Madame Speaker and Members of the House of Delegates:

Your Reference Committee recommends the following consent calendar for acceptance:

**RECOMMENDED FOR ADOPTION**
1. Resolution 156 – Kratom and Its Growing Use within the United States
2. Resolution 158 – Civil Commitment for Those Compromised By Addiction
3. Resolution 164 – MSSNY Promotion of Adult Immunization
4. 2016 Public Health and Education Report

**RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTE**
5. Resolution 150 – Tobacco Products in Pharmacies and Healthcare Facilities
6. Resolution 151 – NYS DOH Regulation Concerning Operating Room Attire
7. Resolution 152 – Banning the Use of Gasoline Powered Leaf Blowers
8. Resolution 153 – Banning The Distribution of Plastic Carryout Bags In Retail Sales
9. Resolution 154 – Smart Guns and Gun Safety
   And
   Resolution 155 – Firearm Safety
10. Resolution 157 – Medications Return Program
11. Resolution 159 – Education about Pre-Exposure Prophylaxis for HIV
    And
    Resolution 160 – Increasing Access to Pre-Exposure Prophylaxis for HIV
12. Resolution 161 – Physician Assisted Suicide, Promoting the MSSNY Position
13. Resolution 165 – Flint Michigan Water Contamination Disaster
    And
    Resolution 166 – Water Purity and Safety in New York State
14. Resolution 167 – Promoting Population Health through Primary Care
15. Resolution 168 – Tax Exemption for Feminine Hygiene Products

**RECOMMENDED NOT FOR ADOPTION**
16. Resolution 162 – Removing Physicians from the Assisted Suicide Debate
1. RESOLUTION 156 – KRATOM AND ITS GROWING USE WITHIN THE UNITED STATES

THE REFERENCE COMMITTEE RECOMMENDS ADOPTION OF RESOLUTION 156.

Resolution 156 urges that the Medical Society of the State of New York 1.) supports legislative or regulatory efforts to prohibit the sale or distribution of Kratom in New York State that do not inhibit proper scientific research 2.) that a copy of this resolution be transmitted to the American Medical Association.

Your Reference Committee heard testimony about the effects of the use of Kratom and agrees with those that testified that this product should be prohibited from sale or distribution in New York State. There was testimony that lab test are expensive and results could not clearly show an individual has even taken it. Further, it was noted by your Reference Committee that information of the addictive qualities of Kratom is not known by the physician community and that this resolution can serve as the first step in education about this substance. Your Reference Committee recommends adoption.

2. RESOLUTION 158 – CIVIL COMMITMENT FOR THOSE COMPROMISED BY ADDICTION

THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 158 BE ADOPTED.

Resolution 158 urges that 1) MSSNY study the use of involuntary commitment for treatment of addicted individuals who endanger themselves, 2) report to the HOD with recommendations on the use of involuntary commitment as a means of treating individuals who would otherwise not seek or comply with potentially life-saving treatment.

Your Reference Committee heard testimony in support and opposition of the resolution. Your Reference Committee learned that civil commitment was instituted in California and New York in the 1960s to allay fears about addiction related crimes against people and property. People with addictions could be committed to facilities through a voluntary process that included a medical examination to validate addiction or they could be committed for three years on a misdemeanor charge. The New York program, according to the literature, proved to be expensive and had minimal positive results. Your Reference Committee learned that courts decisions after the 1960s generally have required that an individual be a danger to himself or others. Between 2004 and 2008, up to 5,000 Section 35 civil commitment cases were considered per year in Massachusetts. Nationally, 38 states have laws that permit civil commitment to inpatient or outpatient substance-abuse treatment programs. Of the remaining states, eight permit some form of involuntary treatment that does not include civil commitment, such as emergency hospitalization due to substance-use concerns. Alabama, Pennsylvania, Virginia, and Wyoming do not offer any legal provision for involuntary treatment. Notably, Massachusetts law authorizes commitment to inpatient programs only and does not include an outpatient option. There was testimony from addiction specialist that indicates that the success of involuntary treatment was low. However, there was strong support that MSSNY study this issue. Therefore, your Reference Committee agrees that this matter should be further researched, and believes that a report back to the 2017 HOD is in order. Your Reference Committee recommends adoption.
3. RESOLUTION 164 – MSSNY PROMOTION OF ADULT IMMUNIZATION

THE REFERENCE COMMITTEE RECOMMENDS ADOPTION OF RESOLUTION 164.

Resolution 164 urges that the Medical Society of the State of New York 1) continue its efforts to educate physicians about the importance of immunizing adults for infection prevention and public health preparedness; 2) that the Medical Society of the State of New York continue its advocacy for immunizations and work toward strengthening the adult immunization infrastructure, improve access to adult vaccines, increase community demand for adult immunizations continue to foster innovations in adult vaccine development and technologies.

Your Reference Committee heard support for this resolution and notes that MSSNY has down much to promote the concept of adult vaccines. Your Reference Committee recommends adoption.

4. 2016 PUBLIC HEALTH AND EDUCATION SUNSET REPORT

THE REFERENCE COMMITTEE RECOMMENDS THAT THE POLICIES CONTAINED IN 2016 PUBLIC HEALTH AND EDUCATION SUNSET REPORT BE ACTED UPON IN THE MANNER INDICATED AND THAT THE REMAINDER OF THIS REPORT BE FILED.

Your Reference Committee did not hear any testimony on this item and agrees with the recommendations of the report.

5. RESOLUTION 150 – TOBACCO PRODUCTS IN PHARMACIES AND HEALTHCARE FACILITIES

THE REFERENCE COMMITTEE RECOMMENDS THE FOLLOWING:

RECOMMENDATION A: THAT THE FIRST RESOLVED OF RESOLUTION 150 BE ADOPTED.

RECOMMENDATION B: THE SECOND RESOLVE OF RESOLUTION 150 BE DELETED.

RECOMMENDATION C: THAT RESOLUTION 150 BE ADOPTED AS AMENDED.

Resolution 150 directs that the Medical Society of the State of New York 1) support the position that the sale of any tobacco or vaporized nicotine products be prohibited where healthcare is delivered or where prescriptions are filled; 2) that a copy of the resolution be submitted to the American Medical Association.

Your Reference Committee heard testimony in support of this resolution and opposition to this resolution. More and more pharmacies are actually opting not to sell tobacco or nicotine products within the facility; however this is the exception and not the norm. Your Reference Committee knows that MSSNY has similar policy that states that it would commend those pharmacies and/or facilities that choose not to sell tobacco, but this resolution requests that MSSNY support prohibition. Upon review of MSSNY existing policy, your Reference Committee agrees that resolution is in line with those policies and recommends adoption. However, your Reference Committee heard testimony that the American Medical Association has existing policy D-495.994, “Oppose Sale of Tobacco Products in Pharmacies” that mitigates
the need to send this resolution to the AMA and those that testified indicated that the second
was not necessary.

6. RESOLUTION 151 – NYS DOH REGULATION CONCERNING OPERATING ROOM ATTIRE

THE REFERENCE COMMITTEE RECOMMENDS THAT SUBSTITUTE RESOLUTION 151 BE
ADOPTED IN LIEU OF RESOLUTION 151.

RESOLVED, that the Medical Society of the State of New York encourage hospitals to use
evidence-based guidelines for perioperative attire and inform the physicians and staff of
the policy that the hospital adopted.

Resolution 151 directs that the New York State Department of Health reverse its current rules
concerning perioperative attire until it can convene with appropriate medical individuals to create
a sensible policy that is evidence-based, using scientific studies.

Your Reference Committee heard testimony in support of this resolution. However, your
Reference Committee was informed that an inquiry to officials at the New York State
Department of Health has indicated to MSSNY that there is no law/regulation that requires a
hospital to follow a specific guidance in perioperative attire. The DOH has indicated that if a
hospital chooses to provide surgical services, the services must be well organized and provided
in accordance with acceptable standards of practice. Acceptable standards of practice include
maintaining compliance with applicable federal and state laws, regulations and guidelines
governing surgical services or surgical service locations. In addition, compliance with standards
and recommendations promoted by, or established by, nationally recognized professional
organizations (e.g., the American Medical Association, American College of Surgeons,
Association of Operating Room Nurses, Association for Professionals in Infection Control and
Epidemiology, etc.) comprise acceptable standards of clinical practice. The following
recommendations are based on actual findings that resulted in IJ determinations. The
department recommends that a hospital:

• Develop and implement policies and procedures related to surgical attire;
• Assure that all appropriate staff are trained in the policies and procedures;
• Periodically assess the use of appropriate surgical attire and compliance with the policies and
procedures; and
• Ensure staff are wearing appropriate and approved surgical attire in the operating room (i.e.,
masks, face shields).

DOH staff does not promote AORN standards over other standards published by other
nationally recognized organizations. The key is that the hospital needs to have established
policies and procedures that follow whatever standards they deem appropriate for their practice.
Then the hospital needs to make sure that staff is trained and that they follow the hospital’s
policies and procedures. In light of this information, your Reference Committee determine that a
substitute resolution was in order encouraging hospitals select evidence based guidelines for
perioperative attire.

7. RESOLUTION 152 – BANNING THE USE OF GASOLINE POWDERED LEAF BLOWERS

THE REFERENCE COMMITTEE RECOMMENDS THAT SUBSTITUTE RESOLUTION 152 BE
ADOPTED IN LIEU OF RESOLUTION 152.
RESOLVED, that the Medical Society of the State of New York call upon the New York State Department of Environmental Conservation and the manufacturers of the gas leaf blowers develop guidelines that would dramatically reduce the toxic emissions and noise level of gas leaf blowers; and be it further

RESOLVED, that the Medical Society of the State of New York also encourage that New York State and other governmental entities promote the use of non-polluting alternatives to gas leaf blowers; and be it further

RESOLVED, that a copy of this resolution be transmitted to the American Medical Association for consideration at its House of Delegates.

Resolution 152 1) states that with multiple scientific studies concluding that gasoline leaf blowers (GLBs) pose significant threats to human health by increasing particulate matter and chemical pollutants in the air, contribute significantly to lung cancer, increase the risk of breast cancer, precipitate asthma attacks and allergic reactions, cause hearing loss and tinnitus, and contribute to water pollutions, that MSSNY develop policy and regulation that would increase public awareness as to the detrimental health and environment hazards that arise when GLBs are utilized. 2) It further requests that MSSNY work with the appropriate state, county and other pertinent governmental agencies in an effort to promote the use of non-polluting alternatives to GLBs (i.e., lithium ion battery powered equipment), 3) that MSSNY seek legislation/regulation that would impose a statewide ban and states that failing to secure an outright ban on their use, 4) that MSSNY submit a resolution calling upon the AMA to work with the EPA and GLB manufacturers to develop parameters and guidelines that would dramatically reduce the toxic emissions and noise levels of GLBs to more appropriate and acceptable non-hazardous levels.

Your Reference Committee heard testimony in support and opposition of the resolution. The majority of the testifying was opposed to banning of leaf blowers. Your Reference Committee offers up the substitute resolution to ensure that MSSNY has policy on this issue and to help clarify each of the original resolves. Once MSSNY adopted a policy on gas leaf blowers, the resolution would then be forwarded to the AMA for its consideration.

8. RESOLUTION 153 – BANNING THE DISTRIBUTION OF PLASTIC CARRYOUT BAGS IN RETAIL SALES

THE REFERENCE COMMITTEE RECOMMENDS THAT SUBSTITUTE RESOLUTION 153 BE ADOPTED IN LIEU OF RESOLUTION 153.

RESOLVED, that the Medical Society of the State of New York support legislation/regulation that would prohibit the use of plastic carryout bags in retail stores.

Resolution 153 states that that in recognizing the detrimental hazards to the health of humans, wild and ocean life, pollution of our waterways and overall environmental impact, and, in following the lead taken in many countries across the world, dozens of states, villages and municipalities in the United States, that the Medical Society of the State of New York seek legislation similar to that currently under consideration in Suffolk County that would prohibit the distribution of plastic carryout bags in retail sales.

Your Reference Committee heard testimony in support and opposition of this legislation and agrees with the intent. Your Reference Committee heard testimony from individuals who stated that plastic bags are not in use in several states, cities and countries. There was discussion
about paper and plastic bags using more energy to develop and that there were concerns that there may not be sufficient science. However, the majority of the testimony was to support a ban, and therefore your Reference Committee is recommending a substitute resolution be adopted to better clarify the intent of the resolution.

9. RESOLUTION 154 – SMART GUNS AND GUN SAFETY
   AND
RESOLUTION 155 – FIREARM SAFETY

THE REFERENCE COMMITTEE RECOMMENDS THAT SUBSTITUTE RESOLUTION 154 BE ADOPTED IN LIEU OF RESOLUTION 154 AND RESOLUTION 155:

RESOLVED, That the Medical Society of the State of New York continue to support background checks for firearm purchases and advocate for firearm safety education in all settings as a component of firearm licensing; and be it further

RESOLVED, that the Medical Society of the State of New York advocate for expansion and implementation of currently available technologies to improve gun safety.

Resolution 154 urges that the Medical Society of the State of New York encourage the development of smart guns in any way it can.

Resolution 155 urges that Medical Society of the State of New York 1) support background checks for firearm purchases in all settings and that 2) advocate for firearm safety education and firearm proficiency to be a component of firearm licensing.

Your Reference Committee heard testimony in support and opposition to this resolutions. The majority of the testimony indicated that the sponsors were not seeking to make smart guns the only avenue, but wanted MSSNY to support the expansion of the technology. There was support for Resolution 155. Your Reference Committee offered up the substitute resolution to merge the two resolutions to merge the two concepts. Your Reference Committee acknowledges that there were calls for a task force, but it felt that this was not necessary at the present time.

10. RESOLUTION 157 - MEDICATIONS RETURN PROGRAM

THE REFERENCE COMMITTEE RECOMMENDS SUBSTITUTE RESOLUTION 157 BE ADOPTED IN LIEU OF RESOLUTION 157.

RESOLVED, that the Medical Society of the State of New York promote changes in state and federal law that allow for safe disposal of medication through its publications and its website, and be it further

RESOLVED, that the Medical Society of the State of New York support the concept of having pharmaceutical companies be assessed a fee payable to the state and localities for costs associated with drug disposal.

Resolution 157 urges that the Medical Society of State of New York (MSSNY) 1) update its current policy on medication disposal to support daily access to safe, convenient, and environmentally sound medication return for unwanted prescription medications; and that 2) support such a medication disposal program be fully funded by the pharmaceutical
manufacturers, including costs for collection, transport and disposal of these materials as
hazardous waste; 3) support changes in New York State law or regulation that would allow a
program for medication recycling and disposal to occur; 4) that the New York Delegation to the
American Medical Association encourage the AMA to pursue the same efforts.

Your Reference Committee heard testimony in support of this resolution. However, your
Reference Committee has learned that the Drug Enforcement Administration (DEA) has revised
its regulations to expand the options available to collect controlled substances from ultimate
users for purpose of disposal, including: take-back events, mail-back programs and collection
receptacle locations. Recent New York State (NYS) legislation, Chapter 379 of the Laws of
2015 (S.3687/A.6062), removed the requirement that the Commissioner of Health must
designate pharmacies as disposal sites and added that disposal shall be operated by law
enforcement agencies, pharmacies, "and other Federal Drug Enforcement Administration
authorized collectors." This legislation also removed the requirement that the Commissioner of
Health make regulations in consultation with the Commissioner of Education to allow for entities
to participate in expanded activities under federal rule. Accordingly, the NYS Department of
Health, Bureau of Narcotic Enforcement authorizes all activities allowed under the federal DEA's
Disposal of Controlled Substances Final Rule. Manufacturers, distributors, reverse distributors,
narcotic treatment programs, hospitals/clinics with and on-site pharmacy and retail pharmacies
may apply directly to the DEA for registration as a "Collector". Authorized collectors secure the
substances and disposed of it. Currently, the most common method of rendering
pharmaceutical controlled substances non-retrievable is incineration. The changes do not
prohibit existing method of pharmaceutical disposal that currently exist, nor prevent law
enforcement from conducting the “take-back” events every six months. New York State
Department of Health has established a permanent medication drop box program through the
state, county, and local law enforcement agencies. Your Reference Committee believes that the
recent expansion of the DEA regulations and the subsequent passage of a NYS law allows for
the expanded program options currently available for households to dispose of discontinued,
expired or unwanted medications in a manner that considers public health, as well as the
environment. Your Reference Committee also believes that since this is a federal rule change,
it is not necessary for this resolution to be sent to the AMA as these are national changes that
are occurring.

11. RESOLUTION 159 – EDUCATION ABOUT PRE-EXPOSURE PROPYLAXIS FOR HIV
AND
RESOLUTION 160 – INCREASING ACCESS TO PRE-EXPOSURE PROPHYLAXIS FOR HIV

THE REFERENCE COMMITTEE RECOMMENDS THAT SUBSTITUTE RESOLUTION 159 BE
ADOPTED IN LIEU OF RESOLUTIONS 159 AND 160:

RESOLVED, that the Medical Society of the State of New York continue its efforts to work
with state agencies to educate physicians about the effective use of pre-exposure
prophylaxis for HIV and the US PrEP Clinical Practice Guidelines; and be it further
RESOLVED, that the Medical Society of the State of New York continue its advocacy
work to require that all insurers cover the costs associated with the administration of
PrEP and be it further

RESOLVED, that the Medical Society of the State of New York work with governmental
officials to study the feasibility of providing PrEP free of charge to high risk individuals,
and be it further
RESOLVED, that a copy of this resolution be transmitted to the AMA for consideration at the House of Delegates.

Resolution 159 urges that the Medical Society of the State of New York (MSSNY) 1) work with appropriate organizations and government agencies to educate physicians and other health care providers (a) about pre-exposure prophylaxis for HIV (PrEP), (b) about the 2014 U.S. Public Health Service PrEP Clinical Practice Guidelines for identifying and treating high-risk individuals, and (c) about methods to improve PrEP adherence rates; and 2) MSSNY introduce a similar resolution at the 2016 Annual Meeting of the House of Delegates of the American Medical Association (AMA).

Resolution 160 urges that the Medical Society of the State of New York (MSSNY) 1) advocate for legislation that would require private insurers to cover all costs necessary to provide high-risk patients with PrEP, as recommended by the 2014 PrEP Clinical Practice Guidelines; 2) that MSSNY work with government officials to determine the feasibility of providing PrEP free of charge to high-risk individuals; 3) that MSSNY introduce a similar resolution at the 2016 Annual Meeting of the House of Delegates of the American Medical Association (AMA).

Your Reference Committee heard testimony in support of these resolutions and agreed with the resolutions intent. Your Reference Committee has also learned that MSSNY, through its Infectious Disease Committee, has developed and presented a program on HIV, including the use of PrEP within the last two years. This program, entitled, HIV – Diagnosis and Treatment is available on MSSNY’s CME website. Additionally, William Valenti, MD, chair of the MSSNY Infectious Disease Committee, is a member of Governor Andrew Cuomo’s Ending the Epidemic (ETE) Task Force. One of the main goals of the task force is to provide access to PrEP for high risk persons to keep them HIV-negative. As a member of the task force, Dr. Valenti has kept MSSNY abreast of the ETE’s Blueprint and has provided information on the state’s statewide education campaign on PrEP and nPeP. MSSNY promoted in 2015, the Clinical Guidelines, and provided physicians with information from the Department of Health regarding the key principles for Prescribing PrEP. Importantly, MSSNY Infectious Disease Committee also sent a letter to Medicaid asking for expansion coverage of Truvada. Your Reference Committee learned that most private insurances cover PrEP; Medicaid covers PrEP prescription costs, medical appoints and lab tests. Medicaid does require prior approval; and there is a PrEP Assistance Program, that is available to NYS residents who are uninsured or underinsured. Financial eligibility is based on 435% of the Federal Poverty Level (FPL). Your Reference Committee offered up the substitute resolution to combine the resolutions and to clarify what MSSNY has already done regarding PrEP. Your Reference Committee agrees that the resolution should be addressed on a national level.

12. RESOLUTION 161 – PHYSICIAN ASSISTED SUICIDE, PROMOTING THE MSSNY POSITION

THE REFERENCE COMMITTEE RECOMMENDS THE FOLLOWING:

RECOMMENDATION A: THAT THE FIRST RESOLVED OF RESOLUTION 161 BE AMENDED BY ADDITION AND DELETION:

RESOLVED, that the Medical Society of the State of New York inform the press, the general public and governmental officials of MSSNY Policy 95.989 Physician Assisted Suicide and Euthanasia be a little bit more proactive in its efforts to let the public know that physicians should not participate in assisted suicide.
RECOMMENDATION B: THAT THE FOLLOWING RESOLVED BE ADDED TO RESOLUTION 161:

RESOLVED, That MSSNY POLICY 95.989 BE REAFFIRMED.

RECOMMENDATION C: THAT RESOLUTION 161 BE ADOPTED AS AMENDED.

Resolution 161 urges that the Medical Society of the State of New York be a little bit more proactive in its efforts to let the public know that physicians should not participate in assisted suicide.

Your Reference Committee heard significant testimony on this issue and many of those individuals were concerned about the statement that “physicians should not participate in assisted suicide.” Speakers testified that it should state that it is MSSNY position rather than the individual physicians and there were concerns that the statement did not reflect that there were palliative care options available to physicians when their patient is faced with end of life. Many of those that testified spoke about the role of physicians and that they should be involved in care of patients. Your Reference Committee agrees that the HOD has articulated a position on assisted suicide that should be promoted. Therefore, your Reference Committee amended the resolution to reflect the testimony.

MSSNY POLICY 95.989 Physician Assisted Suicide and Euthanasia “Patients, with terminal illness, uncommonly approach their physicians for assistance in dying including assisted suicide and euthanasia. Their motivations are most often concerns of loss of autonomy, concerns of loss of dignity, and physical symptoms which are refractory and distressing. Despite shifts in favor of physician-assisted suicide as evidenced by its legality in an increasing number of states, physician-assisted suicide and euthanasia have not been part of the normative practice of modern medicine. Compelling arguments have not been made for medicine to change its footing and to incorporate the active shortening of life into the norms of medical practice. Although relief of suffering has always been a fundamental duty in medical practice, relief of suffering through shortening of life has not. Moreover, the social and societal implications of such a fundamental change cannot be fully contemplated. MSSNY supports all appropriate efforts to promote patient autonomy, promote patient dignity, and to relieve suffering associated with severe and advanced diseases. Physicians should not perform euthanasia or participate in assisted suicide. (Council 5/14/92; Reaffirmed HOD 1995-80; Modified and reaffirmed HOD 2014; Replaced by HOD 2015-162).

13. RESOLUTION 165– FLINT MICHIGAN WATER CONTAMINATION DISASTER

AND

RESOLUTION 166 – WATER PURITY AND SAFETY IN NEW YORK STATE

THE REFERENCE COMMITTEE RECOMMENDS THAT SUBSTITUTE RESOLUTION 165 BE ADOPTED IN LIEU OF 165 AND 166:

RESOLVED, that the Medical Society of the State of New York support the position that all public and private water supplies in New York State and throughout the country should be free from lead and other cancer causing agents and that it be safe for human and livestock consumption, and be it further

RESOLVED, that the Medical Society of the State of New York call upon the New York State Departments of Health and Environmental Conservation to ensure that steps are taken to maintain the purity and safety of New York State’s public and ground water supply; and that
RESOLVED, that the Medical Society of the State of New York call upon the governor and
the Legislature to enact provisions to establish a “relief fund” for future medical
expenses for individuals who may be impacted by lead and other cancer causing agents
in public and private water supplies; and be it further

RESOLVED, That the Medical Society of the State of New York advocate to the American
Medical Association to support similar national protections for the country’s public and
private water supply; and be it further

RESOLVED, that the Medical Society of the State of New York transmit a copy of this
resolution to the AMA’s House of Delegates for its consideration.

Resolution 165 urges that 1) in recognizing the severe public health threat posed by lead and
associated lead poisoning, the Medical Society of the State of New York (MSSNY) urge that the
Michigan Governor afford every home in the Flint, Michigan area affected by the recent water
contamination disaster, the opportunity to have their water source periodically tested (at no 30
charge) by the appropriate federal agency to make sure that levels of lead are within acceptable
ranges; 2) and that any homes whose water sources exceed the maximum allowable EPA
levels for lead, be identified and provided with a free corrective action plan and 3) that the
Michigan Legislature be urged to establish a “relief fund” to help offset any future medical
expenses that may be encountered by families impacted by the lead poisoning debacle.

Resolution 166 urges that 1) MSSNY recommend that the New York State Departments of
Health and Environmental Conservation publicly report data showing that all of New York
State’s public water supplies and ground water used for wells are safe for human and livestock
consumption; 2) recommend that the New York State Departments of Health and
Environmental Conservation establish transparent and ongoing mechanisms to frequently report
data showing the maintenance of purity and safety of the public water supply and ground water
in New York State, particularly in New York State’s public schools; 3) that MSSNY propose that
the AMA support national protections wherein all communities in the United States of America
and its territories have transparent and ongoing mechanisms to frequently report data showing
the purity and safety of the public water supply and ground water, particularly the water in public
schools.

Your Reference Committee heard passionate testimony on both of these resolutions and agrees
that both of these resolutions have merit. Your Reference Committee did agree, however, that
the issue of lead and other cancer causing agents has come to the forefront in the last several
weeks in New York State. There have been reports of lead in the water supplies in the cities of
Binghamton and Ithaca. Additionally, contaminants such as Perfluorooctanoic acid (PFOA),
have been found in the public and private water supply in Hoosick Falls, Petersburgh and
Chatham. Perfluorooctanoic acid (PFOA), also known as C8, is another man-made chemical. It
is used in the process of making Teflon and similar chemicals (known as fluorotelomers). PFOA
can stay in the environment and in the human body for long periods of time. Studies have found
that it is present worldwide at very low levels in just about everyone’s blood. Higher blood levels
have been found in community residents where local water supplies have been contaminated by
PFOA. People exposed to PFOA in the workplace can have levels many times higher. There
was testimony that opposed a resolution that would tell Michigan what to do, many individuals
felt that this was not MSSNY’s purview. Your Reference Committee however, agreed that it
was best to approach the issue of contamination of water by lead and cancer causing agents
from the perspective of New York State, rather than Michigan. The Reference Committee, did
however, incorporate conceptual provisions from both resolutions. The Substitute Resolution
also calls upon the AMA to take action on the federal level.
14. RESOLUTION 167 – PROMOTING POPULATION HEALTH THROUGH PRIMARY CARE

THE REFERENCE COMMITTEE RECOMMENDS THAT SUBSTITUTE RESOLUTION 167 BE ADOPTED IN LIEU OF RESOLUTION 167.

RESOLVED, That the Medical Society of the State of New York support workforce wellness programs; and be it further

RESOLVED, That the Medical Society of the State of New York encourage that wellness programs connect beneficiaries to their primary care physician and include the appropriate screening services and referral for primary, secondary and tertiary prevention; and be it further

RESOLVED, that the Medical Society of the State of New York encourage physicians to recommend to every patient that they have a current wellness visit.

Resolution 167 1) urges that the Medical Society of the State of New York recommend that New York State employers provide health promotion services through workforce wellness programs, and guide employees and family beneficiaries to their personal primary care physician(s) to receive the appropriate screening services and referral to interventions for primary, secondary and tertiary prevention; 2) that the Medical Society of the State of New York support having primary care physicians recommend to every patient that they have a current wellness visit as he/she deems appropriate for age, gender and risk factors; 3) that the Medical Society of the State of New York recommends that health information technology vendors be encouraged to make health risk, social, behavioral, environmental and other forms of patient-generated data on wellness be fully-integrated with electronic health records; 4) that the Medical Society of the State of New York recommend that patient-generated data also be accessible, under HIPAA-compliant patient control, by the community-based organizations and referral resources used by physicians to provide intervention services, so that all stakeholders work from the same set of data without burdening physician practices for data-sharing.

Your Reference Committee heard testimony in support of this resolution, which indicated that there was support for the first two concepts. Your Reference Committee heard during the executive session from a member who was involved in the crafting of the resolution and he agreed with the idea of a substitute resolution to articulate key points that were provided in the testimony. Your Reference Committee recommends adoption of the Substitute Resolution.

15. RESOLUTION 168 - TAX EXEMPTION FEMININE HYGIENE PRODUCTS

THE REFERENCE COMMITTEE RECOMMENDS THE FOLLOWING:

RECOMMENDATION A: THAT RESOLUTION 168 BE AMENDED BY THE ADDITION OF A SECOND RESOLVED THAT READS AS FOLLOWS:

RESOLVED, that the Medical Society of the State of New York transmit a copy of this resolution to the AMA’s House of Delegates for its consideration.

RECOMMENDATION B: THAT RESOLUTION 168 BE ADOPTED AS AMENDED.

Resolution 168 urges that MSSNY support legislation to remove the sales tax on feminine hygiene products.
Your Reference Committee heard testimony in support of this resolution and agrees with the intent of the sponsor. There was testimony that this resolution be referred to the AMA for its consideration. Legislation has been introduced in the NYS Legislature and has already passed the state Assembly. A similar bill has also just passed the NYS Senate. Your Reference Committee does agree that this tax represents a gender-based tax on women and that thousands of women incur the expense of purchasing feminine hygiene products and that the taxation of these medically necessary items should be receive the same exemption from sales taxes as other non-gender specific products. Your Reference Committee recommends adoption of the amended resolution.

16. RESOLUTION 162 – REMOVING PHYSICIANS FROM THE ASSISTED SUICIDE DEBATE

THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 162 NOT BE ADOPTED.

Resolution 162 urges 1) that the Medical Society of the State of New York do its best to popularize the position that assisted suicide need not involve physicians; 2) that the Medical Society of the State of New York make clear that the larger, general question of assisted suicide: is one to be determined by society; 3) that the Medical Society of the State of New York do its best to support and counsel member physicians who feel very proprietary about this issue.

Your Reference Committee heard testimony on this resolution. The majority of the testimony was in opposition to this concept. There was testimony about who should do it and who could be licensed to give lethal doses of medication. There was testimony that this discussion has arrived in New York State and that there is legislation pending in NYS that calls for physicians to provide medication for patients who seek death due to diseases. Your Reference Committee also believes that the over whelming majority of those testifying opposed this resolution; therefore, your Reference Committee recommends non-adoption.