Report of the Reference Committee on Public Health & Education

Presented by: Geoffrey Moore, MD, Chair

Madame Speaker and Members of the House of Delegates:

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION
1. Resolution 160 – Supervised Injection Facilities
2. Resolution 162 – Preserving Vaccine Policy in the United States

RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED
3. Resolution 151 – Smoke-free Multi-unit Housing
4. Resolution 153 – Ban on the Use of Paraquat
5. Resolution 154 – Policy on Quarantine
6. Resolution 155 – Pediatric/Adolescent Informed Consent Concussion Discussion
7. Resolution 159 – Complete Treatment of Opioid Overdose in the Emergency Room
8. Resolution 161 – Appropriate Role of Pain Assessment in the Clinical Environment
9. Resolution 163 – Survey; New York Physicians’ Attitudes towards Medical Aid in Dying
10. Resolution 164 – Medical Spectrum of Gender
12. Resolution 166 – Reinstate the AMA Commission to Eliminate Health Care Disparities
13. Resolution 168 – Sickle Cell Anemia Research and Management Funding
14. Resolution 169 – Mandated Use of a Face Mask By Those Not Receiving Flu Shots
15. Public Health & Education 2017 Sunset Report

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

RECOMMENDED NOT FOR ADOPTION
18. Resolution 158 – Reform of I-Stop
1. RESOLUTION 160—SUPERVISED INJECTION FACILITIES

THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 160 BE ADOPTED.

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

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

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

THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 162 BE ADOPTED.

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

Your Reference Committee heard only testimony in support of this resolution. Your Reference Committee learned that this resolution stemmed from discussion about establishing a commission to look into vaccine safety and its connection to autism. Your Reference Committee learned that the MSSNY Infectious Disease Committee was extremely concerned with such a commission and that such a commission could be detrimental to the public health. They also believed that MSSNY should support scientific evidence that vaccines are safe and are extremely effective in controlling communicable diseases. There were no comments in opposition to this resolution, and your Reference Committee agrees that this resolution should be supported.
3. RESOLUTION 151—SMOKE-FREE MULTI-UNIT HOUSING

THE REFERENCE COMMITTEE RECOMMENDS THE FOLLOWING:

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

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

RECOMMENDATION B: THAT RESOLUTION 151 BE ADOPTED AS AMENDED.

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

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

4. RESOLUTION 153—BAN ON THE USE OF PARAQUAT

THE REFERENCE COMMITTEE RECOMMENDS THE FOLLOWING:

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

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

RECOMMENDATION B: THE SECOND RESOLVED OF RESOLUTION 153 BE AMENDED BY ADDITION AND DELETION:

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

RECOMMENDATION C: THAT RESOLUTION 153 BE ADOPTED AS AMENDED.
Resolution 153 urges that MSSNY seek 1) state legislation to permanently ban the use of Paraquat in all forms in New York State and 2) that MSNNY take this resolution to the AMA at its annual House of Delegates meeting in June, 2017, asking the AMA for appropriate legislation to permanently ban the use of Paraquat in all forms in the United States.

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

5. RESOLUTION 154—POLICY ON QUARANTINE

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

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

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

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

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

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

3) That the AMA reaffirm its ethics policy E-2.25 – “The Use of Quarantine and Isolation as Public Health Interventions” which states that the medical profession should collaborate with public health colleagues to take an active role in ensuring that quarantine and isolation intervention are based on science,
4) That it be acknowledged that in many cases, states and local governments may be better equipped to handle quarantine situations without the need for federal government involvement.

Your Reference Committee heard testimony in support to this measure and heard that the makers of the resolution were concerned that there be informed consent in this process. Additionally, there were concerns expressed about having the quarantine process be evidence-based. Your Reference Committee also learned that on January 19, 2017, the US Department of Health and Human Services (HHS) Centers for Disease Control and Prevention (CDC) published the final rule for the Control of Communicable Diseases. This rule includes amendments to the current domestic (interstate) and foreign quarantine regulations for the control of communicable diseases. These amendments have been made in response to public comments received regarding the notice of proposed rulemaking published on August 15, 2016.

This final rule improves CDC’s ability to protect against the introduction, transmission, and spread of communicable diseases while ensuring due process. This rule became effective on March 21st, 2017. The provisions of the final rule includes the following: 1) Outlines the provisions to reflect input received from individuals, industry, state and federal partners, public health authorities, and other interested parties. 2) Does not authorize compulsory medical testing, vaccination, or medical treatment without prior informed consent. 3) Requires CDC to advise individuals subject to medical examinations that such examinations will be conducted by an authorized health worker and with prior informed consent. 4) Includes strong due process protections for individuals subject to public health orders, including a right to counsel for indigent individuals. 5) Does not expand CDC’s authority beyond what is granted by Congress, nor does it alter the list of diseases subject to federal isolation or quarantine, which is established by an Executive Order of the President. 6) Limits to 72 hours the amount of time that an individual may be apprehended pending the issuance of a federal order for isolation, quarantine, or conditional release. 7) Provides the public with explicit information about how and where the CDC conducts public health risk assessments and manages travelers at US ports of entry. The adopted rules do indicate that there is due process and that it does not expand the CDC authority. Your Reference Committee thought that the CDC final rule may alleviate the concerns expressed by the makers of this resolution. Your Reference Committee also learned that MSSNY does not have a policy on quarantine. Based on the discussion at the hearing, this has led your Reference Committee to offer up a substitute resolution that incorporates the core principle expressed with the additional request that the resolution be sent to the AMA too consider such a policy.

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

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

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

RESOLVED, that a copy of this resolution be transmitted to AMA to seek similar federal regulations/legislation incorporating the informed consent provisions.
Resolution 155 resolves: 1) that in accordance with MSSNY’s position of 30.990, which promotes sports related concussion prevention campaigns by the New York State Department of Health and the American Academy of Neurology, MSSNY seek legislation or regulation to reduce potential short and long term effects of Chronic Traumatic Encephalopathy by amending current school sporting related informed consents to include education and discussions with parents or guardians prior to pediatric and adolescent team enrollments;

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

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

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

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

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

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

RESOLVED, that MSSNY encourage collaboration with multi stakeholders for integrated Medication Assistance Treatment (MAT) for the management of addictions; and be it further
RESOLVED, that MSSNY encourage physicians and other medical staff to become voluntarily certified to prescribe buprenorphine.

Resolution 159 urges that:
1) The Medical Society of the State of New York be on record that whenever possible, any opioid overdose patient seen in the emergency room who desires treatment, including Buprenorphine, be connected to substance use disorder treatment within hours;
2) That hospitals, administration and medical staff leadership encourage their medical staff to become certified to prescribe Buprenorphine in the same way they encourage medical staff to prescribe other new life saving medications and treatments;
3) That MSSNY delegates who are on staff at hospitals, share this goal with the administration of the hospitals where they have privileges.

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

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

THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOLLOWING SUBSTITUTE RESOLUTION 161 BE ADOPTED IN LIEU OF RESOLUTION 161:

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

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

Resolution 161 urges that the:
1) Medical Society of the State of New York publically state that the ongoing focus on pain, pain assessment, and pain management is contributing to the opioid epidemic;
2) That pain needs to be evaluated and treated within a medical model that addresses underlying pathophysiology and, when possible, addresses the source;
3) That MSSNY support discontinuation of the use of pain as a metric to evaluate physicians and hospitals by accrediting organizations such as the Joint Commission,
4) That MSSNY lobby the New York Legislature to have the use of pain as a 5th vital sign removed from both the clinical environment as well as all evaluator metrics in the State of New York.
Your Reference Committee heard testimony in support for the resolution. Your Reference Committee also learned that the Joint Commission first established standards for pain assessment and treatment in 2001 in response to the national outcry about the widespread problem of under-treatment of pain. The Joint Commission’s current standards require that organizations establish policies regarding pain assessment and treatment and conduct educational efforts to ensure compliance. The standards do not require the use of drugs to manage a patient’s pain; and when a drug is appropriate, the standards do not specify which drug should be prescribed. The Joint Commission does not require pain assessment for all patients. This standard allows organizations to set their own policies regarding which patients should have pain assessed based on the population served and the services delivered. Your Reference Committee is aware of existing MSSNY Policy 40.997 and that this policy was adopted in its entirety by the HOD and was subsequently adopted by the AMA. Your Reference Committee noted that there was a different nuance regarding the medical model in this resolution and agreed that it is important that physicians learn about alternative treatments for treating pain within the medical model. Your Reference Committee recognizes that New York State law or regulation doesn’t impose a pain management assessment—not even the Joint Commission standard. New York State does not regulate or control the development and national standards and your Reference Committee believes that this goal, while laudable, is not achievable.

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

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

RECOMMENDATION A:

THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 163 BE AMENDED BY ADDITION.

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

RECOMMENDATION B:

THE REFERENCE COMMITTEE RECOMMENDS THE ADDITION OF A SECOND RESOLVED:

RESOLVED, that the Medical Society of the State of New York involve its Bioethics Committee in the development of an unbiased survey on this issue.
RECOMMENDATION C:

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

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

10. RESOLUTION 164—MEDICAL SPECTRUM OF GENDER

RECOMMENDATION A:

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

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

RECOMMENDATION B:

THE REFERENCE COMMITTEE RECOMMENDS THE ADDITION OF SECOND RESOLVE TO RESOLUTION 164 TO READ AS FOLLOWS:

RESOLVED, That the Medical Society of the State of New York transmit a copy of this resolution to the AMA for its consideration.
RECOMMENDATION C:

THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 164 BE ADOPTED AS AMENDED.

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

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

RECOMMENDATION A:

THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 165 BE ADMENDED BY DELETION:

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

RECOMMENDATION B: THAT RESOLUTION 165 BE ADOPTED AS AMENDED.

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

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

12. RESOLUTION 166—REINSTATES THE AMA COMMISSION TO ELIMINATE HEALTH CARE DISPARITIES

RECOMMENDATION A:

THE REFERENCE COMMITTEE RECOMMENDS THAT THE FIRST RESOLVED OF RESOLUTION 166 BE AMENDED AS FOLLOWS:

RESOLVED, That the Medical Society of the State of New York urge the American Medical Association to reinstate the Commission to Eliminate Health Care Disparities, and to include goals and objectives, and Specific, Measurable, Agreed upon, Realistic and Time Related (SMART) metrics;
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 ADDITION 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.
14. RESOLUTION 169—MANDATED USE OF A FACE MASK BY THOSE NOT RECEIVING 
FLU SHOTS

THE REFERENCE COMMITTEE RECOMMENDS THAT A SUBSTITUTE RESOLUTION 169 
BE ADOPTED IN LIEU OF RESOLUTION 169.

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

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

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

15. 2017 PUBLIC HEALTH AND EDUCATION SUNSET REPORT

RECOMMENDATION A:

YOUR REFERENCE RECOMMENDS THAT THE MSSNY POLICY 260.929 BE 
REAFFIRMED:

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

RECOMMENDATION B:

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

There was one extraction (MSSNY Policy 260.929) and your Reference Committee heard 
testimony in keeping this policy rather than having the policy sunset. The individual testified 
that while the FDA has made changes to increase the blood supply, he felt it was important to 
maintain the existing policy. There were no other extractions and your Reference Committee 
recommends the report be filed as amended.
16. RESOLUTION 156—PROMOTING 4-YEAR, VERTICAL ULTRASOUND CURRICULA IN UNDERGRADUATE MEDICAL EDUCATION

THE REFERENCE COMMITTEE RECOMMENDS RESOLUTION 156 BE REFERRED TO COUNCIL.

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

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

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

THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 157 BE REFERRED TO COUNCIL.

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

Your Reference Committee also heard testimony in support and in opposition to this resolution. There was strong debate on this technology and its effectiveness. There were different specialties that spoke in support and in opposition to the use of the technology. Your Reference Committee also received written and oral testimony from representatives of the NYS Radiological Society (NYSRS) that point of care ultrasound is not a diagnostic ultrasound and won't replace a CT. NYSRS contends that point of care is ultrasound is being used at the bedside and can be a valuable tool. However, according to NYS Radiological Society, ultrasound is the most operator-dependent imaging study and, therefore, those utilizing this modality must have proper training in the technical aspects of the study, the physics of ultrasound, and the potential for harm. After hearing from various members on this resolution, your Reference Committee believes that this is technology is new and there should be more discussion on this issue prior to MSSNY developing a policy statement, perhaps by MSSNY Inter-specialty Committee and therefore would like to refer this resolution to Council for its consideration.
18. RESOLUTION 158—REFORM OF I-STOP

THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 158 NOT BE ADOPTED.

Resolution 158 urges that the:
1) Medical Society of this State New York work with all relevant agencies, including the New York State Department of Health and Bureau of Narcotic Enforcement, to make the necessary changes to allow that pregabalin, lacosamide and vimpot prescriptions can be treated like any other non-controlled medication prescriptions,

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

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

19. RESOLUTION 167—NO PHYSICIANS’ ORGANIZATION SHOULD SUPPORT POLITICAL CANDIDATES WHO OPPOSE WOMEN’S CHOICE

THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 167 NOT BE ADOPTED.

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

Your Reference Committee heard support and opposition on this resolution. Your Reference Committee, however, believes that this is a complex issue for all of us. Your Reference Committee agrees with those who testified that indicated that a candidate and/or nominee should not be judged on just one position and very few organizations make decisions to support political candidates solely on one issue. Your Reference Committee was apprised that it is not MSSNY that endorses candidates, but MSSNYPAC. MSSNYPAC has, over the last several years endorsed candidates for their position on managed care, tort reform, public health, or scope of practice. Your Reference Committee notes, however, that some of the MSSNYPAC-endorsed candidates may have a differing opinion on a different issue of importance to MSSNY.

Your Reference Committee heard testimony that there should not be a “litmus test” for candidates. There was also testimony from individuals who stated that this country has a diversity of opinions that are valued and any endorsement of candidates should not be one sided and focused on one issue. Your Reference Committee agrees that women’s choice and access to full reproductive services strike a strong chord with the people of this nation and with our members. But to limit MSSNYPAC or any other physician organizations in this manner could potentially hamper all advocacy efforts on behalf of medicine. Your Reference Committee recommends non-adoption of this resolution.