal or cellular cloning related research that is not directed at producing a human being. (Council 5/21/98)

Recommendation: REAFFIRM THE POLICY AS MODIFIED. Congress remains deadlocked over the bioethical issues, but the Food and Drug Administration has, from the start, said it would closely regulate anything it deemed to be human cloning, whether reproductive or therapeutic. There are approximately 15 states that prohibit cloning of a human being. The modification eliminates the voluntary five year moratorium.

95.985 **Physician Participation in Capital Punishment - Execution by Lethal Injection:** MSSNY has adopted the following policy statement relative to Physician Participation in Capital Punishment:
(1) An individual's opinion on capital punishment is the personal moral decision of the individual. A physician, as a member of a profession dedicated to preserving life, when there is hope of doing so, should not be a participant in a state execution. "Physician participation in execution" is defined generally as actions which would fall into one or more of the following categories: (a) An action which could automatically cause an execution to be carried out on a condemned prisoner; (b) An action which would assist, supervise, or contribute to the ability of another individual to directly cause the death of the condemned; (c) An action which could automatically cause an execution to be carried out on a condemned prisoner. (2) Physician participation in an execution includes but is not limited to the following actions: prescribing or administering tranquilizers and other psychotropic agents and medications which are part of the execution procedure; monitoring vital signs on site or remotely (including monitoring electrocardiograms); attending or observing an execution as a physician; and rendering of technical advice regarding execution. (3) In the case where the method of execution is lethal injection the following actions by the physicians would also constitute physician participation in execution: selecting injection sites; starting intravenous lines as a port for a lethal injection device;

prescribing, preparing, administering, or supervising injection drugs or their doses or types; inspecting, testing, or maintaining lethal injection devices; consulting with or supervising lethal injection personnel. (4) The following actions do not constitute physician participation in execution:

- (a) Testifying as to competence to stand trial or testifying as to relevant medical evidence during trial, or testifying as to medical aspects of aggravating or mitigating circumstances during the penalty phase of a capital case; (b) Certifying death provided that the condemned has been declared dead by another person; (c) Witnessing an execution in a totally non-professional capacity; (d) Witnessing an execution at the specific voluntary request of the condemned person, providing that the physician observes the execution in a non-physician capacity and takes no action which would constitute physician participation in an execution; and (e) Relieving the acute suffering of a condemned person while awaiting execution, including providing tranquilizers at the specific voluntary request of the condemned person to relieve pain or anxiety in anticipation of the execution. (HOD 95-71)

Recommendation: REAFFIRM THE POLICY AS MODIFIED. This is a comprehensive policy drafted by the MSSNY House of Delegates and is still germane. This policy discusses aspects of capital punishment which includes lethal injection. The modification was made in the title to reflect the accurately the body of the policy --Physician Participation in Capital Punishment.

95.989 **Physician-Assisted Suicide: The principle of patient autonomy requires that physicians respect the decision of a patient who possesses decision-making capacity to forego life-sustaining treatment. Life-sustaining treatment is defined as any medical treatment that serves to prolong life without reversing the underlying medical condition. Life-sustaining treatment includes, but is not limited to, mechanical ventilation, renal dialysis, blood transfusions, chemotherapy, antibiotics and artificial nutrition and hydration.** Physicians are obligated to relieve pain and suffering and to promote the dignity and autonomy of dying patients in their care. This obligation includes providing effective palliative treatment even though it may occasionally hasten death. However, physicians should not perform euthanasia or participate in assisted suicide. Support, comfort, respect for patient autonomy, good communication, and adequate pain control may decrease dramatically the demand for euthanasia and assisted suicide. In certain carefully defined circumstances, it is humane to recognize that death is certain and suffering is great. However, the societal risks of involving physicians in medical interventions to cause patients' deaths is too great to condone active euthanasia or physician-assisted suicide.
(Council 5/14/92; Reaffirmed HOD 95-80)

MSSNY ~~will include in its annual legislative agenda its expressed opposition to any attempt to legalize physician-assisted suicide and~~ supports efforts to ensure that dying patients are provided optimal treatment for their pain and discomfort. MSSNY supports the use of ~~more aggressive palliative comfort care~~ measures, ~~including greater reliance on~~ hospice care and the evaluation and treatment of the psychiatric aspects of terminal illness which can often alleviate the suffering that leads a patient to desire assisted suicide. (HOD 95-80)

Recommendation: REAFFIRM THE POLICY AS MODIFIED. Policy is still germane and speaks to physicians not participating in a patient's suicide. The modification eliminates the discussion around

life-sustaining treatments, adds the word palliative and deletes the reference to including this statement in the annual legislative agenda.

120.000 HEALTH INSURANCE COVERAGE:
(See also Abortion and Reproductive Rights, 5.000; Alcohol and Alcoholism, 20.000; Reimbursement, 265.000)

120.992 Insurance Companies To Cover Screening Mammography: MSSNY ~~will work with appropriate regulatory bodies to mandate that all insurance programs, indemnity programs, HMOs and Federal Insurance Programs, such as Medicare and Medicaid, doing business in New York State~~ be supports requiring all health insurance products to cover mammography whenever the patient's physician deems it medically appropriate. (HOD 97-255)

Recommendation: REAFFIRM THE POLICY AS MODIFIED. This policy is still germane and serves as a reminder that clinical judgment should rest with the physician.

130.000 HEALTH SYSTEM REFORM:
(See also Education, 85.000; Health Care Delivery Systems, 110.000; Managed Care, 165.000; Reimbursement, 265.000)

130.997 Maternal and Infant Care: MSSNY supports ~~legislation to achieve~~ universal access to maternal and infant care; ~~such legislation must guarantee access~~ to family planning, pre-pregnancy related health care evaluation, pregnancy diagnosis, nutritional support, substance abuse counseling, full pregnancy related services, labor and delivery, postpartum evaluation, neonatal care, and infant care. ~~for at least one year.~~
(HOD 92-56)

Recommendation: REAFFIRM THE POLICY AS MODIFIED. This policy is still relevant, and was modified to eliminate the reference to legislation and to eliminate the reference to one year. Access to care should be ongoing for all mothers and children.

150.000 HOSPITALS:
(See also Clinical Judgment 40.000; Ethics, 95.000; Medical Examiner System, 185.000; Nuclear War, Weapons and Terrorism, 215.000; Practice Management, 240.000; Reimbursement, 265.000; Vaccines, 312.000; Weight Management & Promotion of Healthy Lifestyles, 320.000)

150.983 Faculty/Staff Appointments at Medical Schools: MSSNY supports having is ~~petitioning~~ the New York State Department of Health ~~to~~ develop regulations or ~~support~~ legislation that would prevent a hospital from requiring a member of its voluntary staff to resign or accept a faculty appointment at a medical school as a condition of appointment to the medical staff, and is petitioning the New York State Department of Education to take all steps necessary to encourage the development of an adjunct faculty line at each medical school which would permit physicians to hold more than one medical school faculty appointment. (HOD 93-131)

MSSNY adopted the policy that it is inappropriate for any hospital to require a member of its voluntary staff to resign a faculty appointment at a medical school as a condition of appointment or reappointment. MSSNY supports the development of an adjunct faculty line at each medical school in New York State that could be used to permit physicians to

hold more than one medical school faculty appointment. It has adopted as policy that it is inappropriate for a hospital or medical school to deny a physician an appointment or reappointment to its voluntary staff because that physician already holds a position at another medical school. (HOD 92-88)

Recommendation: REAFFIRM POLICY AS MODIFIED: These practices are still occurring and warrant having the DOH support legislation or develop regulations to prevent them.

260.000 PUBLIC HEALTH & SAFETY:
(See also Acquired Immunodeficiency Syndrome, 15.000; Environmental Health, 90.000; Health Insurance Coverage, 120.000; Mental Illness, 205.000; Nuclear War, Weapons and Terrorism, 215.000; Peer Review, 225.000; Reimbursement, 265.000; Vaccines, 312.000; Violence and Abuse, 315.000; Weight Management & Promotion of Healthy Lifestyles, 320.000)

260.938 ~~Mentally Retarded/Developmentally Disabled (MRDD) and Autism:~~ INDIVIDUALS WITH AUTISM AND INTELLECTUAL DISABILITY MSSNY seek the passage of state and federal legislation increasing the funds available for research and treatment of individuals with autism and for individuals with an intellectual disability ~~MRDD individuals~~. (HOD 04-164)

Recommendation: REAFFIRM THE POLICY AS MODIFIED. Policy is still relevant, however, was modify to reflect current terminology..

260.940 Automated External Defibrillators: MSSNY supports state and federal legislation efforts to increase funding for the purchase of automated external defibrillator devices so that they are available in the community ~~and that a similar resolution be referred to the American Medical Association's House of Delegates~~. (HOD 04-166)

Recommendation: REAFFIRM THE POLICY AS MODIFIED. Policy is still applicable and was modified slightly to indicate support of any effort to increase funding and to eliminate the reference to the AMA House of Delegates. This action was carried out in 2004.

260.943 Government to Support Community Exercise Venues: MSSNY encourages towns, cities and counties across New York State to make recreational ~~exercise~~ physical activity more available by utilizing existing or building walking paths, bicycle trails, swimming pools, beaches and community recreational and fitness facilities; and encourage municipalities to provide tax breaks and grants toward these community projects in the same way that they support the building and maintenance of highways, shipping harbors, railroad lines, and airports; ~~and that MSSNY transmit a copy of this resolution to the American Medical Association House of Delegates for its consideration~~. (HOD 04-152)

Recommendation: REAFFIRM THE POLICY AS MODIFIED. This policy is still relevant and was amended to reflect that the policy was transmitted to the AMA in 2004, and to add the words physical activity rather than exercise.

260.960 Pain Management: MSSNY will communicate with the New York State Department of Health and recommend the following: ~~(1) that the New York State Department of Health should provide guidance to the medical community regarding pain~~

~~management; (12) that the New York State Department of Health coordinate educational activities on pain management work with the Medical Society of the State of New York and national medical specialty societies in structuring voluntary educational programs for physicians on pain management; (3) ~~that the New York State Department of Health should encourage physicians to familiarize themselves with the therapeutic advantages and risks involved in the use of the newest analgesic agents;~~ and (2,4) that the New York State Department of Health avoid threatening, punitive measures in dealing with the question of inadequate pain management. (HOD 00-164)~~

Recommendation: REAFFIRM THE POLICY AS MODIFIED. Policy review is timely on the issue of pain management education and was modified to reflect MSSNY position on voluntary educational activity for pain management. The modification also incorporated the AMA's policy (H-120.960) which indicated that the states should work with the AMA, its state's medical society and specialty societies on pain management education and guidelines.

260.974 Calcium, Optimal Intake of: MSSNY ~~has adopted the position that physicians, in their health advice and dietary prescription, seek to~~ supports efforts to educate both patients and the public about the need for optimal dietary calcium intake in all age groups ~~in line with the United States Public Health Service and the American Medical Association advice~~ to prevent osteoporosis. ~~and will recommend its position to physicians.~~ (HOD 96-159)

Recommendation: REAFFIRM THE POLICY AS MODIFIED. The policy is still sound and the modifications allow for the policy to be updated to make it applicable to all patients and the modifications also extracted the redundancy as it pertains to physicians.

260.975 Scented Inserts in Magazines and Mailings, Prohibition of: MSSNY will-advocate ~~for legislation~~ to prohibit the unsolicited distribution of scented inserts and other odor-emanating materials in magazines and through the mail because of the deleterious effects it has on the health of many individuals. ~~and will take an active leadership role in educating, promoting awareness of, and disseminating information concerning the negative health consequences which stem from the unsolicited use of scented products, not only to the consumer, but to those in close contact with them as well.~~ (HOD 96-171)

Recommendation: REAFFIRM THE POLICY AS MODIFIED. The main point of the policy continues to be relevant, but modifications were made to eliminate the redundancy of the policy and the call for MSSNY to educate patients and the general public on this matter.

260.977 Domestic Violence As A Public Health Threat: MSSNY recognizes domestic violence as a public health threat in the State of New York and supports legislative, on, regulatory and other efforts in the state that will lead to protection of domestic violence victims, and abatement of domestic violence. (HOD 95-163)

Recommendation: REAFFIRM THE POLICY AS MODIFIED. This policy is still relevant and it is recommended that it be reaffirm with a change to include not only legislation, but also regulatory and other efforts that can also lead towards protection of victims of domestic violence.

260.988 Prisoners - Medical Care For: MSSNY affirms the position that each person arrested and detained, even overnight, has the right to needed medication, medical attention and protection against exposure to contagious disease. ~~The Society is attempting to work~~

~~with local law enforcement agencies and health departments to assure that these health rights of prisoners are respected. (HOD 93-71)~~

Recommendation: REAFFIRM THE POLICY AS MODIFIED. This policy is still sound as prisoner care and treatment comes up periodically in the NYS Legislature and within the state agencies. The modification deleted the reference to local law enforcement and health departments.

260.992 **Breast Feeding:** MSSNY ~~is taking~~ **supports** the following initiatives in regard to breast feeding of infants: (1) ~~It is~~ **E**ducating its members about the process and benefits of breast feeding. (2) ~~It is~~ **E**ncouraging innovative and educational programs for use in medical training about the clinical benefits and process of breast feeding. (3) ~~It is~~ **C**ooperating with other professional medical groups to encourage breast feeding education programs at national and regional meetings of pediatricians, obstetricians, and family physicians. (4) ~~It is~~ **E**ncouraging all of its members, regardless of specialty, to offer professional and emotional support for their patients who are breast feeding mothers. (5) ~~It is seeking legislation which would provide~~ **Continue to support the law** that women may not be charged with indecent exposure or lewd behavior as a result of breast feeding in public. (HOD 93-27)

Recommendation: REAFFIRM THE POLICY AS MODIFIED. Policy is still applicable, and the modifications merely change the language to the present tense and recognized that the allowing a women to breast feed in New York State is now permissible under the law.

300.000 **TOBACCO USE AND SMOKING:**
(See also Health Insurance Coverage, 120.000; Health Screening Programs, 125.000)

300.951 ~~**New Legislative Proposals Against the Promotion of Tobacco to Children in New York State:**~~ MSSNY ~~will~~ supports legislation (a) to limit the promotion of tobacco products in the state by all tobacco companies; (b) to prohibit the sale of tobacco products to anyone under 21 years of age; (c) to increase penalties for the sale of tobacco to persons under 21 years of age.

~~MSSNY will convey these positions to Health Committees of the State Legislature, the Governor's Office, and the State Health Department beginning with the current legislative session. (HOD 00-169)~~

Recommendation: REAFFIRM THE POLICY AS MODIFIED. This policy is still relevant and legislative efforts continue to increase the purchase age of tobacco products. MSSNY continues to advocate within the legislative community in regards to this action. This is a long held MSSNY position and it is an important step in curbing tobacco use in young people. The modification changes the title slightly and allows for continued support of legislative action. This has been a position that MSSNY has articulate in various memos to the NY State Legislature and health department.

300.963 **Local Tobacco Ordinances, State Preemption of:** MSSNY supports the right of local jurisdictions to enact tobacco control regulations that are stricter than those contained in state statutes and strongly opposes efforts to preempt this right through state legislation.

~~MSSNY strongly opposes the proposed legislation (Senate Bill 5902 – Assembly Bill 8433) which would preempt local option from enacting standards more stringent than those of New York State in protection of their public health. (HOD 96-158)~~

Recommendation: REAFFIRM THE POLICY AS MODIFIED. MSSNY has always supported local efforts to pass additional regulation. New York State has historically also recognized the local role and legislation passed in New York State usually serves as the “floor” in recognition of the localities role in the legislative process. The modification eliminates the reference to a bill seeming from 1998.

300.965 **Advertising as a Business Deduction:** MSSNY ~~has urged the New York Congressional Delegation to~~ supports state and federal legislation that ~~proposes to~~ would reduce ~~in part~~ the amount that the tobacco industry claims as a business deduction for costs related to advertising and promotion. (HOD 93-83)

Recommendation: REAFFIRM THE POLICY AS MODIFIED. This policy is still relevant and was modified to reflect MSSNY support of state and federal legislation to reduce the amount the tobacco industry can for claim for advertising as a business deduction.

300.966 **Tobacco Subsidies:** MSSNY ~~has requested the AMA~~ supports efforts to sponsor enact federal legislation which would discontinue the subsidies to tobacco farmers. (HOD 93-86)

Recommendation: REAFFIRM THE POLICY AS MODIFIED. From 1995 through 2011, the federal government paid out \$1.329 billion in subsidies for the tobacco industry. In 2011 alone, taxpayers shelled out \$191,218,926 in tobacco subsidies to 58,350 recipients. In 2012, the US spent \$54 million on a 12-week campaign using TV spots to encourage smokers to give up the habit. State and federal spending on anti-smoking efforts has topped \$800 million in recent years. It is important that the subsidies stop. The modifications are to indicate support of federal legislation to stop the tobacco subsidies.

300.968 **Pharmacies - Commendation for Not Selling Tobacco Products:** MSSNY ~~called on the AMA to encourage local medical societies to~~ publicly commends pharmacies that do not sell tobacco products and ~~to ask its members to encourage~~ and patients to ~~seek out and~~ patronize pharmacies that do not sell tobacco products. (Council 10/29/92)

Recommendation: REAFFIRM THE POLICY AS MODIFIED. Policy is still relevant and was modified to show that MSSNY continues to commend and support pharmacies that do not sell tobacco products.

300.969 **Tobacco Industry “Health Education”:** MSSNY ~~called on the AMA to publicly~~ continues to reject the tobacco industry as a credible source of health education material, and ~~asked the AMA to encourage~~ state and local medical societies to actively advise municipalities and school districts against use of health education material sponsored or distributed by the tobacco industry. (Council 10/29/92)

Recommendation: REAFFIRM THE POLICY AS MODIFIED. This policy is still sound and was update to call for a continuation of the rejection of the tobacco industry as a source of health education for materials.

300.973 **Warning Labels on Cigarette Packs:** MSSNY supports having ~~has requested the AMA to urge Congress to require that:~~ (1) Warning labels on cigarette packs should appear on the front and the back and occupy at least twenty-five percent of the total surface area on each side; and (2) In the case of cigarette advertisements, labels of cigarette packs should be moved to the top of the ad and should be enlarged to twenty-five percent of total ad space; and (3) Warning labels following these specifications should be included on

cigarette packs of U.S. companies being distributed for sale in foreign markets. (Council 5/14/92)

Recommendation: REAFFIRM THE POLICY AS MODIFIED: In 2011, Congress passed the Family Smoking Prevention and Tobacco Control Act which required the FDA to include new warning labels on cigarette packages and in cigarette advertisements. On June 22, 2011, FDA published a final rule requiring color graphics depicting the negative health consequences of smoking to accompany the nine new textual warning statements. However, the final rule was challenged in court by several tobacco companies, and on August 24, 2012, the United States Court of Appeals for the District of Columbia Circuit vacated the rule and remanded the matter to the Agency. On December 5, 2012, the Court denied the government's petition for panel rehearing and rehearing en banc. The government decided not to seek further review of the Court's ruling. Therefore, this policy is still germane and was modified to reflect continued support of warning labels with the above criteria. The reference to the AMA was also deleted as there was congressional action on this matter.

300.979 **Tobacco Marketing Aimed at Women, Children and Minorities:** MSSNY ~~requested the United States Secretary of Health and Human Services to continue to issue statements~~ denouncing marketing of tobacco products specifically aimed at woman, **children and minorities.** (HOD 90-31)

Recommendation: REAFFIRM THE POLICY AS MODIFIED. The tobacco industry continues to market its products specifically to women, children and minorities. This policy was modify to reflect these populations and to make the statement more applicable to a greater audience.

320.000 **WEIGHT MANAGEMENT & PROMOTION OF HEALTHY LIFESTYLES:**
(See also Education 85.000; Health Screening Programs, 125.000)

320.999 **Physical Activity Increase for Most U.S. Adults and Children:** MSSNY ~~supports endorses, in principle,~~ the movement calling for every adult **the US Department of Health & Human Services recommendation for every adult to have 150 minutes of moderate to vigorous activity a week and for children to have child 60 minutes in the course of the day. to accumulate in the course of** each day., ~~30 minutes or more of physical activity of moderate intensity.~~ (HOD 95-172; Reaffirmed HOD 99-151)

Recommendation: REAFFIRM THE POLICY AS MODIFIED. This policy is still relevant and was modified to address current clinical guidance for physical activity for adults. Children were also added to the policy.