200 – Annual Demographic Report
Introduced by the First District Branch, NY American College of Emergency Physicians and the MSSNY Young Physicians Section
ADOPTED AS AMENDED

RESOLVED, That MSSNY provide the House of Delegates with an annual report on the demographics of its delegates and alternate delegates on a county-by-county basis, as well as the demographics of MSSNY’s committee members, officers, councilors, trustees, AMA Delegation, and general membership stratified by age, gender, race/ethnicity, education, board certification, career stage and employment environment.

201 – Membership Expansion and Representation of Diverse Physician Organizations
Introduced by the MSSNY Membership Committee
REFERRED TO COUNCIL

RESOLVED, That ethnic medical associations be eligible for representation in the MSSNY HOD, if they meet the following criteria:

- Duly organized and functioning for at least five years at the time of requesting representation
- Formally organized with elected or appointed officers
- Having at least 25 dues-paying physician members
- Demonstrating that at least 25% of the dues-paying physician members are also members of the MSSNY

RESOLVED, that ethnic medical societies meeting these requirements shall be eligible to name one physician as delegate and one physician as alternate delegate to the MSSNY.

RESOLVED, that any delegate or alternate delegate to the MSSNY HOD must be a physician member of the MSSNY.

RESOLVED, that if membership participation does not reach the required 25% level, an otherwise qualifying organization may name a physician member of the MSSNY to serve as an observer in the HOD.

202 – Mentoring
Introduced by Jocelyn Young, MD, Delegate, Young Physicians Section, the Broome County Medical Society and the Fifth and Sixth District Branches, Supported by the MSSNY Young Physicians Section
ADOPTED AS AMENDED

RESOLVED, That MSSNY establish a mechanism for mentorship of members who are interested in leadership at the local, state, and national levels, and report to the House of Delegates in 2021 on the formation of this mentoring program.

203 – Climate Crisis Education and Action
RESOLVED, that MSSNY lead by example by investigation and announcement of a plan toward carbon neutrality.

RESOLVED, that MSSNY create educational materials for simple and actionable items and implement them during MSSNY activities, (e.g. post on website as resource to county medical society).

RESOLVED, that MSSNY reduce printing when not necessary.

204 – Improving Independent Practice Opportunities for Physicians
Introduced by the Young Physicians Section
ADOPTED AS AMENDED

RESOLVED, that MSSNY partner with the American Medical Association, other interested national medical state and specialty societies, and other appropriate bodies to further study the challenges that discourage physicians from pursuing independent practice.

RESOLVED, that that MSSNY partner with the American Medical Association, other interested national medical state and specialty societies, and other appropriate bodies to provide physicians interested in independent practice access to resources that would make independent practice more tenable for a physician.

205 – Increasing Millennial and Gen Z Physicians in MSSNY
Introduced by Young Physicians Section
NOT ADOPTED

RESOLVED, that MSSNY form a task force chaired by a member of the Young Physician Section that includes no less than three Young Physicians Section members, one Resident Fellow Section member, and one Medical Student section member to make recommendations on how MSSNY could best address needs of millennial and Gen Z physicians and further increase value of MSSNY membership and also provide recommendations on how to optimize MSSNY’s communication and marketing for expected future increases in millennial and Gen Z membership.

206 – IMG Membership
Introduced by the Nassau County Medical Society and Arthur Fougner, MD, MSSNY President
NOT ADOPTED

RESOLVED, that the Medical Society of the State of New York, as it has done with other membership groups, such as the medical students, young physicians, etc., develop a distinct membership class geared to the needs of these physicians.

207 – Report on Preservation of Independent Medical Practice
Introduced by the Nassau County Medical Society
ADOPTED
RESOLVED, that MSSNY will issue a report on its activities every 2 years to preserve independent medical practice.

RESOLVED, that this resolution be transmitted to the AMA which will also issue a report every 2 years communicating their efforts to support independent medical practices.

208 – Publications to Advance Political Advocacy
Introduced by the Nassau County Medical Society
NOT ADOPTED

RESOLVED, that MSSNY should endeavor to create popular publications that can be used to advance political advocacy.

RESOLVED, that this resolution be transmitted to the AMA which should endeavor to increase the presence of their publications while reliably advocating for the positions of organized medical groups.

209 – Hostile Environment/Abuse Against Physicians
Introduced by Suffolk County Medical Society
ADOPTED AS AMENDED

RESOLVED, That the Medical Society of the State of New York (MSSNY) set up a committee to explore recommendations to address the problem of abuse of health care workers by patients and/or family.

RESOLVED, That MSSNY commit to supporting efforts to study the topic of patient/family on health care worker abuse.

210 – Physician Event Parity
Introduced by the Monroe County Medical Society and the Fifth and Sixth District Branches
SUBSTITUTE ADOPTED

RESOLVED, That meetings and events organized by MSSNY sections be held in upstate locations according to the same rotation as is followed in scheduling meetings of the House of Delegates.

211 – MSSNY Leadership Transparency
Introduced by the New York County Medical Society and Medical Society of the County of Kings
ADOPTED AS AMENDED

RESOLVED, That the Medical Society of the State of New York require all Officers, Trustees, and Councilors to disclose the nature of any relationships, upon appointment and updated annually, they have with any entities that provide goods or services to the Medical Society of the State of New York, or that are endorsed by MSSNY.

212 – Addressing Inflammatory and Untruthful Online Ratings
Introduced by the New York County Medical Society and the New York State Society of Dermatology and Dermatological Surgery

**ADOPTED**

RESOLVED, That the Medical Society of the State of New York through its publications and online media broadly publicize the existence of the petition on change.org addressing the question of physician response to online rating of content that is non-verifiable and call upon all physicians in New York State to sign this petition.

RESOLVED, That the Medical Society of the State of New York call upon the American Medical Association (AMA) to take action to urge that online review organizations create internal mechanisms to enable physicians due process before the publication of negative reviews.

**213 – Institutional Membership**

Introduced by Orange County Medical Society, Putnam County Medical Society, Westchester County Medical Society and Dutchess County Medical Society

**ADOPTED**

RESOLVED, that MSSNY will adopt a policy to pursue institutional membership throughout New York State, offering institutional membership to every hospital and hospital system statewide.

RESOLVED, that MSSNY work toward regional and ultimately state-wide uniform dues rates, based on analysis of fees for existing institutional members, and that the fee shall be low enough to attract institutional members statewide.

**214 – Improvement of MSSNY Policy Search Engine**

Introduced by the Orange County Medical Society, Putnam County Medical Society, Westchester County Medical Society, Suffolk County Medical Society, Dutchess County Medical Society and Suffolk County Medical Society

**ADOPTED**

RESOLVED, that MSSNY administration and technology committees study ways to incorporate keywords in all MSSNY policies and actions of the House of Delegates in order to improve the current search engine to make it more user friendly and accessible; and be it further

RESOLVED, that MSSNY allocate adequate staffing and financial resources including the use of outside technology and computer consultants to achieve the goal of an improved search engine on MSSNY website.

**215 – Membership Dues Equity**

Introduced by Sandhya Malhotra, MD, Delegate, Queens County

**NOT ADOPTED**

RESOLVED, that MSSNY appoint a Taskforce to conduct an analysis and report to determine the MSSNY dues necessary to sustain the society with all individuals in the same class of membership paying the same MSSNY dues.
RESOLVED, that an annual report on all membership pilot programs with revenues generated through dues and all non-dues revenues from health systems/organizations which receive discounted rates be provided to the delegates now and hereafter by February of each year.

RESOLVED, that MSSNY take concrete steps to achieve dues equity for all membership within the same class within 5 years of its adoption of the 2018 resolutions.

216 – Truth in Advertising
Introduced by Daniel Choi, MD, Delegate, Young Physicians Section
ADOPTED AS AMENDED

RESOLVED, that MSSNY seek legislation in New York State that would require anyone being addressed or being introduced as “Doctor” in a clinical setting to clarify credentials – i.e., Doctor of Medicine, Doctor of Nurse Practice, etc.

217 – Defining What Constitutes Appropriate Use of Terms Residency and Fellowship
Introduced by Daniel Choi, MD, Delegate, Young Physicians Section, as an Individual
ADOPTED AS AMENDED

RESOLVED, that MSSNY work with all relevant organizations/parties to ensure that the terms “residency” and “fellowship” are reserved for designation by programs that train physicians.

218 – Shortening the MSSNY House of Delegates Meeting
Introduced by the Long Range Planning Committee
ADOPTED

RESOLVED, That beginning with the annual meeting of 2023, the business meeting of the House of Delegates be shortened from two and a half days to two days.

RESOLVED, That MSSNY begin preparations toward a two-day business schedule in 2022 by publishing resolutions for that year’s House of Delegates as many as 60 days before the meeting and encouraging delegates, alternate delegates and all members to submit advanced testimony, online and/or through written or virtual meeting reference committee testimony.

RESOLVED that MSSNY explore the best options for additional CME either through an extended optional day in conjunction with the HOD or at a separate time and place that might encourage additional member engagement and non-dues revenue.

LATE F – Expanded Telemedicine Regulations
Introduced by Thomas Madejski, MD
ADOPTED

RESOLVED, that the MSSNY advocate that the current emergency regulations for improved access to and payment for telemedicine services be made permanent; and, be it further

RESOLVED, that MSSNY present this resolution to the AMA HOD at it’ next meeting.