

MEDICAL SOCIETY OF THE STATE OF NEW YORK 2017 HOUSE OF DELEGATES

Report of the Reference Committee on Reports of Officers and Administrative Matters  
Presented by: Hilary Fairbrother, MD, MPH, Chair

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**Madame Speaker and Members of the House of Delegates:**

Your Reference Committee recommends the following consent calendar for acceptance:

**RECOMMENDED FOR FILING FOR INFORMATION**

1. Board of Trustees Report 1-HOD-2017 – Financial Statements for the Year Ended December 31, 2016
  - a. The Report of the Certified Public Accountants for the year ended December 31, 2016
  - b. Medical Society of the State of New York Political Action Committee
  - c. The Empire State Medical, Scientific and Educational Foundation, Inc.
  - d. The Medical, Educational and Scientific Foundation of New York, Inc.
2. President's Report – HOD-2017
3. Treasurer's Report – HOD-2017
4. Secretary's Report – HOD-2017
5. Executive Vice President's Report – HOD-2017

**RECOMMENDED FOR ADOPTION**

6. 2017 Reports of Officers and Administrative Matters Sunset Report

**RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED**

7. Resolution 201 – Development of Burnout Programs  
Resolution 202 – Management of Physician and Medical Student Stress  
Resolution 203 – Physician Burnout
8. Resolution 206 – Affiliation of MSSNY with the New York State AFL-CIO
9. Resolution 208 – The Right to Health and Health Care
10. Resolution 214 – AMA Policy on American Health Care Act

**REFERRED TO COUNCIL**

11. Resolution 211 – Relocation of the Annual MSSNY HOD Meeting to Albany

**RECOMMENDED NOT FOR ADOPTION**

12. Resolution 200 – MSSNY Request for MLMIC to Release Information on Proposed Sale
13. Resolution 204 – MOC Should Not Contribute to Physician Burnout
14. Resolution 207 – Supporting International Medical Graduates and Students
15. Resolution 209 – Decision Making In Signing on to Amici and Letters/Position Statements
16. Resolution 210 – Process for Amending the AMA Code of Medical Ethics
17. Resolution 212 – MSSNY Representation for Nonaffiliated Groups of Physicians
18. Resolution 213 – Invocation at the Opening of the House of Delegates

**RECOMMENDED FOR RE-AFFIRMATION**

19. Resolution 205 – Board Eligibility

- 1 1. Board of Trustees Report 1-HOD-2017 – Financial Statements for the Year Ended  
2 December 31, 2016
- 3 a. The Report of the Certified Public Accountants for the year ended December 31,  
4 2016
- 5 b. Medical Society of the State of New York Political Action Committee
- 6 c. The Empire State Medical, Scientific and Educational Foundation, Inc.
- 7 d. The Medical, Educational and Scientific Foundation of New York, Inc.
- 8 2. President’s Report – HOD-2017
- 9 3. Treasurer’s Report – HOD-2017
- 10 4. Secretary’s Report – HOD-2017
- 11 5. Executive Vice President’s Report – HOD-2017

12  
13 **THE REFERENCE COMMITTEE RECOMMENDS THAT ITEMS 1-5 BE ACCEPTED AND**  
14 **FILED FOR INFORMATION.**  
15

16  
17 6. 2016 REPORTS OF OFFICERS AND ADMINISTRATIVE MATTERS SUNSET REPORT  
18

19 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE 2016 REPORTS OF OFFICERS**  
20 **AND ADMINISTRATIVE MATTERS SUNSET REPORT BE ADOPTED.**  
21

22  
23 7. RESOLUTION 201 – DEVELOPMENT OF BURNOUT PROGRAMS  
24 RESOLUTION 202 – MANAGEMENT OF PHYSICIAN AND MEDICAL STUDENT STRESS  
25 RESOLUTION 203 – PHYSICIAN BURNOUT  
26

27  
28 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOLLOWING SUBSTITUTE**  
29 **RESOLUTION BE ADOPTED IN LIEU OF RESOLUTIONS 201, 202 AND 203.**  
30

31 RESOLVED, That MSSNY inform its members of the Council action supporting development of  
32 a program to assist physicians experiencing symptoms of stress or burnout due to  
33 administrative overload that would not constitute the practice of medicine and would preserve  
34 confidentiality for the physician; and be it further  
35

36 RESOLVED, That the Medical Society of the State of New York (MSSNY) request the American  
37 Medical Association (AMA) produce a report summarizing current research and efforts to  
38 address physician practice sustainability and satisfaction; and be it further  
39

40 RESOLVED, That when MSSNY discusses or communicates about physician burnout, the term  
41 “Physician Burnout” be changed to “Physician Burnout and Overload”; and be it further  
42

43 RESOLVED, That the MSSNY Task Force on Physician Burnout and Stress continue to meet  
44 and expand its work to include the development of information about the administrative and  
45 regulatory burdens placed on physicians and recommendations to reduce these burdens that  
46 may also then reduce physician burnout, depression and suicide and report back to the Council  
47 or the House of Delegates.  
48

49 Resolution 201 asks MSSNY to formulate a process that can offer counseling to physicians  
50 concerned about the possibility of experiencing burnout while also being entirely confidential

1 and not reportable, absent a practice-interfering substance abuse or serious psychiatric  
2 disorder.

3  
4 Resolution 202 calls on MSSNY to request the AMA produce a report summarizing current  
5 research and efforts to address physician practice sustainability and satisfaction, to report on  
6 fitness for duty assessments in other professions with safety sensitive duties; and  
7 subsequent to the production of the report on physician satisfaction and fitness for duty  
8 assessments, MSSNY request that the AMA convene a workgroup to create a systematic  
9 approach to ensure fitness for duty be applied periodically, uniformly, confidentially and in the  
10 least intrusive fashion and which would help all medical students and physicians maintain their  
11 highest level of competence and service to their patients.

12  
13 Resolution 203 asks that when MSSNY discusses or communicates about physician burn-out,  
14 the term "Physician Burn-Out" be changed to "Physician Burn-Out and Abuse"; that funds be  
15 dedicated to a public relations campaign describing the abusive regulatory and administrative  
16 burdens that are increasing physician burn-out and abuse, depression and suicide; and that  
17 MSSNY's Task Force on Physician Burnout and Stress continue to meet and expand its work to  
18 include the development of information about the administrative and regulatory burdens placed  
19 on physicians and recommendations to reduce these burdens that may also then reduce  
20 physician burnout and abuse, depression and suicide; and report back to Council or the HOD,  
21 and that the New York delegation to the AMA bring this resolution to the AMA Annual Meeting in  
22 2017.

23  
24  
25 Your Reference Committee heard testimony that the Council recently addressed the goals of  
26 Resolution 201 to develop a support system for physicians experiencing burnout.

27  
28 The members recognized the desire to have the AMA develop a standardized method for  
29 assuring fitness for duty so that such assessments be uniform, confidential and minimally  
30 intrusive, yet were concerned that this could lead to processes that could be used punitively and  
31 inappropriately by employers against physicians.

32  
33 With regard to the term "Burnout," the committee notes that despite its negative implications, it  
34 is in common usage and probably needs to be retained for such purposes as facilitating  
35 literature search results. The committee considered various alternative modifiers and felt that  
36 "overload" best reflects the imposition of unreasonable demands on physicians without the  
37 negative connotations associated with the term "abuse."

38  
39 8. RESOLUTION 206 -- AFFILIATION OF MSSNY WITH THE NEW YORK STATE AFL-CIO

40  
41 **RECOMMENDATION A:**

42  
43 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 206 BE AMENDED**  
44 **BY DELETION AND ADDITION:**

45  
46 RESOLVED, That MSSNY open talks with the National Guild for Medical Professionals, Office  
47 and Professional Employees Union to ascertain if membership in ~~this~~ the union would further  
48 the interests of New York State physicians.

1     **RECOMMENDATION B:**

2

3     **THE REFERENCE COMMITTEE RECOMMENDS A TITLE CHANGE TO: MSSNY UNION**  
4     **AFFILIATION**

5

6     **RECOMMENDATION C:**

7

8     **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 206 BE ADOPTED**  
9     **AS AMENDED**

10

11     Your Reference Committee heard testimony suggesting that MSSNY should study which unions  
12     might be appropriate for New York State physicians and not limit its exploration to a single  
13     union. However, recognizing the immediacy of the need for results in this pursuit, and that the  
14     AFL-CIO is the largest and likely the best solution to the needs of New York physicians, the  
15     committee felt that the exploration should begin with the AFL-CIO. The language of the  
16     amended resolution does not exclude the possibility of exploring other options, but does not  
17     slow down the process.

18

19

20     9.    RESOLUTION 208 -- THE RIGHT TO HEALTH AND HEALTHCARE

21

22     **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 208 BE AMENDED**  
23     **BY ADDITION AND DELETION AS FOLLOWS:**

24

25     **RECOMMENDATION A:**

26

27     RESOLVED, That the Medical Society of the State of New York (MSSNY) help advance the  
28     ~~right to~~ health and wellbeing of patients ~~all-Americans~~, including their access to medical care;  
29     and be it further

30

31     **RECOMMENDATION B:**

32

33     RESOLVED, That the Medical Society of the State of New York (MSSNY) reaffirm its  
34     commitment to removing ~~these~~ barriers to healthcare ~~that limit citizens in "life, liberty and the~~  
35     ~~pursuit of happiness";~~ and be it further

36

37     **RECOMMENDATION C:**

38

39     RESOLVED, That the Medical Society of the State of New York, (MSSNY) publicly state that  
40     ~~basic levels of health and healthcare are~~ is a fundamental human rights good.

41

42     **RECOMMENDATION D:**

43

44     **THE REFERENCE COMMITTEE RECOMMENDS A TITLE CHANGE TO: HEALTHCARE IS**  
45     **A FUNDAMENTAL HUMAN GOOD**

46

47     **RECOMMENDATION E:**

48

49     **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 208 BE ADOPTED**  
50     **AS AMENDED.**

51

1 Resolution 208 calls on MSSNY to advance the right to health and wellbeing of all Americans,  
2 including medical care; to reaffirm its commitment to removing those barriers to healthcare that  
3 limit citizens in "life, liberty and the pursuit of happiness"; to publicly state that basic levels of  
4 health and healthcare are human rights; and to forward to our AMA that it advance the right to  
5 health and wellbeing of all Americans, including medical care; reaffirm its commitment to  
6 removing those barriers to healthcare that limit citizens in "life, liberty and the pursuit of  
7 happiness"; and publicly state that basic levels of health and healthcare are human rights.  
8

9 Your Reference Committee heard a great deal of testimony regarding the use of the word  
10 "rights," and agreed the term can be used to conclude that individuals have the right to claim  
11 services of physicians without compensation. It was noted that the AMA has referred to a  
12 "fundamental human good," and the committee felt this is better phraseology.  
13

14  
15 **10. RESOLUTION 214 – AMA POLICY ON AMERICAN HEALTH CARE ACT**  
16

17 **RECOMMENDATION A:**  
18

19 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 214 BE AMENDED**  
20 **BY DELETION OF THE FIRST RESOLVE:**  
21

22 ~~Resolved, That MSSNY call on the AMA to immediately desist from its campaign of opposition~~  
23 ~~to any replacement of PPACA; and be it further~~  
24

25 **RECOMMENDATION B:**  
26

27 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 214 BE AMENDED**  
28 **BY DELETION OF THE SECOND RESOLVE:**  
29

30 ~~Resolved, That MSSNY call on the AMA to issue a public statement disavowing its previous~~  
31 ~~opposition to AHCA; and be it further~~  
32

33 **RECOMMENDATION C:**  
34

35 Resolved, That MSSNY call on the AMA to engage in negotiations with the current leadership of  
36 the United States in crafting healthcare policy that is in keeping with MSSNY and AMA values;  
37 and be it further  
38

39 **RECOMMENDATION D:**  
40

41 Resolved, that MSSNY's delegation to the AMA bring this resolution to the AMA Annual Meeting  
42 in 2017.  
43

44 **RECOMMENDATION D:**  
45

46 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 214 BE ADOPTED**  
47 **AS AMENDED.**  
48

49 Resolution 214 calls for MSSNY to call on the AMA to immediately desist from its campaign of  
50 opposition to any replacement of PPACA; to issue a public statement disavowing its previous  
51 opposition to AHCA; to engage in negotiations with the current leadership of the United States

1 in crafting healthcare policy that is in keeping with MSSNY and AMA values; and that MSSNY's  
2 delegation to the AMA bring this resolution to the AMA Annual Meeting in 2017.  
3

4 Your Reference Committee: heard varied testimony regarding this resolution, but the  
5 overwhelming theme was that the AMA should be encouraged to engage in negotiations with  
6 the current executive leadership of the US.  
7

8 Testimony was offered regarding support for specific pieces of legislation. It was stated that  
9 MSSNY and the AMA should stand up for legislation that reflects our policies. Others  
10 commented that our organizations should advocate solely for their principles and not for specific  
11 pieces of legislation. Because of this lack of consensus, your reference committee found that  
12 the critical component of this resolution was the idea of collaboration with less emphasis on  
13 politicization.  
14

15  
16 11. RESOLUTION 211 -- RELOCATION OF THE ANNUAL MSSNY HOD MEETING TO  
17 ALBANY  
18

19 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 211 BE REFERRED**  
20 **TO COUNCIL.**  
21

22 Resolution 211 calls for the annual House of Delegates meeting to be held in Albany, that  
23 MSSNY arrange for panel discussions, and presentations by elected officials and others to be  
24 part of the annual HOD meeting, that dates and timing of the meeting be coordinated with the  
25 legislative schedule in Albany; and that time be created during the HOD meeting to visit with  
26 legislative representatives.  
27

28 Your Reference Committee notes that a 2016 resolution calling for the MSSNY HOD to be  
29 combined with Legislative Day in Albany was referred to Council and ultimately to the Long  
30 Range Planning Committee, which is currently exploring this and other recommendations aimed  
31 at making the HOD and State Legislative Day as productive and efficient as possible for the  
32 Society, its members and component organizations. The Reference Committee believes that  
33 this resolution adds another aspect to the ongoing discussion and that it would make sense for it  
34 to be considered by the Long Range Planning Committee as well. It must be noted that there  
35 are currently no hotels in Albany with the ability to host the HOD meeting and its related  
36 functions.  
37

38  
39 12. RESOLUTION 200 – MSSNY REQUEST FOR MLMIC TO RELEASE INFORMATION ON  
40 PROPOSED SALE  
41

42 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 200 NOT BE**  
43 **ADOPTED.**  
44

45 Resolution 200 calls on MSSNY to ask for the immediate release of the term sheet for the  
46 proposed sale of MLMIC to Berkshire Hathaway; to ask for immediate release of the  
47 independent appraisal of MLMIC used to establish the terms of sale; to ask MLMIC to provide  
48 and finance independent counsel to represent the policyholders in determining their interests in  
49 the proposed sale; and assist policyholders in convening a policyholders' meeting to address  
50 issues of concern about the sale if MLMIC does not respond positively to immediate request for  
51 information and general counsel.

1 Your reference committee heard a great deal of testimony on resolution 200. We appreciate  
2 that this is a large and complicated business merger, and the committee encourages MILMC to  
3 release its information as quickly and as transparently as possible. This will allow for policy  
4 holders to make the most informed decisions. There is direct evidence supporting the fact that  
5 insurance laws are being followed by MILMC during the pre-merger period. Currently the  
6 information from the independent audit is not yet available. MLMIC and MSSNY, while  
7 intertwined, remain separate corporate entities with separate fiduciary responsibilities.

8 **13. RESOLUTION 204 – MOC SHOULD NOT CONTRIBUTE TO PHYSICIAN BURNOUT**

9  
10 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 204 NOT BE**  
11 **ADOPTED.**

12  
13 Resolution 204 asks that MSSNY ask the AMA and partner specialty societies that nominate  
14 candidates to bodies concerned with maintenance of certification (MOC), to nominate only those  
15 candidates who agree that MOC should be accomplished only through open-book examinations  
16 or other innovative methods that meet with widespread approval by physicians.

17  
18 Your Reference Committee agreed with comments opposing the practice of using a single issue  
19 as a litmus test for supporting candidates to bodies concerned with MOC, and felt that the  
20 MSSNY should not have such a limited view. While this is obviously a very important aspect of  
21 a candidate's or nominee's platform, this is not the only issue encountered by those candidates  
22 and we would not to limit candidate consideration in such a restrictive fashion.

23  
24  
25 **14. RESOLUTION 207 – SUPPORTING INTERNATIONAL MEDICAL GRADUATES AND**  
26 **STUDENTS**

27  
28 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 207 NOT BE**  
29 **ADOPTED.**

30  
31 Resolution 207 resolves that MSSNY oppose policies that would broadly deny entry or re-entry  
32 to the US of persons who currently have legal visas, including permanent resident status (green  
33 card) and student visas, based on their country of origin and/or religion; that MSSNY oppose  
34 policies that would broadly deny issuance of legal visas to persons based on their country of  
35 origin and/or religion; and that this resolution be immediately forwarded to the AMA.

36  
37 Your Reference Committee understands and feels great sympathy for the members of our  
38 profession who have suffered consequences of recent executive actions taken by the current  
39 administration. It is acknowledged that specific students, residents, and physicians have felt real  
40 pain for themselves, their families, or colleagues who have suffered as a result of policies  
41 recently enacted related to anti-terrorism policies. However, the committee notes that the issue  
42 is extremely political and controversial and will certainly divide the House of Delegates. Also,  
43 the way the resolution is currently written asks for MSSNY to advocate for all persons with legal  
44 visas, those who are physicians or physicians-in-training or not. The committee is concerned  
45 that a resolution this broad is outside the scope of MSSNY policy, and doubts its potential  
46 efficacy on a state and national level.

1 15. RESOLUTION 209 -- DECISION MAKING IN SIGNING ON TO AMICI AND  
2 LETTERS/POSITION STATEMENTS

3  
4 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 209 NOT BE**  
5 **ADOPTED.**

6  
7 Resolution 209 calls for MSSNY to institute as policy a four-step process which aims to better  
8 protect the Society and its officers, councilors, board commissions, committees and employees  
9 from liability and misrepresentation in regards to requests for sign-ons, support, amici or public  
10 statement of positions in the following manner: (1) All requests for sign-ons, support, amici or  
11 public statement of positions must be submitted to the Society in writing and must include a date  
12 by which the Society must submit a response to the requesting party; (2) all requests which can  
13 be addressed by the House of Delegates by that date shall be the purview of the House for  
14 decision; (3) all requests outside of the meeting time of the House of Delegates shall be decided  
15 by the Council except where the Council is not in session in which case the Executive  
16 Committee shall have the final say as to support for such sign-ons, support, amici or public  
17 statement of position; and (4) the President shall include in his/her report to Council at its  
18 meetings, a report of all requests made of the Society since the last Council meeting including  
19 the decision taken by Council or the Executive Committee on any such request.

20  
21 Your Reference Committee heard extensive testimony indicating that the policy is not needed  
22 and that current practice has served MSSNY well. The majority of testimony from both MSSNY  
23 staff, MSSNY legal counsel, and current and past MSSNY leadership indicated that this process  
24 was unnecessary and did not aid to the executive functions of MSSNY and the position of  
25 President.

26  
27 16. RESOLUTION 210 -- PROCESS FOR AMENDING THE AMA CODE OF MEDICAL  
28 ETHICS

29  
30 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 210 NOT BE**  
31 **ADOPTED.**

32  
33 Resolution 210 calls for the AMA Bylaws to be amended to reflect the following statements  
34 about the AMA Code of Medical Ethics: (1) The AMA Code of Medical Ethics shall be included  
35 in the Bylaws in the same manner that the AMA Principles of Medical Ethics is included; (2) the  
36 Bylaws shall specify the process by which the AMA Code of Medical Ethics may be altered,  
37 amended, or changed in any way; (3) the process for amending the AMA Code of Medical  
38 Ethics shall be that the AMA Council on Ethical and Judicial Affairs (CEJA) would first submit a  
39 CEJA Report to the House of Delegates with proposed new language, and if the House of  
40 Delegates votes to approve the Report, then CEJA will issue a CEJA Opinion containing the  
41 same language of the Report. The Resolution also calls for MSSNY to direct its AMA  
42 Delegation to submit this resolution to the AMA Annual 2017 House of Delegates meeting

43  
44 Your reference committee heard both positive and negative testimony surrounding this item of  
45 business. While there was concern about CEJA's policy revision policy surrounding Code  
46 Modernization, there was also compelling testimony that the process in place is balanced and  
47 that it works to protect the distinctions between the judicial, executive, and legislative branches  
48 of the AMA. There was concomitant concern about the expansion of the bylaws to include the  
49 more than 500 pages of the Code of Ethics, and of the 2/3 majority required to change the  
50 bylaws and how this supermajority may be applied to future CEJA code additions and changes  
51 in the future.



1 17. RESOLUTION 212 -- MSSNY REPRESENTATION FOR NONAFFILIATED GROUPS OF  
2 PHYSICIANS

3  
4 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 208 NOT BE**  
5 **ADOPTED**

6  
7 Resolution 212 asks that groups of nonaffiliated physicians be offered a dues reduction; that  
8 groups of nonaffiliated physicians be offered representation in the MSSNY HOD; and that  
9 MSSNY leadership consider group size as an alternative to percentage of members in  
10 establishing eligibility requirements for dues and representation.

11  
12 Your Reference Committee appreciates the intent of the resolution and recognizes that current  
13 programs offering discounted dues may not be accessible by physicians who are not affiliated  
14 with large group practices or institutions. But the reference committee is concerned that without  
15 defining "nonaffiliated groups" or requiring a percentage of those eligible to belong, virtually  
16 every physician in the state could qualify for reduced dues without any assurance that MSSNY  
17 would gain members, and an infinite number of groups could seek representation in the HOD. It  
18 was also noted that all MSSNY members are represented through their county or section, and  
19 that it seemed out of place to have some physicians recognized as non-affiliated despite the fact  
20 that all members live or practice in some county of the state of New York in order to be eligible  
21 for MSSNY membership.

22  
23  
24 18. RESOLUTION 213 – INVOCATION AT THE OPENING OF THE HOUSE OF DELEGATES

25  
26 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 213 NOT BE**  
27 **ADOPTED.**

28  
29 Resolution 213 calls on MSSNY to take cognizance of the teachings, beliefs and  
30 religious/philosophical postures of its members and allow both the incoming and outgoing  
31 presidents to select a noted poet, or other appropriate literary figure in lieu of a spiritual leader,  
32 to deliver a nondenominational poem or other such address as the invocation presented at the  
33 opening of the House of Delegates.

34  
35 Your Reference Committee felt that the invocation presented at this year's House of Delegates  
36 meeting by a physician without reference to religion made it evident that the resolution is  
37 unnecessary. It is already in the purview of the President to have whatever invocation that they  
38 deem appropriate at the HOD opening.

39  
40  
41 19. RESOLUTION 205 – BOARD ELIGIBILITY

42  
43 **THE REFERENCE COMMITTEE RECOMMENDS THAT CURRENT MSSNY POLICY**  
44 **BE REAFFIRMED IN LIEU OF RESOLUTION 205**

45  
46 Resolution 205 calls for MSSNY to request that the American Board of Medical Specialties  
47 (ABMS), hospitals and insurance companies consider that the duly licensed physician should be  
48 the only requirement for practice of medicine; that the ABMS keep their promise of the  
49 "grandfather" clause; and to propose that there should be more than one pathway to  
50 participation in insurance companies, hospital privileges and other organizations (e.g.,

1 ambulatory surgery centers) and that the ABMS work with the other societies to find alternate  
2 pathways to ensure physician competency and pursuit of lifelong learning.

3  
4 Your reference committee found that each of these Resolved clauses has been addressed by  
5 current MSSNY policy:

6  
7 **85.962            Specialty Exams:**

8 MSSNY will request of the American Medical Association that:

9 (1) it recommend to the American Board of Specialties that a physician in private practice be  
10 required to take only one proctored board exam within that physician's specialty every ten  
11 years, and that within the maintenance of certification at the same exam other optional sections  
12 should be devoted to the added qualifications; and

13 (2) it request that its component specialty societies restrain from dividing every aspect of their  
14 specialist physician practice into numerous added qualification exams and that, whenever  
15 possible, alternate methods be sought to ensure adequate qualifications and make the process  
16 less onerous for physicians in private practice. (HOD 2011-115)

17  
18 **50.997            Mandated CME:**

19 MSSNY opposes the concept of legislatively mandating specific kinds of continuing medical  
20 education. (Council 10/26/89; Reaffirmed HOD 2013)

21  
22 **160.965            Tying Maintenance of Licensure to Maintenance of Certification**

23 All physicians still in practice should be encouraged and enjoined to participate in activities to  
24 improve and maintain the knowledge and skills necessary to render the highest quality of care  
25 to his/her patients. MSSNY strongly opposes any effort by the State of New York to require  
26 certification by any medical specialty board as a condition of obtaining or renewing the  
27 registration of a medical license in the State of New York. The MSSNY Division of  
28 Governmental Affairs will make our position PROACTIVELY known to all appropriate  
29 agencies. (HOD 2016-216)

30  
31 **160.966            Maintenance of Certification**

32 The Medical Society of the State of New York takes a position and will lobby against any linkage  
33 of licensure to Maintenance of Certification. MSSNY will simultaneously advocate for a varied  
34 approach to ensure appropriate continuing education for physicians. (HOD 2016-213)

35  
36 **160.966            Maintenance of Certification**

37 The Medical Society of the State of New York takes a position and will lobby against any linkage  
38 of licensure to Maintenance of Certification. MSSNY will simultaneously advocate for a varied  
39 approach to ensure appropriate continuing education for physicians. (HOD 2016-213)

40  
41 **160.969            Maintenance of Licensure (MOL)**

42 The Medical Society State of New York (MSSNY) shall oppose any Maintenance of Licensure  
43 (MOL) initiative that creates barriers to practice, is administratively unfeasible, is inflexible with  
44 regard to how physicians practice (clinically or not), that does not protect physician privacy, and  
45 that is used to promote policy initiatives (rather than competence) such as participation in health  
46 plans, subscription to data exchanges, and specialty board certification, etc.

47  
48 MSSNY shall submit to the American Medical Association (AMA), at its annual meeting, a  
49 resolution seeking its opposition to any MOL initiative that creates barriers to practice, is  
50 administratively unfeasible, is inflexible with regard to how physicians practice (clinically or not),  
51 that does not protect physician privacy, and that is used to promote policy initiatives (rather than

1 competence) such as participation in health plans, subscription to data exchanges, and  
2 specialty board certification and further urging that the AMA oppose the FSMB MOL program as  
3 a condition of licensure. (HOD 2014-56)  
4

5 **160.971: Opposition to Maintenance of Licensure**

6 MSSNY opposes any efforts by the New York State Education Department, Office of the  
7 Professions, to require the Federation of State Medical Boards (FSMB) maintenance of  
8 licensure (MOL) program as a condition of medical licensure. (HOD 2013-166 and 167;  
9 Reaffirmed HOD 2014-56)

10  
11 **160.972: Opposition to Mandatory Maintenance of Certification**


12 MSSNY opposes mandating Maintenance of Certification (MOC) until such time as evidence-  
13 based research demonstrates MOC is linked to improved patient outcomes. MSSNY  
14 acknowledges that the certification requirements within the MOC process are costly, time  
15 intensive and result in significant disruptions to the availability of physicians for patient care, and  
16 acknowledges and affirms the professionalism of individual physicians to self-determine the best  
17 means and methods for maintenance of their knowledge and skills. MSSNY will communicate to  
18 the American Medical Association and American Board of Medical Specialties examples of  
19 disproportional fees, onerous time requirements and unnecessary fragmentation of commonly  
20 recognized specialties, and will bring a copy of this resolution to the AMA House of Delegates  
21 for its consideration. (HOD 2013-165 and 168)  
22

23 **160.973: Avoid Restrictions on Medical Licensure**


24 MSSNY believes that the ability to practice to the full extent of NYS medical licensure should not  
25 be infringed based on enrollment and/or participation in any publicly funded or private health-  
26 insurance program, and that physician participation in the Excess Medical Liability Insurance  
27 Program should not be based upon participating in Medicare/Medicaid, the State Insurance  
28 Exchange, and/or any governmentally subsidized health insurance program. (HOD 2013-53;  
29 Reaffirmed HOD 2014-53)  
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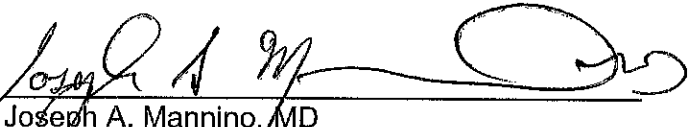
1  
2 Your chair is grateful to the Reference Committee members, namely, Susan Baldassari, MD,  
3 Kevin L. Hastings, DO, Joseph A. Mannino, MD, Richard Schoor, MD, and Penny Stern, MD,  
4 MPH.


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6 Your Reference Committee wishes to express its appreciation to Philip Schuh, CPA, Donald  
7 Moy, Esq., Ruzanna Arsenian and Eunice Skelly for their help in the preparation of this report.  
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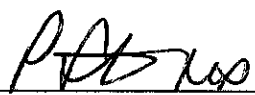
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13 Hilary Fairbrother, MD, MPH  
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18 Susan Baldassari, MD  
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36 Richard Schoor, MD  
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42 Penny Stern, MD, MPH  
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