

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

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3 Report of the Reference Committee on Public Health & Education

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5 Presented by: Geoffrey Moore, MD, Chair

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

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10 Your Reference Committee recommends the following consent calendar for acceptance:

11  
12 **RECOMMENDED FOR ADOPTION**

- 13 1. Resolution 160 – Supervised Injection Facilities  
14 2. Resolution 162 – Preserving Vaccine Policy in the United States

15  
16 **RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED**

- 17 3. Resolution 151 – Smoke-free Multi-unit Housing  
18 4. Resolution 153 – Ban on the Use of Paraquat  
19 5. Resolution 154 – Policy on Quarantine  
20 6. Resolution 155 – Pediatric/Adolescent Informed Consent Concussion Discussion  
21 7. Resolution 159 – Complete Treatment of Opioid Overdose in the Emergency Room  
22 8. Resolution 161 – Appropriate Role of Pain Assessment in the Clinical Environment  
23 9. Resolution 163 – Survey; New York Physicians' Attitudes towards Medical Aid in Dying  
24 10. Resolution 164 – Medical Spectrum of Gender  
25 11. Resolution 165 – Development and Utilization of Clinical Decision Support Systems To  
26 Reduce Gender Disparities and Bias in Healthcare  
27 12. Resolution 166 – Reinstate the AMA Commission to Eliminate Health Care Disparities  
28 13. Resolution 168 – Sickle Cell Anemia Research and Management Funding  
29 14. Resolution 169 – Mandated Use of a Face Mask By Those Not Receiving Flu Shots  
30 15. Public Health & Education 2017 Sunset Report

31  
32 **REFERRED TO COUNCIL**

- 33 16. Resolution 156 – Promoting 3-Year, Vertical Ultrasound Curricula in Undergraduate  
34 Medical Education  
35 17. Resolution 157 – Development and Promotion of Evidence-based Ultrasound-First  
36 Radiation Mitigation

37  
38 **RECOMMENDED NOT FOR ADOPTION**

- 39 18. Resolution 158 – Reform of I-Stop  
40 19. Resolution 167 – No Physicians' Organization Should Support Political Candidates Who  
41 Oppose Women's Choice  
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1 1. RESOLUTION 160—SUPERVISED INJECTION FACILITIES

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3 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 160 BE ADOPTED.**

4  
5 Resolution 160 urges that the Medical Society of the State of New York advocate to the  
6 American Medical Association for a comprehensive study of Supervised Injection Facilities in  
7 the United States.

8  
9 Your Reference Committee heard significant discussion as to the pro and cons of having  
10 Supervised Injection Facilities in the United States. Your Reference Committee did learn that  
11 there were several countries that already have SIFs and with significant positive impact. Your  
12 Reference Committee has also learned that the NY State Harm Reduction Coalition has  
13 indicated that SIFs are sanctioned and supervised spaces for the hygienic consumption of pre-  
14 obtained drugs in a non-judgmental environment and under the observation of trained staff.  
15 SIFs represent a public health intervention operating a part of the wider network of services for  
16 people who use drugs, woven into local networks or coordinated strategies to address the  
17 individuals risk and community impact of drug use. SIFs are considered one of the public  
18 health strategies to reduce harms related to drug use. Your Reference Committee heard  
19 strong support for a study on these facilities and agrees with the resolution and urges that it be  
20 accepted.

21  
22 2. RESOLUTION 162—PRESERVING VACCINE POLICY IN THE UNITED STATES

23  
24 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 162 BE ADOPTED.**

25  
26 Resolution 162 urges that 1) the Medical Society of the State of New York continue to support  
27 evidence that vaccines are an effective mechanism for controlling communicable disease and  
28 protecting public health; 2) That the Medical Society of the State of New York continue to  
29 support vaccine guidance that is evidence-based; 3) That the Medical Society of the State of  
30 New York oppose the creation of a new federal commission on vaccine safety whose task is to  
31 study an association between autism and vaccines; 4) that a copy of this resolution be sent to  
32 the AMA for its consideration.

33  
34 Your Reference Committee heard only testimony in support of this resolution. Your Reference  
35 Committee learned that this resolution stemmed from discussion about establishing a  
36 commission to look into vaccine safety and its connection to autism. Your Reference Committee  
37 learned that the MSSNY Infectious Disease Committee was extremely concerned with such a  
38 commission and that such a commission could be detrimental to the public health. They also  
39 believed that MSSNY should support scientific evidence that vaccines are safe and are  
40 extremely effective in controlling communicable diseases. There were no comments in  
41 opposition to this resolution, and your Reference Committee agrees that this resolution should  
42 be supported.

1 3. RESOLUTION 151—SMOKE-FREE MULTI-UNIT HOUSING

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3 **THE REFERENCE COMMITTEE RECOMMENDS THE FOLLOWING:**

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5 **RECOMMENDATION A: THAT THE FIRST RESOLVED OF RESOLUTION 151 BE**  
6 **AMENDED BY ADDITION AND DELETION:**

7  
8 **RESOLVED**, That the Medical Society of the State of New York support the  
9 implementation of policies which incentivizes tenants and landlords ~~advocate for~~  
10 ~~legislation that requires~~ to seek smoke free multi-unit housing ~~be 100 percent smoke~~  
11 ~~free.~~

12  
13 **RECOMMENDATION B: THAT RESOLUTION 151 BE ADOPTED AS AMENDED.**

14  
15 Resolution 151 urges the Medical Society of the State of New York advocate for legislation that  
16 requires that multi-unit housing be 100 percent smoke free.

17  
18 Your Reference Committee heard support for this resolution both pro and con about this  
19 resolution and is concerned that this resolution may not be practical and that there are addicted  
20 people who live in multi-dwelling housing. Additionally, your Reference Committee also heard  
21 that New York City has enacted that NY City has enacted a Smoke-Free Policy in multi-dwelling  
22 housing. Your Reference Committee did hear testimony that this concept, while significant in  
23 assisting with public health, may also be difficult to achieve since these units were peoples'  
24 homes. Many of those that testified spoke about incentivizing tenants and landlords to achieve  
25 the goal of a smoke free environment. Your Reference Committee was also apprised that the  
26 New York State DOH's Bureau of Tobacco Control has developed action steps to encourage  
27 community partnerships with local housing authorities, faith based organization and service and  
28 advocacy organizations, such as the American Cancer Society, to promote smoke free policies  
29 in multi-unit housing. By amending the resolution, your Reference Committee believes that it  
30 incorporates the comments of those that testified.

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32 4. RESOLUTION 153—BAN ON THE USE OF PARAQUAT

33  
34 **THE REFERENCE COMMITTEE RECOMMENDS THE FOLLOWING:**

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36 **RECOMMENDATION A: THE FIRST RESOLVED OF RESOLUTION 153 BE AMENDED BY**  
37 **ADDITION AND DELETION:**

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39 **RESOLVED**, MSSNY ~~seek~~ support state legislation to permanently ban the use of  
40 Paraquat in all forms in New York State; and be it further

41  
42 **RECOMMENDATION B: THE SECOND RESOLVED OF RESOLUTION 153 BE AMENDED**  
43 **BY ADDITION AND DELETION:**

44  
45 **RESOLVED**, That MSSNY ~~take-~~ transmit a copy of this resolution to the AMA for its  
46 consideration at its annual House of Delegates meeting in June, 2017, asking the AMA  
47 ~~for appropriate legislation to permanently ban the use of Paraquat in all forms in the~~  
48 ~~United States.~~

49  
50 **RECOMMENDATION C: THAT RESOLUTION 153 BE ADOPTED AS AMENDED.**

1 Resolution 153 urges that MSSNY seek 1) state legislation to permanently ban the use of  
2 Paraquat in all forms in New York State and 2) that MSNNY take this resolution to the AMA at  
3 its annual House of Delegates meeting in June, 2017, asking the AMA for appropriate legislation  
4 to permanently ban the use of Paraquat in all forms in the United States.  
5

6 Your Reference Committee heard testimony in support of this resolution and those testifying  
7 indicated that paraquat is a highly toxic weed killer. Your Reference Committee also learned  
8 that paraquat is classified for restricted commercial use, and that people must obtain a license  
9 to use the product. However, use of this product could cause lung damage and lead to a  
10 disease called Paraquat lung and can cause scarring of the lungs. Since 2000, there have been  
11 17 deaths – three involving children – caused by accidental ingestion of paraquat. These cases  
12 have resulted from the pesticide being illegally transferred to beverage containers and later  
13 mistaken for a drink and consumed. A single sip can be fatal. To prevent these tragedies, EPA  
14 is requiring additional packaging requirements. There are already, less deadly alternatives to  
15 this herbicide. Your Reference Committee agrees with the intent of this resolution and  
16 amended it to indicate support for legislation and articulated the proper wording to transmit the  
17 resolution to the AMA.  
18

#### 19 5. RESOLUTION 154—POLICY ON QUARANTINE

#### 20 21 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOLLOWING SUBSTITUTE** 22 **RESOLUTION 154 BE ADOPTED IN LIEU OF 154:** 23

24 **RESOLVED, that the Medical Society of the State of New York adopt policy that**  
25 **state and local government quarantines are developed based from evidence-**  
26 **based medicine and have strong due process protections; and be it further**  
27

28 **RESOLVED, that the Medical Society of the State of New York support that the**  
29 **medical profession collaborate with state and local public health officials to take**  
30 **an active role in ensuring that quarantine and isolation interventions is evidence-**  
31 **based; and be it further**  
32

33 **RESOLVED, That a copy of this resolution be forwarded to the American Medical**  
34 **Association House of Delegates for its consideration.**  
35

36 Resolution 154 resolves: 1) that given the recent Centers for Disease Control (CDC) guidelines  
37 granting it broad authority to impose quarantine measures, while establishing in-house oversight  
38 of whether someone should be detained and quarantined, that MSSNY urge the American  
39 Medical Association to seek legislation/regulation on a national level, that would immediately  
40 amend the federal quarantine law to ensure the availability of an expedited judicial review of all  
41 CDC imposed quarantines;  
42

43 2) That the AMA also seek legislation/regulation to guarantee that any quarantine measures  
44 being imposed be based solely upon medical/scientific knowledge and evidence and not  
45 motivated by non-medical reasons;  
46

47 3) That the AMA reaffirm its ethics policy E-2.25 – **“The Use of Quarantine and Isolation as**  
48 **Public Health Interventions”** which states that the medical profession should collaborate with  
49 public health colleagues to take an active role in ensuring that quarantine and isolation  
50 intervention are based on science,  
51

1 4) That it be acknowledged that in many cases, states and local governments may be better  
2 equipped to handle quarantine situations without the need for federal government involvement.  
3

4 Your Reference Committee heard testimony in support to this measure and heard that the  
5 makers of the resolution were concerned that there be informed consent in this process.  
6 Additionally, there were concerns expressed about having the quarantine process be evidence-  
7 based. Your Reference Committee also learned that on January 19, 2017, the US Department  
8 of Health and Human Services (HHS) Centers for Disease Control and Prevention (CDC)  
9 published the final rule for the Control of Communicable Diseases. This rule includes  
10 amendments to the current domestic (interstate) and foreign quarantine regulations for the  
11 control of communicable diseases. These amendments have been made in response to public  
12 comments received regarding the notice of proposed rulemaking published on August 15, 2016.  
13 This final rule improves CDC's ability to protect against the introduction, transmission, and  
14 spread of communicable diseases while ensuring due process. This rule became effective on  
15 March 21st, 2017. The provisions of the final rule includes the following: 1) Outlines the  
16 provisions to reflect input received from individuals, industry, state and federal partners, public  
17 health authorities, and other interested parties. 2) Does not authorize compulsory medical  
18 testing, vaccination, or medical treatment without prior informed consent. 3) Requires CDC to  
19 advise individuals subject to medical examinations that such examinations will be conducted by  
20 an authorized health worker and with prior informed consent. 4) Includes strong due process  
21 protections for individuals subject to public health orders, including a right to counsel for indigent  
22 individuals. 5) Does not expand CDC's authority beyond what is granted by Congress, nor does  
23 it alter the list of diseases subject to federal isolation or quarantine, which is established by an  
24 Executive Order of the President. 6) Limits to 72 hours the amount of time that an individual  
25 may be apprehended pending the issuance of a federal order for isolation, quarantine, or  
26 conditional release. 7) Provides the public with explicit information about how and where the  
27 CDC conducts public health risk assessments and manages travelers at US ports of entry. The  
28 adopted rules do indicate that there is due process and that it does not expand the CDC  
29 authority. Your Reference Committee thought that the CDC final rule may alleviate the  
30 concerns expressed by the makers of this resolution. Your Reference Committee also learned  
31 that MSSNY does not have a policy on quarantine. Based on the discussion at the hearing, this  
32 has led your Reference Committee to offer up a substitute resolution that incorporates the core  
33 principle expressed with the additional request that the resolution be sent to the AMA too  
34 consider such a policy.  
35

36 6. RESOLUTION 155—PEDIATRIC/ADOLESCENT INFORMED CONSENT CONCUSSION  
37 DISCUSSION  
38

39 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOLLOWING SUBSTITUTE**  
40 **RESOLUTION 155 BE ADOPTED IN LIEU OF 155:**  
41

42 **RESOLVED, that the Medical Society of the State of New York support that New**  
43 **York State State Education Department (SED) amend its “*Guidelines for***  
44 ***Concussion Management in the School Setting*” to include informed consent prior**  
45 **to participation in intramural and interscholastic athletics and that this consent**  
46 **discuss the risk of short and long term impact of mild traumatic brain injuries; and**  
47 **be it further**  
48

49 **RESOLVED, that a copy of this resolution be transmitted to AMA to seek similar**  
50 **federal regulations/legislation incorporating the informed consent provisions.**  
51  
52

1 Resolution 155 resolves: 1) that in accordance with MSSNY’s position of 30.990, which  
2 promotes sports related concussion prevention campaigns by the New York State Department  
3 of Health and the American Academy of Neurology, MSSNY seek legislation or regulation to  
4 reduce potential short and long term effects of Chronic Traumatic Encephalopathy by amending  
5 current school sporting related informed consents to include education and discussions with  
6 parents or guardians prior to pediatric and adolescent team enrollments;

7  
8 2) That MSSNY seek legislation or regulation to have embedded within school sports related  
9 informed consent permissions, clear information that states the effects of repeated head trauma  
10 which can lead to memory loss, impaired judgment, behavioral instabilities and degenerative  
11 brain disorders, including dementia later in life;

12  
13 3) That MSSNY ask the AMA to also seek legislation or regulation to include concussion  
14 discussions with parents/guardian of pediatric/adolescent children, during informed consent,  
15 prior to sport team enrollments with clearly written effects and the acknowledgement as such  
16 embedded in the consent forms.

17  
18 Your Reference Committee heard testimony in strong support of this resolution. Those that  
19 testified indicated that parents and students were not really aware of the health risks associated  
20 with concussion. There was discussion about New York State’s “Guidelines for Concussion  
21 Management in the School Setting”. These guidelines were adopted by the NYS Education  
22 Department (NYSED) in 2012 and were updated by the SED in 2014 and stemmed from a  
23 legislative requirement in 2011 that students and athletes receive medical clearances to return  
24 to activity from a physician and that guidelines be developed for the school setting. Your  
25 Reference Committee was informed that MSSNY strongly supported the legislation, and that  
26 there were MSSNY members that were involved in the development of the guide. Your  
27 Reference Committee also learned that under these guidelines, NYSED and the New York  
28 State Department of Health (DOH) recommend in part the following: 1) required education of  
29 parent, patient and school personal about concussion and 2) an emphasis must be placed on  
30 the need for medical evaluation should such an injury occur to prevent persisting symptoms of a  
31 concussion, 3) adhering to NYSED guidelines for return to school and activities. However, they  
32 do not require informed parental consent prior to a student being involved intramural or  
33 interscholastic sports. In light of this, your Reference Committee thought a substitution  
34 resolution was in order and agreed that such resolution should be sent to the AMA for its  
35 consideration, because there is nationwide variance in implementation among 50 states.

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37 7. RESOLUTION 159—COMPLETE TREATMENT OF OPIOID OVERDOSES IN EMERGENCY  
38 ROOM

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40 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOLLOWING SUBSTITUTE**  
41 **RESOLUTION 159 BE ADOPTED IN LIEU OF RESOLUTION 159:**

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43 **RESOLVED, that the Medical Society of the State of New York strongly encourage**  
44 **all physicians and hospitals to advocate to patients the substance use treatment**  
45 **options, including buprenorphine, available to them in treating addiction; and be**  
46 **it further**

47  
48 **RESOLVED, that MSSNY encourage collaboration with multi stakeholders for**  
49 **integrated Medication Assistance Treatment (MAT) for the management of**  
50 **addictions; and be it further**

1           **RESOLVED, that MSSNY encourage physicians and other medical staff to become**  
2           **voluntarily certified to prescribe buprenorphine.**

3  
4 Resolution 159 urges that:

5 1) The Medical Society of the State of New York be on record that whenever possible, any  
6 opioid overdose patient seen in the emergency room who desires treatment, including  
7 Buprenorphine, be connected to substance use disorder treatment within hours;

8  
9 2) That hospitals, administration and medical staff leadership encourage their medical staff to  
10 become certified to prescribe Buprenorphine in the same way they encourage medical staff to  
11 prescribe other new life saving medications and treatments;

12  
13 3) That MSSNY delegates who are on staff at hospitals, share this goal with the administration  
14 of the hospitals where they have privileges.

15  
16 Your Reference Committee heard testimony in support and also heard concerns about imposing  
17 additional mandates on hospitals and physicians. However, your Reference Committee also  
18 heard that testimony about the opioid crisis and heard from individuals who indicated that their  
19 hospital system have implemented an integrated system to address this crisis and both said that  
20 emergency department physicians, primary care and addiction specialists are working together  
21 to address the problem. This included training for prescribing of buprenorphine. Based on this  
22 information, your Reference Committee created a substitute to reflect this comment and the  
23 comments of those that testified.

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25 8. RESOLUTION 161—APPROPRIATE ROLE OF PAIN ASSESSMENT IN THE CLINICAL  
26 ENVIRONMENT

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28 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOLLOWING SUBSTITUTE**  
29 **RESOLUTION 161 BE ADOPTED IN LIEU OF RESOLUTON 161:**

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31           **RESOLVED, That the Medical Society of the State of New York reaffirm MSSNY**  
32           **Policy 40.997; and be it further**

33  
34           **RESOLVED, That the Medical Society of the State of New York continue to**  
35           **advocate for patient specific measures, including complementary and alternative**  
36           **medicine (CAM) treatments, to ensure that pain is evaluated and treated within**  
37           **the medical model.**

38  
39 Resolution 161 urges that the:

40 1) Medical Society of the State of New York publically state that the ongoing focus on pain, pain  
41 assessment, and pain management is contributing to the opioid epidemic;

42  
43 2) That pain needs to be evaluated and treated within a medical model that addresses  
44 underlying pathophysiology and, when possible, addresses the source;

45  
46 3) That MSSNY support discontinuation of the use of pain as a metric to evaluate physicians  
47 and hospitals by accrediting organizations such as the Joint Commission,

48  
49 4) That MSSNY lobby the New York Legislature to have the use of pain as a 5th vital sign  
50 removed from both the clinical environment as well as all evaluator metrics in the State of New  
51 York.

1 Your Reference Committee heard testimony in support for the resolution. Your Reference  
2 Committee also learned that the Joint Commission first established standards for pain  
3 assessment and treatment in 2001 in response to the national outcry about the widespread  
4 problem of under-treatment of pain. The Joint Commission’s current standards require that  
5 organizations establish policies regarding pain assessment and treatment and conduct  
6 educational efforts to ensure compliance. The standards do not require the use of drugs to  
7 manage a patient’s pain; and when a drug is appropriate, the standards do not specify which  
8 drug should be prescribed. The Joint Commission does not require pain assessment for all  
9 patients. This standard allows organizations to set their own policies regarding which patients  
10 should have pain assessed based on the population served and the services delivered. Your  
11 Reference Committee is aware of existing MSSNY Policy 40.997 and that this policy was  
12 adopted in its entirety by the HOD and was subsequently adopted by the AMA. Your Reference  
13 Committee noted that there was a different nuance regarding the medical model in this  
14 resolution and agreed that it is important that physicians learn about alternative treatments for  
15 treating pain within the medical model. Your Reference Committee recognizes that New York  
16 State law or regulation doesn’t impose a pain management assessment—not even the Joint  
17 Commission standard. New York State does not regulate or control the development and  
18 national standards and your Reference Committee believes that this goal, while laudable, is not  
19 achievable.

20  
21 ***MSSNY Policy 40.997 Pain as the “Fifth Vital Sign”***  
22 *The Medical Society of the State of New York (MSSNY) affirms as policy that the clinical highlighting of pain as “the*  
23 *fifth vital sign” and a focus on eradication or total resolution of a patients pain is misguided and leads to 1)*  
24 *inappropriate pain management demands by patients; 2) inappropriate pressure on clinical pain management*  
25 *practices by clinicians; and 3) consequently, the diffuse overuse of opioids. MSSNY will recommend that “pain as the*  
26 *fifth vital sign” be removed from the clinical practice environment and that the Joint Commission remove “pain as the*  
27 *fifth vital sign” from its standards. The New York delegation will forward this resolution to the American Medical*  
28 *Association encouraging it to request that the Joint Commission remove “pain as the fifth vital sign” from its*  
29 *standards. (HOD 2015-154)*

30  
31 9. RESOLUTION 163—SURVEY: NEW YORK PHYSICIANS’ ATTITUDES TOWARD MEDICAL  
32 AID IN DYING

33  
34 **RECOMMENDATION A:**

35  
36 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 163 BE AMENDED**  
37 **BY ADDITION.**

38  
39 **RESOLVED**, that Medical Society of the State of New York conduct a membership (may  
40 substitute “physician”) survey to determine their attitudes toward medical aid-in-dying  
41 with a report of findings to the MSSNY **Council** or House of Delegates; **and be it**  
42 **further**

43  
44 **RECOMMENDATION B:**

45  
46 **THE REFERENCE COMMITTEE RECOMMENDS THE ADDITION OF A SECOND**  
47 **RESOLVED:**

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49 **RESOLVED**, that the Medical Society of the State of New York involve its Bioethics  
50 Committee in the development of an unbiased survey on this issue.

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1 **RECOMMENDATION C:**

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3 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 163 BE ADOPTED**  
4 **AS AMENDED.**

5  
6 Your Reference Committee heard testimony in support and opposition to this resolution. Your  
7 Reference Committee learned that over the last several years, medical societies in the states of  
8 California, Colorado, Maryland, and DC have taken a neutral position on aid in dying legislation.  
9 Your Reference Committee also learned that in response to the request by the AMA House of  
10 delegates (A-16) for additional information on physician aid-in-dying, the Council on Ethical and  
11 Judicial Affairs (CEJA) has been asked to examine the current landscape around this issue. In  
12 keeping with practice, CEJA reviews relevant literature and deliberates the related issues –  
13 CEJA will report the results of its deliberations to the AMA House at a future date. Also, CEJA  
14 welcomes written information from individuals and organizations to help inform its deliberations.  
15 CEJA has not set a strict completion timeline for its work in this highly contested area, so staff  
16 from the AMA can't say with any certainty when the report will be presented to the House, but  
17 staff doesn't foresee anything before Interim 2017 at the earliest. CEJA intends to host an "open  
18 house" during the upcoming AMA Annual Meeting as an opportunity for members and  
19 delegations to share their views with CEJA. Your Reference Committee was informed by those  
20 that testified that there is legislation pending in the New York State Legislature which will  
21 provide the ability of terminally ill patient to request medication from physicians to be self-  
22 administered for the purpose of hastening the patient's death. MSSNY does have policy that  
23 states that physician should not assist in suicide, however, over the last several years there  
24 have been MSSNY members that indicated that they did not support this position. There was  
25 testimony received that cautioned that such a survey needs to be carefully worded and that the  
26 questions are unbiased. Additionally, due to the pending legislation, several individuals  
27 testified that the results of the survey be sent to MSSNY Council for its action should the  
28 legislation move prior to the 2018 House of Delegates. Results of the survey will convey back  
29 to the MSSNY House of Delegates. Your Reference Committee believes that this resolution is  
30 timely and may assist in the discussion on this issue and amended to reflect the comments of  
31 those that testified.

32  
33 10. RESOLUTION 164—MEDICAL SPECTRUM OF GENDER

34  
35 **RECOMMENDATION A:**

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37 **THE REFERENCE COMMITTEE RECOMMENDS THAT FIRST RESOLVED OF**  
38 **RESOLUTION 164 AMENDED AS FOLLOWS:**

39  
40 RESOLVED, That Medical Society of the State of New York (MSSNY) partner with  
41 appropriate medical organizations **and community based organizations** to inform and  
42 educate the **medical** community **and the public** on the medical spectrum of gender  
43 identity as a complex interplay of gene expressions and biologic development; **and be it**  
44 **further**

45  
46 **RECOMMENDATION B:**

47  
48 **THE REFERENCE COMMITTEE RECOMMENDS THE ADDITION OF SECOND RESOLVE**  
49 **TO RESOLUTION 164 TO READ AS FOLLOWS:**

50  
51 **RESOLVED, That the Medical Society of the State of New York transmit a copy of**  
52 **this resolution to the AMA for its consideration.**

1 **RECOMMENDATION C:**

2  
3 **THE REFERENCE COMMITTEE RECOMENDS THAT RESOLUTION 164 BE ADOPTED AS**  
4 **AMENDED.**

5  
6 Your Reference Committee heard strong support for this resolution. Your Reference Committee  
7 heard testimony that indicated that the MSSNY’s Committee to Eliminate Health Care  
8 Disparities has recently revised its mission statement to include issues of gender and gender  
9 identity. Your Reference Committee heard testimony that the medical community and the public  
10 needed to be educated in regards to the medical spectrum and about the need to partner with  
11 community based organizations. Your Reference Committee agrees that this resolution is  
12 meritorious and should be adopted.

13  
14 11. RESOLUTION 165—DEVELOPMENT AND UTILIZATION OF CLINICAL DECISION  
15 SUPPORT SYSTEMS TO REDUCE GENDER DISPARTIES AND BIAS IN HEALTH CARE

16  
17 **RECOMMENDATION A:**

18  
19 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTON 165 BE ADMENDED**  
20 **BY DELETION:**

21  
22 ~~RESOLVED, that MSSNY will support the development and implementation of clinical~~  
23 ~~decision support systems designed to mitigate gender bias in diagnosis and treatment of~~  
24 ~~conditions in which gender disparities are prevalent.~~

25  
26 **RECOMMENDATION B: THAT RESOLUTION 165 BE ADOPTED AS AMENDED.**

27  
28 Resolution 165 urges that MSSNY will support the development and implementation of clinical  
29 decision support systems designed to mitigate gender bias in diagnosis and treatment of  
30 conditions in which gender disparities are prevalent.

31  
32 Your Reference Committee heard significant support for the resolution from those testifying.  
33 Your Reference Committee agrees with the sponsor of this resolution, but notes that the  
34 Medical Society of the State of New York does not develop clinical guidance. Your Reference  
35 Committee therefore, and amended the resolution to this effect. It also deleted the last few  
36 words which seemed to be redundant.

37  
38 12. RESOLUTION 166—REINSTATES THE AMA COMMISSION TO ELIMINATE HEALTH  
39 CARE DISPARTIES

40  
41 **RECOMMENDATION A:**

42  
43 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FIRST RESOLVED OF**  
44 **RESOLUTION 166 BE AMENDED AS FOLLOWS:**

45  
46 **RESOLVED, That the Medical Society of the State of New York urge the American**  
47 **Medical Association to reinstate the Commission to Eliminate Health Care Disparities,**  
48 **and to include goals and objectives, and Specific, Measurable, Agreed upon,**  
49 **Realistic and Time Related (SMART) metrics;**

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**RECOMMENDATION B:**

**THE REFERENCE COMMITTEE RECOMMENDS THAT THE AMENDED RESOLUTION 166 BE ADOPTED AS AMENDED.**

Resolution 166 urged that the 1) Medical Society of the State of New York urge the American Medical Association to reinstate the Commission to Eliminate Health Care Disparities and 2) that a copy of this resolution be sent to the AMA for its consideration at the 2017 Annual AMA House of Delegates.

Your Reference Committee heard strong support for the AMA to reinstate the AMA Commission to Eliminate Health Care Disparities. Your Reference Committee learned that in the spring of 2016, the AMA made the decision not to staff or funds the Commission. The AMA indicated that corporate sponsorship to fund this commission has been declining for several years, and the consensus within the AMA was that various organizations could have a greater impact outside the structure of the CEHCD. MSSNY’s Committee to Eliminate Healthcare Disparities believe strongly that there are looming federal issues to provide health care which could significantly increase health disparities. Your Reference Committee, though did hear testimony from a past president of the AMA who indicated that AMA Commission to Eliminate Health Care Disparities did not really accomplish much, with the exception of the Doctors Back to School Program and said that if the commission was to be reinstated that it should only be done with clearly defined and measurable objectives. The testimony from those who followed agreed that there should be an amended resolution that reflected these points and therefore, your Reference Committee put forward the amended resolution.

13. RESOLUTION 168 – SICKLE CELL ANEMIA RESEARCH AND MANAGEMENT FUNDING

**RECOMMENDATION A:**

**THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 168 BE ADMENDED BY ADDITON AND DELETION AS FOLLOWS:**

RESOLVED, That MSSNY work with NY State Department of Health to ~~increased~~ **sustain** funding increase funding for Sickle Cell Anemia research and management.

**RECOMMENDATION B:**

**THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 168 BE ADOPTED AS AMENDED.**

Resolution 168 urges MSSNY work with NY State Department of Health to sustained funding increase funding for Sickle Cell Anemia research and management.

Your Reference Committee heard limited testimony in support of the resolution and also apprised the sponsor of the recent budget appropriation of almost \$16 million in research for Sickle Cell Anemia within the context of the 2015 New York State budget. Your Reference Committee also notes that the budget for 2017-18 has already been passed, but thought it was important for MSSNY to advocate for sustained funding in future budgets and that it was important to include this in the development of MSSNY legislative program.

1 14. RESOLUTION 169—MANDATED USE OF A FACE MASK BY THOSE NOT RECEIVING  
2 FLU SHOTS

3  
4 **THE REFERENCE COMMITTEE RECOMMENDS THAT A SUBSTITUTE RESOLUTION 169**  
5 **BE ADOPTED IN LIEU OF RESOLUTION 169.**

6  
7 **RESOLVED, That the Medical Society of the State of New York request that the**  
8 **New York State Department of Health conduct an evidence-based review of the**  
9 **hospital regulations on masks in preventing the transmission of influenza.**

10  
11 Resolution 169 urges that the MSSNY oppose and ask for repeal of the regulation reading the  
12 mandatory wearing of masks when an individual New Yorker chooses to not get the annual flu  
13 shot.

14  
15 Your Reference Committee heard testimony in support of this resolution, with many speakers  
16 testifying that there is no evidence that wearing masks prevents the spread of flu from  
17 asymptomatic persons. There were also concerns expressed that people did not receive the  
18 vaccine due to medical reasons. There was an individual who provided data that masks prevent  
19 influenza in infected populations. Your Reference Committee notes that the NYS regulation is  
20 several years old, and that perhaps the time has come to ask DOH about its effectiveness and  
21 recommends the substitute. There were concerns that making people wear masks is in  
22 essence a HIPAA violation. Therefore the Reference Committee offered the substitute.

23  
24 15. 2017 PUBLIC HEALTH AND EDUCATION SUNSET REPORT

25  
26 **RECOMMENDATION A:**

27  
28 **YOUR REFERENCE RECOMMENDS THAT THE MSSNY POLICY 260.929 BE**  
29 **REAFFIRMED:**

30  
31 **260.929 Increasing the Blood Supply:**

32 MSSNY will advocate to the Food and Drug Administration that its guidance is discriminatory to  
33 large populations of potential blood donors and that this policy has not kept pace with screening  
34 technology and with the spread of specific diseases; and, also, that a uniform screening of  
35 donors be put in place for all populations and that the lifetime restriction for men who have had  
36 sex with men since 1977 be eliminated. (HOD 2007-160)

37  
38 **RECOMMENDATION B:**

39  
40 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE POLICIES CONTAINED IN THE**  
41 **2017 PUBLIC HEALTH AND EDUCATION SUNSET REPORT BE ADOPTED AS AMENDED**  
42 **AND THAT THE REPORT BE ACTED UPON IN THE MANNER INDICATED AND THAT THE**  
43 **REPORT BE FILED.**

44  
45 There was one extraction (MSSNY Policy 260.929) and your Reference Committee heard  
46 testimony in keeping this policy rather than having the policy sunset. The individual testified  
47 that while the FDA has made changes to increase the blood supply, he felt it was important to  
48 maintain the existing policy. There were no other extractions and your Reference Committee  
49 recommends the report be filed as amended.

1 16. RESOLUTION 156—PROMOTING 4-YEAR, VERTICAL ULTRASOUND CURRICULA IN  
2 UNDERGRADUATE MEDICAL EDUCATION

3  
4 **THE REFERENCE COMMITTEE RECOMMENDS RESOLUTION 156 BE REFERRED TO**  
5 **COUNCIL.**

6  
7 Resolution 156 urges that 1) Medical Society and the AMA support 4-year, vertical instruction  
8 and training regarding the concept, implementation, and utilization in clinician-performed, point-  
9 of care ultrasound; 2) the Medical Society and the AMA communicate with US medical schools  
10 urging the inclusion of clinician-performed, point-of-care ultrasound instruction and training;  
11 including didactic and practical experiences covering the application to a broad range of organ  
12 systems and procedures for a wide variety of future specialists.

13  
14 Your Reference Committee heard testimony in vigorous debate in support and opposition of this  
15 proposal. Your Reference heard testimony that there are a lot of requirements upon medical  
16 school and that MSSNY was really not able to discern these needs at the HOD. Due to the  
17 debate on this issue, in deference to the maker of this resolution, your Reference Committee  
18 supports having this resolution referred to MSSNY Council for discussion at MSSNY's  
19 Committee on Medical Education. Committee members consist of physicians who are versed in  
20 setting curricula at medical education intuitions, medical students, residents and other  
21 physicians.

22  
23 17. RESOLUTION 157—DEVELOPMENT AND PROMOTION OF EVIDENCE-BASED  
24 ULTRASOUND-FIRST RADIATION MITIGATING PROTOCOLS

25  
26 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 157 BE REFERRED**  
27 **TO COUNCIL.**

28  
29 Resolution 157 urges that 1) Medical Society and the AMA encourages physicians to develop  
30 evidence-based Ultrasound-First Protocols using point-of-care ultrasound as the first imaging  
31 modality when deemed clinically appropriate; 2) the Medical Society and the AMA encourages  
32 physicians to develop evidence-based Ultrasound-First Protocols specifically to guide invasive  
33 procedures, to promote patient safety, and to enhance quality performance.

34  
35 Your Reference Committee also heard testimony in support and in opposition to this resolution.  
36 There was strong debate on this technology and its effectiveness. There were different  
37 specialties that spoke in support and in opposition to the use of the technology. Your  
38 Reference Committee also received written and oral testimony from representatives of the NYS  
39 Radiological Society (NYSRS) that point of care ultrasound is not a diagnostic ultrasound and  
40 won't replace a CT. NYSRS contends that point of care is ultrasound is being used at the  
41 bedside and can be a valuable tool. However, according to NYS Radiological Society,  
42 ultrasound is the most operator-dependent imaging study and, therefore, those utilizing this  
43 modality must have proper training in the technical aspects of the study, the physics of  
44 ultrasound, and the potential for harm. After hearing from various members on this resolution,  
45 your Reference Committee believes that this is technology is new and there should be more  
46 discussion on this issue prior to MSSNY developing a policy statement, perhaps by MSSNY  
47 Inter-specialty Committee and therefore would like to refer this resolution to Council for its  
48 consideration.

1 18. RESOLUTION 158—REFORM OF I-STOP

2  
3 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 158 NOT BE**  
4 **ADOPTED.**

5  
6 Resolution 158 urges that the:

7 1) Medical Society of this State New York work with all relevant agencies, including the New  
8 York State Department of Health and Bureau of Narcotic Enforcement, to make the necessary  
9 changes to allow that pregabalin, lacosamide and vimpat prescriptions can be treated like any  
10 other non-controlled medication prescriptions,

11  
12 2) That MSSNY support any legislative proposals that would accomplish the same goal.

13  
14 Your Reference Committee heard limited testimony in support of this resolution and the majority  
15 of this delegation opposed this resolution. Those who testified in opposition to this resolution  
16 indicated that even these types of drugs can be diverted and abused. Your Reference  
17 Committee learned that since the enactment of ISTOP in 2012, New York State requires that  
18 Controlled Substance II-IV be looked up on the prescription monitoring program. Furthermore,  
19 the federal rule for e-prescribing requires a dual authentication system for all controlled  
20 substances. ISTOP also required that all prescriptions, controlled and non-controlled  
21 substances be e-prescribed. Due to the testimony received, your Reference Committee  
22 recommends that this resolution not be adopted.

23  
24 19. RESOLUTION 167—NO PHYSICIANS' ORGANIZATION SHOULD SUPPORT  
25 POLITICAL CANDIDATES WHO OPPOSE WOMEN'S CHOICE

26  
27 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 167 NOT BE**  
28 **ADOPTED.**

29  
30 Resolution 167 urges that that no physicians' organizations should support political candidates  
31 or appointees, including those to cabinet positions such as Secretary of Health and Human  
32 Services, who oppose women's choice and access to full reproductive services.

33  
34 Your Reference Committee heard support and opposition on this resolution. Your Reference  
35 Committee, however, believes that this is a complex issue for all of us. Your Reference  
36 Committee agrees with those who testified that indicated that a candidate and/or nominee  
37 should not be judged on just one position and very few organizations make decisions to support  
38 political candidates solely on one issue. Your Reference Committee was apprised that it is not  
39 MSSNY that endorses candidates, but MSSNYPAC. MSSNYPAC has, over the last several  
40 years endorsed candidates for their position on managed care, tort reform, public health, or  
41 scope of practice. Your Reference Committee notes, however, that some of the MSSNYPAC-  
42 endorsed candidates may have a differing opinion on a different issue of importance to MSSNY.  
43 Your Reference Committee heard testimony that there should not be a "litmus test" for  
44 candidates. There was also testimony from individuals who stated that this country has a  
45 diversity of opinions that are valued and any endorsement of candidates should not be one  
46 sided and focused on one issue. Your Reference Committee agrees that women's choice and  
47 access to full reproductive services strike a strong chord with the people of this nation and with  
48 our members. But to limit MSSNYPAC or any other physician organizations in this manner  
49 could potentially hamper all advocacy efforts on behalf of medicine. Your Reference Committee  
50 recommends non-adoption of this resolution.