Madame Speaker and Members of the House of Delegates:

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION
1. Public Health & Education 2018 Sunset Review Report
2. Resolution 154 – Safe Injection Facilities Pilot Studies in NYS
3. Resolution 155 – Discriminatory Policies that Create Inequities in Health Care

RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED
4. Resolution 150 – Common Sense Prostate Cancer Screening
5. Resolution 151 – Bicycle Safety
   And
   Resolution 152 – Bicycle Safety Infrastructure
6. Resolution 153 – Caffeine Labeling with Warnings
7. Resolution 157 – Banning the Sale of Bump Stocks
8. Resolution 158 – Strengthening the Background Check System for Firearm Sales
9. Resolution 159 – Reduce Gun Use in Suicidal Patients
10. Resolution 160 – Substance Use Disorders (SUD) Medical Treatment Requirement
11. Resolution 161 – Medical Marijuana an Alternative to Opiate Addiction
12. Resolution 162 – Opioid Pill Buy Back Program
13. Resolution 163 – Quality End of Life Care
14. Resolution 167 – Integrating Data into Physician’s E-prescribing Workflow
15. Resolution 168 – Increase Free Online CME for Members

REFER TO COUNCIL
16. Resolution 164 – Engaged Neutrality on Medical Aid in Dying
17. Resolution 169 – Partnership on Continuing Medical Education

RECOMMENDED NOT FOR ADOPTION
18. Resolution 156 – License to Buy Alcohol
19. Resolution 165 – Change the Schedule of Classifications in Testosterone
1. **2018 Sunset Review Report for Public Health and Education**

   THE REFERENCE COMMITTEE RECOMMENDS THAT THE 2018 SUNSET REVIEW REPORT FOR PUBLIC HEALTH AND EDUCATION BE FILED.

   The 2018 Sunset Report contains policies that are ten years old and these policies were reviewed by MSSNY’s Public Health Committees. Your Reference Committee recommends that the report be filed.

2. **RESOLUTION 154 - SAFE INJECTION FACILITIES PILOT STUDIES IN NYS**

   THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 154 BE ADOPTED.

   Resolution 154 urges 1) that the Medical Society of the State of New York support pilot studies to assess the role of Safe Injection Facilities in New York State as a component of expansion of drug user health programs; 2) and that any pilot study include New York City and two other areas outside NYC; 3) and that such pilot studies on Safe Injection Facilities include a publicly disclosed report of outcomes and that the pilots provide screening, support and referral for treatment of substance use disorders, co-occurring medical and psychiatric conditions, and provide education on harm reduction strategies including but not limited to Naloxone training.

   Your Reference Committee heard testimony in support of this resolution. Your Reference Committee learned that at the 2017 MSSNY House of Delegates, the house unanimously passed a resolution asking that the AMA conduct a study of Safe Injection Facilities. However, the AMA House of Delegates, did not adopt the MSSNY resolution because the Massachusetts Medical Society had already done a study, and therefore, adopted a resolution that called upon pilot studies be conducted across the nation. Upon receiving this information, the MSSNY Committees on Infectious Diseases and the Addiction and Psychiatric Medicine joined together in sponsoring the resolution so MSSNY would have similar policy. Both committees learned that the Harm Reduction Coalition indicated that countries that have SIF saw reductions in syringe sharing, increases in safer injection behaviors, reductions in public disorder, increased use of detox and addiction treatment, and significant reduction in fatal overdoses. The Harm Reduction Coalition also indicated that SIF are associated with reductions in risk behaviors. Using mathematical modules, the estimated economic costs and benefits to establish a SIF in San Francisco, showed that there were significant savings from averting HIV and hepatitis C infections, reduced skin and soft tissue infection, averted overdose deaths and increased medication assisted treatment. Your Reference Committee learned that these facilities do not allow an individual to bring in their own drugs; but understands that there would have to be significant changes in NYS penal law to allow facilities to have products available for individuals that use these facilities. Your Reference Committee also learned that there is legislation pending in the New York State Legislature to authorize these facilities and also learned that safe injection facilities are recommended by the Governor’s New York State Task Force to End the HIV Epidemic by 2020. Your Reference is supportive of pilot studies, with a report of of outcome data in relation to these facilities. Therefore, your Reference Committee recommends adoption of this resolution.
3. RESOLUTION 155 - DISCRIMINATORY POLICIES THAT CREATE INEQUITIES IN HEALTH CARE

THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 155 BE ADOPTED.

Resolution 155 1) urges that the Medical Society of the State of New York speak against policies that are discriminatory and create even greater health disparities in medicine; 2) and that the Medical Society of the State of New York be a voice for New York’s most vulnerable populations, including sexual, gender, racial and ethnic minorities, who will suffer the most under such policies, further widening the gaps that exist in health and wellness in our nation; 3) and that a copy of this resolution be transmitted to the American Medical Association for its consideration.

Your Reference Committee heard testimony in support of this resolution. Your Reference Committee notes that there were several representatives of the MSSNY Health Disparities Committee that spoke in favor of this resolution. Your Reference Committee learned that on January 19, 2018, the Department of Health and Human Services announced that the Office for Civil Right has proposed a new rule to enforce 25 existing statutory conscience protections and would allow physicians and other health care provider to opt out of performing certain procedures due to a conscience provisions. This action will reverse policies put in place under President Barack Obama about non-enforcement of these existing rules. The new division, which will be part of the HHS Office for Civil Rights, will not only accept complaints from healthcare professionals but will be responsible for ensuring that hospitals, clinics and other institutions across the country are accommodating their beliefs. There have previously been statutory attempts in various states to allow discrimination against LGBTQ people, including in healthcare settings. Additionally, there are a number of women’s and LGBTQ rights and physician groups that have expressed worry that policies could further discriminate against vulnerable populations and worsen inequities within health care. Your Reference Committee notes that this resolution does not ask MSSNY to oppose the creation of this office, nor does it discuss the provisions for enforcement. What this resolution asks MSSNY to do is to speak out on policies that are discriminatory and that MSSNY be a voice for society’s most vulnerable patients. Based on the resolves of this resolution, your Reference Committee recommends adoption.

4. RESOLUTION 150 - COMMON SENSE PROSTATE CANCER SCREENING

THE REFERENCE COMMITTEE RECOMMENDS THE FOLLOWING:

RECOMMENDATION A:

THAT THE FOLLOWING SUBSTITUTE AMENDMENT BE ACCEPTED INSTEAD OF ORIGINIAL RESOLUTION 150:

RESOLVED, THAT MSSNY AMEND POLICY 125.996 SCREENING PROGRAMS AND INTERVENTIONS MOST BENEFICAL TO IMPROVING THE OVERALL HEALTH OF THE PUBLIC:

8) Prostate Cancer Screening and Treatment in high risk individuals and populations to read as follows:
Physicians should have an informative discussion about the risk of prostate cancer with their male patients at age 40 and identify those patients who are at higher than average risk based on family history, race, ethnicity, lifestyle factors and other chronic illnesses.

Physicians should offer male patients, at age 45 who are at higher risk and age 50 for average or low risk, yearly testing, including but not limited to, serum PSA and the digital rectal exam. Patients should be referred to a specialist if findings suggest the possibility of prostate cancer.

RECOMMENDATION B:

THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 150 BE ADOPTED AS AMENDED.

Resolution 150 urges 1) that physicians should have an informative discussion about the risk of prostate cancer with their male patients at age 40 and identify those patients who are at higher than average risk based on family history, race, ethnicity, lifestyle factors and other chronic illnesses;

2) that physicians should offer male patients, at age 40 for higher risk and age 50 for average or low risk, yearly testing, including but not limited to, serum PSA and its various available subtypes, as well as MRI imaging and genomic testing when appropriate, with or without digital rectal exam, and be referred to a specialist if findings suggest the possibility of prostate cancer

3) that all patients diagnosed with prostate cancer have available to them all accepted methods of risk stratification to best determine appropriate treatment including the judicious use of active surveillance protocols.

Your Reference Committee heard testimony in support and opposition to this resolution. Your Reference Committee learned that the American Cancer Society recommends that “men should have a chance to make an informed decision with their health care provider about whether to be screened for prostate cancer. The decision should be made after getting information about the uncertainties, risks, and potential benefits of prostate cancer screening. Men should not be screened unless they have received this information. After the discussion about screening, those men who want to be screened should be tested with the prostate specific antigen (PSA) blood test. The digital rectal exam (DRE) may also be done as a part of screening. Your Reference Committee also learned that the ACS recommends that testing be done on men 50 and over if they are average risk and 45 and over if high risk. The ACS also recommends that physicians should discuss with patients at age 50 for men with at least a 10-year life expectancy and then periodically. Since MSSNY Policy 125. 996 was originally crafted by MSSNY’s Heart, Lung, Cancer Committee, and because that committee had originally supported the use of the ACS guidance in regards to prostate screening, the Reference Committee thought that it would be logical for the HOD to do the same. Your Reference Committee was informed that the MSSNY Heart, Lung Cancer Committee is actually in the process of reviewing and revising this policy. The ACS guidance also defined patients at “high risk” to include family history, race and ethnicity. Your Reference Committee was also concerned that since the original resolution disagreed with the finding of the US Preventive Service Task Force, however, that entity is the usually the precursor for obtaining insurance coverage for various tests, but notes that if the physician determines the patient is high risk insurance will pay for the procedure. Your Reference Committee was concerned that the original resolution called for additional testing, including MRI, and did note that insurance does not yet pay for this type of testing. Your
Reference Committee believes that by using the ACS current recommendation allows the committee to meet in the “middle” with the sponsor of this resolution. Your Reference Committee also is offering the substitute amendment so to direct MSSNY to amend existing Policy 125.996, Screening Programs and Interventions Most Beneficial to Improving the Overall Health of the Public.

5. RESOLUTION 151 - BICYCLE SAFETY
   AND
   RESOLUTION 152 - BICYCLE SAFETY INFRASTRUCTURE

THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 151 BE ADOPTED IN LIEU OF RESOLUTION 151 AND 152:

RESOLVED, That the Medical Society of the State of New York encourage law enforcement to enforce the rules of the road; and be it further

RESOLVED, That the Medical Society of the State of New York collaborate with county medical societies in ensuring that future infrastructure projects consider bicyclists’ safety.

Resolution 151 urges that 1) the Medical Society of the State of New York take a public stance encouraging law enforcement throughout New York State to enforce bicycle rules of the road; 2) and that the Medical Society of the State of New York make bicycle safety one of the priorities of its public health agenda.

Resolution 152 urges that the Medical Society of the State of New York and the American Medical Association encourage and lobby for infrastructure for safe ways to exercise and/or commute, tour, and enjoy the outdoors with bicycling, tricycling, walking, and cross country skiing away from traffic/collision/injury risks.

Your Reference Committee heard testimony in support of this measure. Your Reference Committee agrees that bicycle safety is important but decided to combine these resolutions to better address the current bicycle safety provisions that already exist in New York State. Currently, in New York State, the same laws apply to motor vehicles operators, also apply to bicyclists. Your Reference Committee agrees that MSSNY should support enforcement of bicycle safety rules of the road, and notes that there was testimony about ensuring the safety of bicyclists, motorists and pedestrians. Your Reference Committee has learned that, both the Federal Highway Administration and the New York State Department of Transportation require the routine consideration of bicyclists in all new roadway construction, reconstruction, and maintenance projects unless prohibited by law. This pertains to uniform minimum standards and criteria for the design and construction of bicycle facilities, including the formal planning and design of such facilities. Your Reference Committee notes that since bicycle road projects fall upon localities that it may be better to involve the local county medical societies to participate in the planning process for this type of infrastructure rather the state society. Your Reference Committee is concerned that making bicycle safety a public health priority for MSSNY may not be realistic especially in light of the opioid crisis, disease prevention, women’s health and issues related to gun and other violence. Furthermore, since bicycle infrastructure is already a federal requirement, there is really no need for this resolution be submitted to the American Medical Association. Therefore, your Reference Committee recommends adoption of the substitute resolution as it believes that this best represents the testimony as provided.
6. RESOLUTION 153 - CAFFEINE LABELING WITH WARNINGS

RECOMMENDATION A:

THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 153 BE AMENDED BY ADDITION OF THE FOLLOWING RESOLVED:

RESOLVED, That MSSNY collaborate with other health advocacy organizations, including the New York State Department of Health and the AMA in raising awareness among young adults on the health danger of caffeine and that this awareness include examples of size equivalency.

RECOMMENDATION B:

THE REFERENCE COMMITTEE RECOMMENDS RESOLUTION 153 BE ADOPTED AS AMENDED.

Resolution 153 urges that the Medical Society of the State of New York (MSSNY) refer this resolution to the American Medical Association (AMA) to urge the FDA to take action on the following: a) mandate all products that contain caffeine be labeled with the amount per serving, and include any other substances that enhances the effects of caffeine; and b) that decaffeinated drinks be required to be labeled the amount of caffeine remaining in the product; and c) that all places of business that sell caffeinated and decaffeinated drinks be required to include the amount of caffeine in beverages served.

Your Reference Committee heard testimony in support of this resolution. Your Reference Committee learned that the Food and Drug Administration guidelines that essentially state that 68 mgs per 12 oz is acceptable. Some drinks do have more. Most if not all energy drinks are legally classified as supplements. Supplements (vitamins and such) have a much lower oversight than food and drugs. Natural caffeine levels are also exempt from these regulations so coffee based drinks may have more caffeine than the limit without being classified as a supplement. Your Reference Committee also learned that MSSNY has two policies 260.905 Prohibiting the Sale of Powdered Caffeine and 260.914 Banning the Marketing and Sale of “High-energy/Stimulant Drinks” to Children/Adolescents Under the Age of 18. Your Reference Committee learned that caffeine is showing up in many products, including gums and candy, oatmeal, syrups, jelly beans, even marshmallows. Your Reference Committee believes therefore, that this resolution is timely and that it calls upon the MSSNY House to forward to the AMA a resolution to the FDA. However, there was significant testimony regarding raising educational awareness in individuals about caffeine and therefore, your Reference Committee recommends the addition pertaining to this. Your Reference Committee believes that this issue should be address first by the FDA, but agrees that education is vitally important on this issue and recommends adoption of the resolution as amended.
7. RESOLUTION 157 - BANNING THE SALE OF BUMP STOCKS

RECOMMENDATION A:

THE REFERENCE COMMITTEE RECOMMENDS THAT THE ORIGINAL RESOLVE OF RESOLUTION 157 BE ADMENDED BY ADDITION AND DELETION.

RESOLVED, That MSSNY should seek and promote support legislation that blocks the sale of any device or modification to pistols and rifles, specifically including but not limited to bump stocks, that functionally convert a semi-automatic firearm into a weapon that mimics fully-automatic operation; and be it further

RECOMMENDATION B:

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

RESOLVED, that MSSNY support legislation that would ban the sale and/or ownership of high capacity magazines or clips and high speed high destruction rounds; and be it further

RECOMMENDATION C:

THE REFERENCE COMMITTEE RECOMMENDS THE ADDITION OF THIRD RESOLVE TO READ AS FOLLOWS:

RESOLVED, That a copy of this resolution be transmitted to the AMA.

RECOMMENDATION D:

THE REFERENCE COMMITTEE RECOMMENDS ADOPTION OF RESOLUTION 157 BE ADOPTED AS AMENDED.

Resolution 157 urges MSSNY should seek and promote legislation that blocks the sale of any device or modification to pistols and rifles, specifically including but not limited to bump stocks, that functionally convert a semi-automatic firearm into a weapon that mimics fully-automatic operation.

Your Reference Committee heard testimony in support and opposition of this resolution. Your Reference Committee learned that there is already legislation moving in the New York State Legislature. Your Reference Committee also learned that a recent Siena College Poll that 78% of New Yorkers support banning the sale in New York of “bump stocks” or similar devices. Your Reference Committee felt that by adding this slight amendment to the First Resolve, MSSNY will be able to start supporting legislation to ban bump stocks immediately. There were members of various delegations that supported the addition of an additional resolve regarding the banning of the sale or ownership of high capacity magazines or clips. Your Reference Committee notes that the NY SAFE act limits the number of clips, but agrees with the sponsor of the additional resolve that it important to carry this provision to a national level. Your Reference Committee understands that this is a highly emotional issue, but it is important that MSSNY take a leadership position on this issue.
8. RESOLUTION 158 - STRENGTHENING THE BACKGROUND CHECK SYSTEM FOR FIREARM SALES

RECOMMENDATION A:

THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOLLOWING SUBSTITUTE AMENDMENT BE ACCEPTED INSTEAD OF ORIGINAL RESOLUTION 158.

RESOLVED, that the Medical Society of the State of New York (MSSNY) support legislation that requires a waiting period and background checks prior to the purchase all firearms, including the person-to-person transfer, internet sales, and interstate transactions of all firearms, and be if further

RESOLVED, that a copy of this resolution be transmitted to the AMA.

RECOMMENDATION B:

THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 158 BE ADOPTED AS AMENDED.

Resolution 158 urges that the Medical Society of the State of New York (MSSNY) seek and promote legislation that makes it illegal to sell pistols, long guns and explosives (such as grenades, rocket propelled grenades, dynamite, C4, etc.) in New York State without performing a background check to prove that the buyer can legally make the purchase.

Your Reference Committee heard testimony in support and in opposition for this measure. However, your Reference Committee believes that the amended resolution addresses the need for background checks for the purchase of pistols and long guns and reflects the majority of the testimony received. There were delegates who offer up some suggested revisions, and some of these ideas were incorporated into the resolution. The Reference Committee has also learned that Governor Cuomo has proposals that would prohibit individuals with a history of domestic violence from purchasing or owning guns and proposing that New York State extend the background check on handguns waiting period to up to 10 days. The current wait period is three days. Your Reference Committee learned that a recent Siena College Research Poll indicated that 90% of NYS residents support establishing a waiting period of up to 10 days prior to the purchase of a gun in NY. The poll also showed that 85% support prohibiting the sale of guns to individuals convicted of a domestic violence crime. There was testimony that called for raising the age to purchase firearms, but while the committee agrees with this concept, they could not reach a consensus on a specific age. Additionally, your Reference Committee believes that the issue of the additions of any explosive devices has merit, but recommends that the sponsor of this resolution bring this issue back before the HOD in 2019. Your Reference Committee believes that this amended substitute resolution offers MSSNY the ability to be proactive on these issues during this year’s legislative process and therefore, and offer up the amended substitute. Currently, the transfer of person-to-person transfer, internet sales and interstate transactions are not subject to the waiting period or background check. Furthermore, this resolution will be sent to the AMA for discussion of this issue on a national level.
9. RESOLUTION 159 - REDUCE GUN USE IN SUICIDAL PATIENTS

RECOMMENDATION A:

THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOLLOWING SUBSTITUTE AMENDMENT BE ACCEPTED INSTEAD OF ORIGINAL RESOLUTION 150:

RESOLVED, That the Medical Society believes that gun violence in the United States is a public health crisis and that MSSNY support legislation that would reverse the ban that prohibits the Center for Disease Control from research gun related injuries, deaths and suicides related to this violence; and be it further

RESOLVED, That a copy of this resolution be transmitted to the AMA for its consideration.

RECOMMENDATION B:

THE REFERENCE COMMITTEE RECOMMENDS THAT THE TITLE OF THE RESOLUTION BE CHANGED TO READ AS FOLLOWS:

SUPPORTING RESEARCH ON GUN RELATED INJURIES, DEATHS AND SUICIDES

RECOMMENDATION C:

THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 159 BE ADOPTED AS AMENDED.

Resolution 159 urges that the Medical Society of the State of New York (MSSNY) seek and promote legislation that enables the Mental Health Background Check system and the firearms registry to be used together, in “reverse,” with the goal of alerting health care providers, family and friends of patients with suicidal ideation, so that those individuals can restrict the patient’s access to firearms while the patient is manifesting suicidal ideation, so that a family member or other person who has a close personal relationship to the patient is alerted that it is advisable to restrict the patient’s access to firearms while the patient is manifesting suicidal ideation.

Your Reference Committee heard testimony in support and opposition of this resolution. Your Reference Committee learned that the NY SAFE Act requires that mental health profession to report to their local director of community services (DCS) when one of their patients is likely to engage in conduct that would result in serious harm to self or others. DCS then reports to the NYS Division of Criminal Justice Services. If the patient has a firearms license, DCJS reports that information to the local firearms licensing office (usually the Sheriff’s Office), who must either suspend or revoke the license. This information may also be used in connection with a determination of firearms license eligibility should the subject of the report apply for a firearms license in the subsequent five years. However, there was testimony about the need for research and the need to reverse the federal Dickey amendment. There were delegates that sought to add this to the original resolution. There was significant testimony against the resolution as it was written and discussion about the potential liability that a physician could face if the original resolution was adopted. The Reference Committee agreed with the bulk of this testimony, but strongly recognized that there needed to be more research on this topic and therefore, offers up to the amended substitute.
RECOMMENDATION A:

THE REFERENCE COMMITTEE RECOMMENDS THAT THE FIRST RESOLVED OF
RESOLUTION 160 BE AMENDED BY ADDITION AND DELETION.

RESOLVED, That MSSNY support legislation encouraging that all licensed drug
treatment programs offer treatment for Substance Use Disorders and that staff
employed at these facilities be trained in the referral and provision of Medicated
Assisted Treatment (MAT), education into and provision of medically effective
treatment for Substance Use Disorders (SUD), including opioid dependence, to be
required of all licensed drug treatment programs which would require staff training for
referral and/or provision of Medically Assisted Treatment (MAT) such as Suboxone
and/or Methadone;

RECOMMENDATION B:

THE REFERENCE COMMITTEE RECOMMENDS THAT SECOND RESOLVED BE
ADOPTED.

RECOMMENDATION C:

THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 160 BE ADOPTED
AS AMENDED.

Resolution 160 urges 1) that MSSNY support legislation to require education into and
provision of medically effective treatment for Substance Use Disorders (SUD), including opioid
dependence, to be required of all licensed drug treatment programs which would require staff
training for referral and/or provision of Medically Assisted Treatment (MAT) such as Suboxone
and/or Methadone; 2) and that this be forwarded to the American Medical Association for
national action.

Your Reference Committee heard testimony in support of this resolution and learned that there
are licensed drug treatment centers that do not offer the patients treatment for SUDS in the form
of Medicated Assisted Treatment (MAT). Your Reference Committee agrees with the sponsors
of this resolution and agrees that all programs, especially those licensed by New York State and
by the federal government, should offer to patients all available treatment options to combat
their SUD. However, your Reference Committee was informed that there has been legislation
in NY State that would require that privately practicing physicians, who offer MAT, to actually
comply with some very onerous restrictions in order to prescribe MAT. If this legislation is
successful, it would also mean that physicians would be subject to oversight by DOH and the
state Office for Alcoholism and Substance Abuses Services (OASAS). Additionally, MSSNY
has traditionally objected to “mandates” for education, and your Reference Committee believes
that offer a much more viable position for MSSNY to support.
11. RESOLUTION 161 - MEDICAL MARIJUANA AN ALTERNATIVE TO OPIATE ADDICTION

RECOMMENDATION A:

THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOLLOWING SUBSTITUTE AMENDMENT BE ACCEPTED INSTEAD OF ORIGINAL RESOLUTION 161:

RESOLVED, That the Medical Society of the State of New York urge the American Medical Association to seek clarification from the United States Justice Department about possible federal prosecution of physicians who participate in a state operated marijuana program for medical use and provide guidance to physicians based on this clarification; and be it further

RESOLVED, That a copy of this resolution be transmitted to the AMA for consideration at its House of Delegates.

RECOMMENDATION B:

THE REFERENCE COMMITTEE RECOMMENDS THAT THE TITLE OF RESOLUTION 161 BE CHANGED TO READ AS FOLLOWS:  

CLARIFICATION FROM US DEPARTMENT OF JUSTICE REGARDING FEDERAL ENFORCEMENT OF MEDICAL MARIJUANA LAWS.

RECOMMENDATION C:

THE REFERENCE COMMITTEE RECOMMENDS THAT SUBSTITUTE AMENDMENT BE ACCEPTED INSTEAD OF ORIGINAL RESOLUTION 161

Resolution 161 urges 1) that that MSSNY work with the New York State Attorney General to continue to ease federal enforcement at the state level, which would enhance availability and reduce fear from repercussions for businesses and our patients 2) and that the AMA work at the federal level to educate the federal State Attorney General on what we now understand as clinicians is a useful medicinal product, which has a wide range of benefits across the medical spectra, and the added advantage of ameliorating pain thereby reducing opiate use for pain management.

Your Reference Committee heard testimony in support of this matter. Your Reference Committee learned that earlier this year, the United States Attorney General Jeff Sessions rescinded the Obama Administration guidelines that allowed states that had authorized the use of marijuana under state law without fear federal prosecution. Under the Obama administration, the department recognized that the drug was still illegal under the federal Controlled Substances Act but gave federal prosecutors permission to focus their resources elsewhere, so long as the states didn’t threaten other federal priorities, such as preventing the distribution of the drug to minors and targeting cartels. The action by the US Attorney General may allow federal prosecutors on to more aggressively enforce marijuana laws. It remains unclear how this action will impact states where marijuana is legal for medical purposes. The Medical Society of the State of New York has always expressed concerns about federal prosecution against physician who certified a patient for the use of marijuana. Your Reference Committee was made aware that the role of NY State Attorney General would be to “defend” New York State’s program for use of marijuana if there was any federal prosecution of the program. Additionally,
your Reference Committee wishes to let physicians know that there has always been the risk of federal prosecution for certifying patients in NY State, the only barrier had been the Obama guidelines. Your Reference Committee also learned that Assemblyman Richard Gottfried and state Sen. Diane Savino, legislators who helped craft New York’s medical marijuana program, are calling on U.S. Congress to enact legislation that would protect marijuana programs in the states that have them, which include New York and California, among others. While Congress contemplates a federal legislative solution to this matter, your Reference Committee believes that having the AMA seek further clarification on this matter from the US Justice Department and to provide guidance back to the physicians is an important first step and therefore, recommends adoption of this resolution.

12. RESOLUTION 162 - OPIOID PILL BUY BACK PROGRAM

THE REFERENCE COMMITTEE RECOMMENDS THAT FOLLOWING SUBSTITUTE AMENDMENT BE ACCEPTED INSTEAD OF ORIGINAL RESOLUTION 162:

RECOMMENDATION A:

RESOLVED, that the Medical Society Reaffirm MSSNY Policy 70.940 Medications Return Program

RECOMMENDATION B:

THAT RESOLUTION 162 BE ADOPTED AS AMENDED.

Resolution 162 urges the Medical Society of the State of New York encourage the State of New York to institute an opioid pill buyback program to encourage citizens to turn in pills that may become dangerous or even lethal to others.

Your Reference Committee heard limited testimony in support of this resolution and also heard testimony in opposition to this proposal. Based on the testimony, a return of medications to the pharmacy will allow for the pharmacist to provide you with money back for returning unused medications. Your Reference Committee thought that this concept was similar to the bottle law, however, there is no discussion about how the pharmacy will obtain the money. The bottle law initially requires that a “deposit” be made and then that deposit is given back. There is no provision for this within the proposed resolution. Your Reference Committee learned that there already exists MSSNY Policy 70.940 that the House of Delegates adopted in 2016. This policy indicates that MSSNY support a medication disposal for all unwanted medications, including controlled substances. This policy also stipulates that such a program be fully funded by the pharmaceutical manufacturers and that the medications be disposed of in safe, and environmentally sound manner. Your Reference Committee also learned that there is legislation that has been introduced in the New York State Legislature that mirrors this policy and is moving forward in both houses. This legislation is actually in the NYS Senate one house budget proposal and may even be passed before the conclusion of the House of Delegates. MSSNY has supportive efforts to secure passage either through the budget process or for separate legislation. While laudable in its intent, your Reference Committee believes that reaffirming present MSSNY policy is the better option for the house to endorse.

70.940 Medications Return Program The Medical Society of State of New York (MSSNY) supports medication disposal which provides daily access to safe, convenient, and environmentally sound medication return for unwanted prescription medications and that such a medication disposal program should be fully funded by the pharmaceutical
manufacturers, including costs for collection, transport and disposal of these materials as hazardous waste. MSSNY supports change in New York State law or regulation that would allow a program for medication recycling and disposal to occur. The New York Delegation to the American Medical Association will encourage the AMA to pursue the same efforts. (HOD 2016-157)

13. RESOLUTION 163 - QUALITY OF END OF LIFE CARE

RECOMMENDATION A:

THE REFERENCE COMMITTEE RECOMMENDS THAT THE FIRST RESOLVED NOT BE ADOPTED.

RECOMMENDATION B:

THE REFERENCE COMMITTEE RECOMMENDS THAT THE SECOND RESOLVED BE AMENDED BY ADDITION AND DELETION:

RESOLVED, that MSSNY recommends that **support** efforts to increase funding in New York State for and the availability of end of life care, particularly mental health services, psychiatric and psychological counseling services, activities of daily living support services, **hospice and palliative care** programs which improve each person’s quality of life as it nears its natural end.

RECOMMENDATION C:

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

Resolution 163 urges 1) that the Medical Society of the State of New York affirms its belief in the value of human life no matter how compromised it might be or become, and our commitment to support each person’s efforts to enjoy life as fully as possible; 2) and that MSSNY recommends that New York State increase funding for and the availability of end of life care, particularly psychiatric and psychological counseling services, activities of daily living support services, and programs which improve each person’s quality of life as it nears its natural end.

Your Reference Committee heard testimony in support and opposition of this resolution. Your Reference Committee thinks, based on the whereas, that the first resolve relates to physicians not participating in assisted suicide and appears to be a more indirect way of saying that MSSNY is opposed to physician assisted suicide. However, your Reference Committee also believes that this wording could be applied to abortion and other end of life situations. Your Reference Committee strongly agrees with the sponsors of this funding is lacking in New York State for end of life programs in New York State and that this is a significant problem; therefore your Reference Committee recommends adoption of the amended substitute resolution.
14. Resolution 167 - Integrating Data into Physician’s E-Prescribing Workflow

Recommendation A:

The Reference Committee recommends that Resolution 167 be amended by deletion.

Resolved, that the Medical Society of the State of New York support legislative or regulatory efforts to ensure the interoperability of the State’s Prescription Drug Monitoring Registry with electronic health record and e-prescribing workflow within one year.

Recommendation B:

The Reference Committee recommends that Resolution 167 be adopted as amended.

Resolution 167 urges the Medical Society of the State of New York support legislative or regulatory efforts to ensure the interoperability of the State’s Prescription Drug Monitoring Registry with electronic health record and e-prescribing workflow within one year.

Your Reference Committee heard testimony in support of this resolution. The quest for interoperability has been part of MSSNY Legislative Program for a few years. According to the NYS Department of Health staff, the department is currently testing a program in western New York that allows for interoperability between the physician EMR and the PMP. MSSNY is hopeful that completion of this project will be shortly completed and that the ability to navigate between the physician’s EMR and the PMP will be accomplished. The MSSNY Division of Government Affairs has been worked on this matter with the Department of Health and has also brought this issue before the NYS Legislature. New York State Department of Health has recently authorized physicians to look up patients in 25 other states. Your Reference Committee recommends this slight amendment to allow DGA and the legislative and regulatory process to unfold.

15. Resolution 168 - Increase Free Online CME For Members

Recommendation A:

The Reference Committee recommends that following substitute amendment be adopted instead of original resolution:

Resolved, that MSSNY, in cooperation with the county medical and specialty societies, promote MSSNY’s online CME program; and the be it further

Resolved, that MSSNY work with the county medical and specialty societies to identify and develop courses for MSSNY’s CME website for the added value of society membership.
RECOMMENDATION B:

THE REFERENCE COMMITTEE RECOMMENDS THAT THE AMENDED SUBSTITUTE
RESOLUTION BE ADOPTED.

Resolution 168 urges that 1) MSSNY canvas its membership on the potential online CME
course topics that would be most beneficial to its members; and 2) that MSSNY work with
county and specialty societies to develop more online CME programs that could be provided to
the membership free of charge.

Your Reference Committee heard testimony in support of this resolution, but also learned that
MSSNY has recently updated its online CME program that offers programs free of charge to
physicians at the site https://cme.mssny.org. As of March 20, 2018 there are 29 courses
available at the site. One course (Infection Control) has a registration fee for all learners and
the pain management program is offered to members free of charge; non-members pay a fee.
The rest of the courses are free to all learners. Your Reference Committee learned that there
are usually courses added to the site every month. In addition, MSSNY offers free live
webinars at the site https://mssny.webex.com; courses available there include MSSNY “Medical
Matters” and “Veterans Matters” series, a course on “Concussion in Pediatric and Adult
Patients”, and a course on diabetes prevention, “Bending the Diabetes Curve.” The WebEx site
also provides the registration vehicle for live, in-person versions of many of these courses. Your
Reference Committee was also apprised that the majority of these programs are offered to
members free of charge due mainly from MSSNY receiving grants for these programs and use
this program to promote MSSNY membership. Your Reference Committee recommends that
the house adopt this amended substitute resolution.

16. RESOLUTION 164 - ENGAGED NEUTRALITY ON MEDICAL AID IN DYING

THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 164 BE REFERRED
TO MSSNY COUNCIL.

Resolution 164 urges 1) that the MSSNY rescind the following policy: 95.989 “Assisted
Suicide and Euthanasia”; 2) that the MSSNY adopt the following: Medical Aid in Dying
Terminally ill patients with decision-making capacity sometimes request medical aid in dying, a
practice in which the physician provides a prescription medication that the patient may self-
administer to hasten death. It is the position of MSSNY that medical aid in dying, as any
medical decision, is one of an informed consent between the patient and his/her physician.
Medical aid in dying should be practiced only by a duly licensed physician in conformance with
standards of good medical practice and within legal parameters. No physician shall be required
to participate in the practice if it violates personally held moral principles
3) that MSSNY adopt a public policy position of engaged neutrality, neither endorsing nor
sanctioning the process, but serving as a medical and scientific resource to inform legislative
efforts,
4) that the MSSNY instruct its AMA delegation to reflect the MSSNY position of engaged
neutrality to the AMA’s Council on Ethical & Judicial Affairs, reference committees, and House
of Delegates.

Your Reference Committee heard testimony in support and opposition to this resolution. Based
on this discussion and information learned by your Reference Committee, your reference
committee recommends that this resolution be referred to the MSSNY Council for the following
reasons: In its interim report to the 2018 House of Delegates regarding a membership survey to
determine attitudes toward medical aid in dying with a report to either MSSNY Council or the
HOD, your Reference Committee learned that the MSSNY Bioethics Committee began
discussing this survey in May 2017. This work was completed in early fall and committee
members decided to convene a small subcommittee from the MSSNY Bioethics Committee to
begin the process of developing questions. This subcommittee met throughout the fall and
developed a set of questions which were then reviewed by the full committee in November. The
subcommittee also met throughout December and January and revised the set of questions.
The full Bioethics Committee met on February 2, 2018 to discuss and revise the questions.
Once finalized, the proposed survey questions were reviewed by MSSNY counsel from a legal
perspective. The survey questions, having met legal muster, were then be sent to a small
subset to test the face validity of the survey questions as per the direction of the Bioethics
Committee. On March 5, 2018, the survey was sent by email to MSSNY members whom the
society had a valid email address. The survey period closed on Monday, March 19, 2018.
The Bioethics Committee noted that Resolution 163 did not call for a time specific in which the
survey results needed to be returned to the MSSNY Council or the House of Delegates. Your
Reference Committee further notes that last year’s resolution did not discuss changing policy
either. The MSSNY Bioethics Committee’s report indicated that it had not had time to analyze
all data related to the survey. The subcommittee will be reconvening following the House of
Delegates along with the full committee to review and analyze the data with a report to the
MSSNY Council. Your Reference Committee learned that there is legislation pending in the
New York State Legislature that would 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. Your Reference Committee notes, that assisted suicide is still illegal in New York State
and there has been a recent court decision that confirmed this. MSSNY does have policy that
states that physicians should not assist in suicide. Your Reference Committee also learned that
in 2015, the MSSNY Bioethics Committee brought a resolution to the MSSY HOD asking for a
revision of the statement regarding physician assisted suicide. Members of the 2015 MSSNY
HOD agreed with the revision to this statement, but definitively wanted the statement:
Physicians should not perform euthanasia or participate in assisted suicide include in the
MSSNY policy 95.989. For all these reasons, most notably that the survey results have not yet
been fully analyzed, your Reference Committee recommends Referral to the MSSNY Council.

95.989 Physician-Assisted Suicide and Euthanasia:
MSSNY affirms as its policy: Patients, with terminal illness, uncommonly approach their physicians for assistance in
dying including assisted suicide and euthanasia. Their motivations are most often concerns of loss of autonomy,
concerns of loss of dignity, and physical symptoms which are refractory and distressing. Despite shifts in favor of
physician-assisted suicide as evidenced by its legality in an increasing number of states, physician-assisted suicide
and euthanasia have not been part of the normative practice of modern medicine. Compelling arguments have not
been made for medicine to change its footing and to incorporate the active shortening of life into the norms of medical
practice. Although relief of suffering has always been a fundamental duty in medical practice, relief of suffering
through shortening of life has not. Moreover, the social and societal implications of such a fundamental change
cannot be fully contemplated. MSSNY supports all appropriate efforts to promote patient autonomy, promote patient
dignity, and to relieve suffering associated with severe and advanced diseases. Physicians should not perform
euthanasia or participate in assisted suicide.(Council 5/14/92; Reaffirmed HOD 1995-80; Modified and reaffirmed
HOD 2014; Replaced by HOD 2015-162)
17. RESOLUTION 169 - PARTNERSHIP ON CONTINUING MEDICAL EDUCATION

THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 169 BE REFERED TO
MSSNY COUNCIL.

Resolution 169 urges that 1) the Medical Society of the State of New York (MSSNY) will
accredit County Medical Societies to offer CME; 2) that MSSNY will not charge licensing fees to
those County Medical Societies presenting programs which provide continuing medical
education credit; 3) any net revenue resulting from CME accredited programming will be shared
equally between the County Medical Societies and the MSSNY.

Your Reference Committee heard testimony supporting this measure, but also heard from
members of the MSSNY Subcommittee on Education about both of these issues. Your
Reference Committee was also in receipt of information from the MSSNY CME office. Your
Reference Committee was informed that MSSNY has a dual role in Continuing Medical
Education (CME). The Accreditation Council for Continuing Medical Education (ACCME)
recognizes MSSNY as a regional accreditor of 33 CME providers across New York State. Five
of the CME providers that MSSNY accredits are County Medical Society (CMS) Academies:
Academy of Medicine of Queens County, Academy of Medicine of Richmond, Rochester
Academy of Medicine, Suffolk Academy of Medicine, and Westchester Academy of Medicine.
Any county medical society that wishes to become an accredited CME provider can go through
the process of pre-application and application. MSSNY is also accredited by the ACCME as a
CME provider, allowing MSSNY to directly and jointly provide accredited CME activities.
Your Reference Committee learned that the Committee on Continuing Medical Education
oversees the Subcommittee on Educational Programs (which fulfills MSSNY’s role as
Accredited Provider) and the Subcommittee on Surveys (which fulfills MSSNY’s role as
Recognized Accreditor). Each Subcommittee makes a report of their activities and decisions
and the full Committee ratifies those decisions. Both CME roles are very labor intensive, not
only for MSSNY CME staff, but also for committee members. These committees consist of
MSSNY member physicians who serve in a gratis capacity. Your Reference Committee was
also apprised that the ACCME requires that state and territory medical society Recognized
Accreditors adhere to standards called Markers of Equivalency, to ensure that whether a CME
provider is regionally accredited by a state/territory medical society or national accredited by the
ACCME, the same criteria and policies are enforced, and decisions are made in a consistent
fashion. To ensure that State Medical Society (SMS) Recognized Accreditors adhere to the
Markers of Equivalency, the ACCME performs rolling audits, requiring MSSNY CME staff to
submit evidence related to MSSNY accreditation decisions. The ACCME provides feedback on
the reviewed decisions, and the feedback goes to the CME Committee and Subcommittee on
Surveys. It was also learned that new providers granted initial accreditation get a two-year
accreditation period. When they are up for reaccreditation, they may achieve full accreditation
(four-year accreditation period) or accreditation with commendation (six-year accreditation
period). The surveys are performed by two members of MSSNY’s subcommittee on surveys.
Based upon the survey interview and review of the provider’s self-study report and
performance-in-practice activity files, the lead surveyor writes a report describing whether the
provider has demonstrated compliance with the accreditation criteria and policies of the
ACCME. The Subcommittee on Surveys meets quarterly and votes upon accreditation
decisions, as well as progress reports (which the providers may be required to submit if found in
noncompliance with any criteria). Accreditation decisions are the culmination of a year-long
process. Surveyors receive a $250 stipend for performing the survey, in addition to
reimbursement of travel expenses. Your Reference Committee also learned that the
Subcommittee on Educational Activities meets via conference call once a month to review

Reference Committee on Public Health & Education - #17
applications for CME activities submitted either by MSSNY staff (for directly provided activities) or by institutions that are not accredited CME providers (for jointly provided activities), perform post-activity analysis of CME activities that have already taken place (to evaluate whether activities succeeded in achieving the changes for which they were designed), and to review changes and updates issued by the ACCME for CME providers. This process is quite labor-intensive.

The ACCME charges MSSNY annual fees for both CME roles. In 2018, the Recognized Accrider fee was $650/provider. MSSNY has not raised the annual fee for providers since 2014, when the fee rose from $1200 to $2000 for non-CMS providers. For the County Medical Society Academies, the annual fee has not gone up since 2012, when it rose from $250 to $550. In 2012, the ACCME had just raised its per-provider fee from $250 to $450. Since then, the fee has increased four times (to $550 in 2013, $575 in 2016, $600 in 2017, and $650 in 2018). The majority of MSSNY CME programs are issued to physicians free of charge—despite the fact that there is staff time involved in the preparation of these programs, physicians’ time who serve as faculty, and for continuous follow up in the forms of numbers, tests and accounting purposes. Additionally, there is the cost maintaining the CME website, and ensuring that it complies with the ACCME rules for enduring materials. There are also costs associated with the MSSNY maintaining the webex system for use during live seminars. For all these complexities, your Reference Committee recommends that the resolution be referred to the MSSNY Council and to the Board of Trustees which makes the financial decision on matters such as these.

18. RESOLUTION 156 - LICENSE TO BUY ALCOHOL

THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 156 NOT BE ADOPTED.

Resolution 156 urges that the Medical Society of the State of New York encourage the State of New York to institute an alcohol purchasing license to all citizens who wish to buy alcohol, with regulations regarding safe use of alcohol as a requirement for the license to continue. Your Reference Committee heard limited testimony in support of this resolution and much testimony against it. Your Reference Committee agrees that there already exists a system for the public right to purchase alcohol and that there are consequences if there is a violation of this right. Your Reference Committee also thought that there would be significant costs associated with establishing this system, administering the licenses and for setting up a system for the revocation of said license. The majority of testimony received indicated opposition for this resolution. Therefore, your Reference Committee recommends non-adoption.

19. RESOLUTION 165 - CHANGE THE SCHEDULE CLASSIFICATION OF TESTOSTERONE

THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 165 NOT BE ADOPTED.

Resolution 165 requests that the Medical Society of the State of New York urge legislative or regulatory change reclassifying Testosterone to a lower schedule category. Your Reference Committee heard testimony in support and opposition to this resolution. Under New York law, anabolic steroids are classified as Schedule II controlled substances. Prescription for Schedule II controlled substances may not be refilled. New York State, due to
significant abuses of these drugs, statutorily moved anabolic steroids from a Schedule III to a Schedule II. Federal law classifies anabolic steroids as Schedule III controlled substances under the Controlled Substances Act. Your Reference Committee also heard that changing the schedule still does not keep testosterone from being looked up on the Prescription Monitoring Program. Your Reference Committee also learned that under NY State law, a practitioner may issue a prescription for up to a three month supply of a controlled substance, including chorionic gonadotropin, or up to a six-month supply of an anabolic steroid by writing on the face of the prescription either the diagnosis or code for the treatment of the following conditions:

**Code Diagnosis**

- A  Panic Disorder
- B  Attention Deficit Disorder
- C  Chronic debilitating neurological conditions characterized as a movement disorder or exhibiting seizure, convulsive or spasm activity
- D  Relief of pain in patients suffering from conditions or diseases known to be chronic or incurable
- E  Narcolepsy
- F  Hormone deficiency states in males; gynecologic conditions that are responsive with anabolic steroids or chorionic gonadotropin; metastatic breast cancer in women; anemia and angioedema.

Since anabolic steroids have been on the New York State Controlled Substance List as a Schedule II drug since 2006, it is highly unlikely that the New York State Legislature will rescind this provision and move testosterone back to a Schedule III classification. Given the ability to write a prescription with a diagnosis or code, your Reference Committee recommends that this resolution not be adopted.