

MEDICAL SOCIETY OF THE STATE OF NEW YORK 2022 HOUSE OF DELEGATES

Report of the Reference Committee on Public Health & Education Presented by: Erick Eiting, MD – Chair

Mister Speaker and Members of the House of Delegates:

Your Reference Committee recommends the following consent calendar for acceptance:

SUNSET REPORT RECOMMENDED FOR ADOPTION

1. 2022 Sunset Report for Public Health and Education

RECOMMENDED FOR REAFFIRMATION

2. Resolution 161 - Updating the New York State Childhood Vaccination Schedule

RECOMMENDED FOR ADOPTION

3. Resolution 152 - Medical School Compliance with the American with Disabilities Act

RECOMMENDED FOR ADOPTION AS AMENDED

4. Resolution 150 - Osteoporosis Awareness Education and Treatment
5. Resolution 151 - Increased Credit for CME Preparation
6. Resolution 153 - Improved Payment for and Prioritization of Mental Health Services
7. Resolution 154 - Patient Empowerment Initiative
8. Resolution 155 - Let the Medical Community Lead the Response
9. Resolution 156 - Insuring Rapid Turn Around Time for Nucleic Acid Amplification Tests (NAAT's)
10. Resolution 157 - Allocation of COVID-10 Therapeutics in Times of Shortages
11. Resolution 160 - Requirements for COVID-19 Vaccinations in NYS Public Schools
12. Resolution 162 - Updating the New York State Vaccination Requirements for College and University Students
13. Resolution 163 - Minors Consent to Treatment

RECOMMENDED FOR REFERRAL TO COUNCIL

14. Resolution 164 - Breast Cancer Screening/Clinical Breast Exam Coverage

RECOMMENDED NOT FOR ADOPTION

15. Resolution 158 - Prescribing Therapeutics in Times of Limited Supplies
16. Resolution 159 - Lower Premiums Higher Premiums

1 **1. POLICY SUNSET REPORT**

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3 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE 2022 SUNSET REVIEW**
4 **REPORT FOR PUBLIC HEALTH AND EDUCATION BE ADOPTED.**

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6 The 2022 Sunset Report contains policies that are ten years old and these policies were
7 reviewed by MSSNY’s Public Health and Education Committees. Your Reference Committee
8 recommends that the reported be adopted.

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11 **2. RESOLUTION 161 - Updating the New York State Childhood Vaccination Schedule**

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13 Original Resolution 161 reads as follows:

14 RESOLVED, That the Medical Society of the State of New York support the addition of
15 vaccination against COVID-19 to section 2164 of New York State Public Health Law, if a
16 vaccine is fully authorized by the U.S. Food and Drug Administration for use in school age
17 children.

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19 **RECOMMENDATION A:**

20 **THE REFERENCE COMMITTEE RECOMMENDS THE FOLLOWING REAFFIRMATION OF**
21 **MSSNY POLICY INSTEAD OF RESOLUTION 161.**

22
23 **260.884 Mandatory COVID Vaccination and Masking**

24 The Medical Society of the State of New York strongly advocates for mandatory COVID-19
25 vaccination among all healthcare workers and support staff who regularly interface with the
26 public. MSSNY strongly advocates for mandatory COVID-19 vaccination among all school-aged
27 children once the Centers for Disease Control and Prevention (CDC) and the Food and Drug
28 Administration (FDA) confirm the safety and efficacy of the COVID-19 vaccines in the pediatric
29 population. For the duration of the COVID-19 pandemic and based upon the recommendations
30 of the CDC and/or the New York State Department of Health, the Medical Society of the State of
31 New York strongly advocates for mandatory facial masking among all healthcare workers and
32 support staff who regularly interface with the public, as well as all students, teachers, and
33 administrative and support personnel in all primary, secondary, and postsecondary educational
34 facilities in New York State. (Adopted by Council 9/23/21)

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36 **RECOMMENDATION B:**

37 **THE REFERENCE COMMITTEE RECOMMENDS REAFFIRMATION OF MSSNY POLICY**
38 **260.884.**

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40 In September 2021, the Medical Society of State of New York’s Infectious Disease Committee
41 and its Emergency Preparedness and Terrorism Response Committee put forth a resolution to
42 the MSSNY Council regarding vaccination requirements for school age children and mask
43 wearing. The MSSNY Council voted to approve this policy which reads as follows:

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46 **3. RESOLUTION 152 - Medical School Compliance with the Americans with Disabilities**
47 **Act**

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49 Original Resolution 152 reads as follows:

50 RESOLVED, that our MSSNY will advocate for medical schools to have and make available on
51 their websites information regarding reasonable accommodations for students with disabilities;
52 and, be it further

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54 RESOLVED, that MSSNY urge medical schools to develop specific plans to recruit, enroll,
55 support, and retain qualified students with disabilities.
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57 **RECOMMENDATION:**

58 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 152 BE ADOPTED.**
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60 Your Reference Committee heard from student and physician delegates in support of this
61 resolution. Your Reference Committee agrees that it is important to provide information
62 regarding reasonable accommodations and believes that medical schools should actively recruit
63 individuals with disabilities and believes that doing so will only enhance and increase the pool of
64 physicians that represent all aspects of society.
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67 **4. RESOLUTION 150 - Osteoporosis Awareness Education and Treatment**
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69 Original Resolution 150 reads as follows

70 RESOLVED; That MSSNY acknowledges that Osteoporosis is a common major health care
71 problem that is under evaluated and undertreated in NY state, and be it further
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74 RESOLVED: That MSSNY shall advocate for increased funding including potential grants to
75 raise awareness of patients and healthcare professionals of the importance of screening and
76 treating of Osteoporosis, and be it further

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78 RESOLVED: That MSSNY shall advocate through its delegation to the AMA that the AMA
79 advocate for additional attention and funding at the Federal level to make increased educational
80 resources regarding Osteoporosis screening and treatment available to patients and healthcare
81 professionals.

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83 **RECOMMENDATION A:**

84 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOLLOWING SUBSTITUTE
85 AMENDMENTS BE ACCEPTED INSTEAD OF ORIGINAL RESOLUTION 150:**

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87 **RESOLVED, That the Medical Society of the State of New York reaffirm MSSNY Policy
88 260.957; and be it further**

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90 **RESOLVED, That MSSNY support increased New York State funding to raise awareness
91 for patients and healthcare professionals of the importance of screening for and treating
92 Osteoporosis.**

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94 **RECOMMENDATION B:**

95 **THE REFERENCE COMMITTEE RECOMMENDS THAT SUBSTITUTE RESOLUTION 150 BE
96 ADOPTED.**

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98 Your Reference Committee heard comments in support of this resolution. Your Reference
99 Committee also learned that MSSNY has existing policy (MSSNY Policy 260.957) that
100 discusses early detection and prevention and encourages that physicians and NYS residents be
101 educated about osteoporosis. Your Reference Committee also notes that a review of AMA
102 policy indicates that there are various position statements in support of funding for educational
103 resources and that there is existing policy that covers this at the AMA level. In addition, there
104 are already numerous educational programs on the AMA Education Hub that negate the need to
105 send this resolution to the AMA. Your Reference Committee therefore offers up this substitute
106 amendment to reflect MSSNY existing policy and to clarify that it is New York State funding that
should be increased.

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(MSSNY Policy **260.957 Bone Density Tests and Osteoporosis**: The Medical Society of the State of New York believes early detection and prevention; diagnosis and treatment can effectively combat osteoporosis. The Medical Society is committed to educating physicians and New York State residents about this disease. The Medical Society will support legislation or regulation that will ensure that women and men are able to receive insurance coverage for bone density tests and for the hormone and other therapies that are recommended by physicians. (White Paper on *Women’s Health Initiatives*, Council 11/2/00; Reaffirmed HOD 2002-162; Modified and Reaffirmed HOD 2013).

5. RESOLUTION 151 - Increased Credit for CME Preparation

Original Resolution 151 reads as follows:

RESOLVED, That the Medical Society of the State of New York urge the American Medical Association to collaborate with the Accreditation Council on Continuing Medical Education (CME), to allow physicians to claim an amount of Category 1 CME credits that more accurately reflects the hours they spend on preparing and presenting CME programs for their physician colleagues.

**RECOMMENDATION A:
THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOLLOWING SUBSTITUTE AMENDMENT BE ACCEPTED INSTEAD OF RESOLUTION 151**

RESOLVED, That the Medical Society of the State of New York urge the American Medical Association to collaborate with the Accreditation Council on Continuing Medical Education (CME), to allow physicians to claim an amount of Category 1 CME credits that more accurately reflects the hours they spend on preparing and presenting CME programs ~~for their physician colleagues~~ **to a maximum of four (4) Category 1 CME hours.**

**RECOMMENDATION B:
THE REFERENCE COMMITTEE RECOMMENDS THAT SUBSTITUTE RESOLUTION 151 BE ADOPTED.**

Your Reference Committee heard comments in support of this measure and agrees with the sponsor that the AMA should be advocating for additional credit hours for faculty that spend time preparing and presenting CME programs. However, there were members of the MSSNY Committee on Education who indicated concerns with an unlimited version of this, especially when it came to accountability for the physician and for MSSNY. They put forth this amendment, and your Reference Committee agreed that this was a good compromise and could serve as a starting point for a conversation with the AMA and ACCME.

6. RESOLUTION 153 - Improved Payment for and Prioritization of Mental Health Services

Original Resolution 153 reads as follows:

RESOLVED, that the Medical Society of the State of New York (MSSNY) seek legislation or regulation to improve the access to mental health and addiction services in New York State by increasing payments to providers by private insurers and Medicaid, including primary care clinicians such as internal medicine, family medicine, pediatrics, obstetrics and gynecology, and be it further

159 RESOLVED, that MSSNY immediately work with the New York Legislature, the Governor's
160 Office, and New York State Department of Health to make access to mental health services a
161 major public health priority.

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163 **RECOMMENDATION A:**
164 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOLLOWING SUBSTITUTE**
165 **AMENDMENT BE ACCEPTED INSTEAD OF THE FIRST RESOLVED CLAUSE OF**
166 **RESOLUTION 153**

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168 RESOLVED, that the Medical Society of the State of New York (MSSNY) ~~seek support~~
169 legislation or regulation to improve ~~the~~ access to mental health and addiction services in New
170 York State by increasing payments to providers by private insurers and Medicaid, including
171 primary care clinicians such as internal medicine, family medicine, pediatrics, obstetrics, and
172 gynecology, and be it further

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174 **RECOMMENDATION B:**
175 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOLLOWING SUBSTITUTE**
176 **AMENDMENT BE ACCEPTED INSTEAD OF THE SECOND RESOLVED CLAUSE OF**
177 **RESOLUTION 153:**

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179 **RESOLVED**, that MSSNY ~~immediately work~~ continue its advocacy efforts with the New
180 York Legislature, the Governor's Office, and New York State ~~Department of Health Office of~~
181 Mental Health to make access to mental health services a major public health priority.

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183 **RECOMMENDATION C:**
184 **THE REFERENCE COMMITTEE RECOMMENDS THAT SUBSTITUTE RESOLUTION 153 BE**
185 **ADOPTED.**

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187 Your Reference Committee heard significant support for this resolution and agrees with the
188 intent of the resolution. Your Reference Committee made some minor changes to the resolution
189 to recognize several of the bills already in the New York State Legislature. Your Reference
190 Committee also corrected the second resolve to the appropriate state agency and to also
191 recognize the current work that MSSNY Governmental Affairs Division has already done and
192 continues to do on helping to create access to mental health services throughout New York
193 State. Your Reference Committee also heard from several physicians that there have been
194 programs that have allowed for enhanced services under the state's Delivery System Reform
195 Incentive Payment (DSRIP) program. DSRIP was the main mechanism by which New York
196 State implemented the Medicaid Redesign Team (MRT) Waiver Amendment. DSRIP's purpose
197 was to fundamentally restructure the health care delivery system by reinvesting in the Medicaid
198 program, with the primary goal of reducing avoidable hospital use by 25% over 5 years. Up to
199 \$6.42 billion dollars was allocated to this program with payouts based upon achieving
200 predefined results in system transformation, clinical management, and population health. The
201 DSRIP Program has ended as of March 31, 2020. Physicians testified that programs such as
202 these were important and that MSSNY should continue to advocate for similar programs.

203 204 205 **7. RESOLUTION 154 - Patient Empowerment Initiative**

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207 Original Resolution 154 reads as follows:

208 RESOLVED, that the Medical Society of the State of New York seek immediate legislation or
209 regulation to develop a Patient Empowerment Initiative to help eliminate disparities in health
210 outcomes including higher morbidity and mortality from many diseases such as COVID-19,
211 heart disease, cancers, and lung disease with a pilot project in Bronx County.

212 **RECOMMENDATION A:**
213 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOLLOWING SUBSTITUTE**
214 **AMENDMENT BE ACCEPTED INSTEAD OF ORIGINAL RESOLUTION 154:**
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216 **RESOLVED, that the Medical Society of the State of New York support pilot projects in**
217 **Bronx County, or other counties with historically poor health outcomes, for Patient**
218 **Empowerment Initiatives with the objective to help eliminate disparities in health**
219 **outcomes including higher morbidity and mortality from many diseases such as COVID-**
220 **19, heart disease, cancers, lung disease, and maternal/infant mortality; and be it further**
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222 **RESOLVED, that the Patient Empowerment Initiative include the creation of patient**
223 **education and consent materials directed towards people with limited health literacy,**
224 **including but not limited to individuals with low English or non-English proficiency, as**
225 **well as people who may have vision, hearing, or other disabilities.**
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227 **RECOMMENDATION B:**
228 **THE REFERENCE COMMITTEE RECOMMENDS THAT SUBSTITUTE RESOLUTION 154 BE**
229 **ADOPTED.**
230

231 Your Reference Committee heard passionate testimony about the need to empower patients,
232 most particularly in Bronx County. The sponsor of this resolution did offer alternative language
233 to make such a project a pilot project. Your Reference Committee, however, also learned that
234 the NYS Prevention Agenda 2019-2024 is New York State’s health improvement plan, the
235 blueprint for state and local action to improve the health and well-being of all New Yorkers.
236 This plan promotes health equity in all populations who experience disparities and was
237 developed in partnership with over 100 organizations throughout the state. MSSNY and its
238 physicians assisted the State in the development of the plan, and it is updated by the NY State
239 Public Health and Planning Council at the request of the Department of Health. Funding
240 through the state budget has been allocated for the plan at the state and local level. Each
241 county picks its priority measures and works within the community to resolve them. Your
242 Reference Committee also heard and noted that the original resolution was broad in scope and
243 did not explain fully what was meant by “Patient Empowerment Initiative.” The alternative
244 language, submitted by the sponsors, has been considered by the Reference Committee.
245 However, the Reference Committee decided to further change the amendment to better clarify
246 what a Patient Empowerment Initiative is and articulated that these programs should occur in
247 Bronx County and other counties with historically poor health outcomes. Your Reference
248 Committee notes that Bronx County is listed 62 in relation to outcomes and does believe that it
249 could possibly benefit from such a program. However, this initiative must first win support from
250 local officials, and the New York City Department of Health and Mental Hygiene before it can
251 move forward in the New York State Legislature. Your Reference Committee agrees that
252 involvement of the Bronx County Medical Society and the physicians is critical to this venture.
253 Also determining whether some of these items are being captured within the NYS Prevention
254 Agenda 2019-2024 is an important concept that will need research and involvement of the New
255 York City Health Department. Another key is the groups/organizations that are already
256 committed to improving health outcome in the Bronx is essential. Hospital organizations are also
257 essential to this effort and already programs addressing health inequities. Therefore, your
258 Reference Committee believes the substitute amendment should be accepted.
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262 **8. RESOLUTION 155 - Let The Medical Community Lead The Response**

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264 Original Resolution 155 reads as follows:

265 RESOLVED, that MSSNY advocate for a nonpartisan medical and healthcare consensus
266 committee appointed by the State Health Commissioner and not elected officials, that could be
267 recruited and appointed to evaluate and provide medical recommendations in order to provide
268 the highest level of intellect and integrity to address medical and health care catastrophic
269 events; and be it further

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271 RESOLVED, that this resolution be transmitted to the AMA.

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273 **RECOMMENDATION A:**

274 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOLLOWING SUBSTITUTE**
275 **AMENDMENT BE ACCEPTED INSTEAD OF ORIGINAL RESOLUTION 155:**

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277 **RESOLVED, That the Medical Society of the State of New York support the position that,**
278 **in times of a public health crisis, the State Health Commissioner should seek input from**
279 **community-based physicians to implement a scientific and medical response to the**
280 **crisis.**

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282 **RECOMMENDATION B:**

283 **THE REFERENCE COMMITTEE RECOMMENDS THAT SUBSTITUTE RESOLUTION 155 BE**
284 **ADOPTED.**

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286 Your Reference Committee heard from the sponsor of this resolution and agrees with the intent.
287 Throughout the pandemic, MSSNY and the AMA have both strongly advocated that elected
288 officials should call upon physicians and the medical community to assist in addressing the
289 needs and concerns of the community. Your Reference Committee only heard from the
290 sponsor of this resolution during the public hearing. However, after hearing their oral testimony
291 your Reference Committee thought the substitute amendment better reflected the intent of the
292 sponsor.

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295 **9. RESOLUTION 156 - Ensuring Rapid Turnaround Time For Nucleic Acid Amplification**
296 **Tests (NAAT's)**

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298 Original Resolution 156 reads as follows:

299 RESOLVED, That the Medical Society of the State of New York (MSSNY) create a policy
300 pertaining to the necessity of a turnaround time of no more than 24 hours for Nucleic Acid
301 Amplification Tests (NAAT's) originating from nursing homes; and be it further

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303 RESOLVED, That MSSNY adopt as its policy position that nursing homes receive prioritization
304 in the allocation of Nucleic Acid Amplification Tests (NAAT's) testing materials; and be it further

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306 RESOLVED, That MSSNY will work with the NYS and NYC Departments of Health to assure
307 that Nucleic Acid Amplification Tests (NAAT's) originating from nursing homes are resulted
308 within 24 hours of their receipt by the certified laboratory; and be it further

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310 RESOLVED, That MSSNY will develop a resolution based on this policy to propose to the AMA
311 House of Delegates.

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313 **RECOMMENDATION A:**

314 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOLLOWING SUBSTITUTE**

315 **AMENDMENT BE ACCEPTED INSTEAD OF THE FIRST RESOLVED CLAUSE OF**
316 **RESOLUTION 156:**

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318 RESOLVED, That the Medical Society of the State of New York (MSSNY) ~~create a policy~~
319 ~~pertaining to support~~ the necessity of a turnaround time of no more than 24 hours for Nucleic
320 Acid Amplification Tests (NAAT's) originating from nursing homes; and be it further
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322 **RECOMMENDATION B:**
323 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOLLOWING SUBSTITUTE**
324 **AMENDMENT BE ACCEPTED INSTEAD OF THE SECOND RESOLVED CLAUSE OF**
325 **RESOLUTION 156:**

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327 RESOLVED, That MSSNY ~~adopt as its policy position that~~ **advocate that** nursing homes
328 receive **high** prioritization in the allocation of Nucleic Acid Amplification Tests (NAAT's) testing
329 materials; and be it further
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331 **RECOMMENDATION C:**
332 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOLLOWING SUBSTITUTE**
333 **AMENDMENT BE ACCEPTED INSTEAD OF THE THIRD RESOLVED CLAUSE OF**
334 **RESOLUTION 156:**

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336 RESOLVED, That MSSNY ~~will work with~~ **advocate to** the NYS and NYC Departments of
337 Health ~~to assure~~ that Nucleic Acid Amplification Tests (NAAT's) originating from nursing homes
338 should be resulted within 24 hours of their receipt by the certified laboratory; and be it further
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340 **RECOMMENDATION D:**
341 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOURTH RESOLVE CLAUSE**
342 **OF RESOLUTION 156 BE DELETED:**

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344 ~~RESOLVED, That MSSNY will develop a resolution based on this policy to propose to the~~
345 ~~AMA House of Delegates.~~

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347 **RECOMMENDATION E:**
348 **THE REFERENCE COMMITTEE RECOMMENDS THAT SUBSTITUTE RESOLUTION 156 BE**
349 **ADOPTED.**

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351 Your Reference Committee heard testimony from delegates who supported this resolution and
352 from delegates who felt that its language was too prescriptive. Your Reference Committee also
353 notes that the comments rendered talked about the incidence and rapid spread of COVID-19
354 within nursing homes. Your Reference Committee amended the resolution slightly to ensure
355 that nursing homes receive a high prioritization in getting the NAAT test results. Your
356 Reference Committee believes that each state and its laboratories determine, through state
357 regulation and/or law, how test results are provided back to the entity, and agreed that this
358 resolution should not be sent to the AMA due to this. There was also a written comment that
359 this type of turnaround for results could be expensive and the costs of the turnaround would
360 probably be borne by the nursing home.
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363 **10. RESOLUTION 157 - Allocation of COVID-19 Therapeutics in Times Of Shortages**
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365 Original Resolution 157 reads as follows:
366 RESOLVED, That the Medical Society of the State of New York (MSSNY) create a policy
367 pertaining to the allocation of COVID-19 therapeutics in times of limited supply; and be it further

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RESOLVED, That MSSNY adopt as its policy position that nursing homes receive prioritization in the allocation of COVID-19 therapeutics; and be it further

RESOLVED, That MSSNY will work with the NYS and NYC Departments of Health to assure that nursing homes are prioritized in the allocation of COVID-19 therapeutics; and be it further

RESOLVED, That MSSNY will develop a resolution based on this policy to propose to the AMA House of Delegates

**RECOMMENDATION A:
THE REFERENCE COMMITTEE RECOMMENDS THAT THE FIRST RESOLVED CLAUSE OF RESOLUTION 157 BE DELETED:**

~~RESOLVED, That the Medical Society of the State of New York (MSSNY) create a policy pertaining to the allocation of COVID-19 therapeutics in times of limited supply; and be it further~~

**RECOMMENDATION B:
THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOLLOWING SUBSTITUTE AMENDMENT BE ACCEPTED INSTEAD OF THE SECOND RESOLVED CLAUSE OF RESOLUTION 157:**

~~RESOLVED, That MSSNY adopt as its policy position support high prioritization of nursing homes in the allocation of COVID-19 therapeutics; and be it further~~

**RECOMMENDATION C:
THE REFERENCE COMMITTEE RECOMMENDS THAT THIRD RESOLVED CLAUSE OF RESOLUTION 157 BE DELETED:**

~~RESOLVED, That MSSNY will work with the NYS and NYC Departments of Health to assure that nursing homes are prioritized in the allocation of COVID-19 therapeutics; and be it further~~

**RECOMMENDATION D:
THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOURTH RESOLVED CLAUSE OF RESOLUTION 157 BE DELETED:**

~~RESOLVED, That MSSNY will develop a resolution based on this policy to propose to the AMA House of Delegates.~~

**RECOMMENDATION E:
THE REFERENCE COMMITTEE RECOMMENDS THAT SUBSTITUTE RESOLUTION 157 BE ADOPTED.**

Your Reference Committee did hear from the sponsor of this resolution, but there was also testimony that at various times throughout the pandemic there were different needs for nursing homes, hospitals, and urgent care centers. Your Reference Committee agreed that there is a need for nursing homes to be a high priority to receive therapeutics and therefore amended the second resolve to articulate this. Your Reference Committee did not agree that it was incumbent upon MSSNY to create a policy for allocation for therapeutics, as the state and federal government sets those policies especially during pandemic times. Your Reference Committee also finds a resolution to the AMA is unnecessary at this time.

421 **11. RESOLUTION 160 - Requirements for COVID-19 Vaccination at NYS Public Schools**

422 Original Resolution 160 reads as follows:

423 RESOLVED that the Medical Society of the State of New York (MSSNY) supports legislative
424 action for a COVID-19 vaccine requirement for public school attendance for children age 5
425 years and older in NY State, once the FDA grants “full approval” (not just emergency or
426 emergency use authorization (EUA) for COVID-19 vaccination for this age group, and be it
427 further
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430 RESOLVED, the MSSNY delegates to the American Medical Association (AMA) introduce a
431 resolution seeking legislation to develop a policy supporting a nationwide COVID-19 vaccine
432 requirement for school attendance for children, once the FDA grants “full approval” (not just
433 emergency or emergency use authorization (EUA) for COVID-19 vaccination.
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435 **RECOMMENDATION A:**
436 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOLLOWING SUBSTITUTE**
437 **AMENDMENT BE ACCEPTED INSTEAD OF ORIGINAL RESOLUTION 160:**
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439 **RESOLVED, That New York State Delegation to the American Medical Association**
440 **introduce a resolution at the AMA encouraging states to make COVID-19 vaccination a**
441 **requirement for school attendance for children and college/university students once the**
442 **FDA grants full approval for COVID-19 vaccination for all relevant age groups.**
443

444 **RECOMMENDATION B:**
445 **THE REFERENCE COMMITTEE RECOMMENDS THAT SUBSTITUTE RESOLUTION 160 BE**
446 **ADOPTED.**
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448 Your Reference Committee heard strong testimony in support of the resolution and a small
449 number of testifiers expressing concerns. Your Reference Committee also learned that MSSNY
450 already has existing policy (260.884 Mandatory COVID Vaccination and Masking) that
451 addresses the first resolve. Your Reference Committee offers the substitute amendment to
452 ensure that such a request cover not only school age children but also college age students.
453

454 **(MSSNY Policy 260.884 Mandatory COVID Vaccination and Masking** The Medical Society of the State of New
455 York strongly advocates for mandatory COVID-19 vaccination among all healthcare workers and support staff who
456 regularly interface with the public. MSSNY strongly advocates for mandatory COVID-19 vaccination among all
457 school-aged children once the Centers for Disease Control and Prevention (CDC) and the Food and Drug
458 Administration (FDA) confirm the safety and efficacy of the COVID-19 vaccines in the pediatric population. For the
459 duration of the COVID-19 pandemic and based upon the recommendations of the CDC and/or the New York State
460 Department of Health, the Medical Society of the State of New York strongly advocates for mandatory facial masking
461 among all healthcare workers and support staff who regularly interface with the public, as well as all students,
462 teachers, and administrative and support personnel in all primary, secondary, and postsecondary educational
463 facilities in New York State. (Adopted by Council 9/23/21)
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466 **12. RESOLUTION 162 - Updating the New York State Vaccination Requirements for**
467 **College and University Students**
468

469 Original Resolution 162 reads as follows:

470 RESOLVED, That the Medical Society of the State of New York support the addition of
471 vaccination against COVID-19 to section 2165 of New York State Public Health Law.
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473 **RECOMMENDATION A:**
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475 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOLLOWING SUBSTITUTE**
476 **AMENDMENT BE ACCEPTED INSTEAD OF ORIGINAL RESOLUTION 162:**
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478 **RESOLVED, That the Medical Society of the State of New York support a COVID -19**
479 **vaccine requirement for students attending colleges and universities in New York State.**
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481 **RECOMMENDATION B:**
482 **THE REFERENCE COMMITTEE RECOMMENDS THAT SUBSTITUTE RESOLUTION 162 BE**
483 **ADOPTED.**
484

485 Your Reference Committee heard support for this resolution. Your Reference Committee
486 learned that MSSNY does not have policy regarding college age students and vaccination for
487 COVID-19. Your Reference Committee in combing the resolutions also deleted the specific
488 reference to the New York State Public Health Law as it is always possible that this section of
489 law could be rewritten and revised to not reflect the intent of the policy. To maintain the section
490 of law, one would always have to look it up to see what the policy means. Therefore, your
491 Reference Committee is offering the substitute amendment to clarify the intent of the resolution.
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494 **13. RESOLUTION 163 - Minors Consent to Treatment**
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496 Original Resolution 163 reads as follows:
497 **RESOLVED,** that the Medical Society of the State of New York seek legislation to allow all
498 adolescents aged 12 or older to independently consent to any FDA approved vaccination
499 without parental or guardian consent.
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501 **RECOMMENDATION A:**
502 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE TITLE OF RESOLUTION 162**
503 **BE CHANGED TO READ AS FOLLOWS:**
504

505 **Minors Consent to Vaccination**
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507 **RECOMMENDATION B:**
508 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 162 BE ADOPTED**
509 **WITH THE TITLE CHANGE.**
510

511 This resolution was sponsored by MSSNY Committee on Infectious Disease and there was
512 strong support for this during the hearing. Your Reference Committee also received one
513 written comment opposing this resolution. There was a suggestion made to change the title of
514 the resolution for greater clarity, with which the Reference Committee agreed.
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517 **14. RESOLUTION 164 - Breast Cancer Screening/Clinical Breast Exam Coverage**
518

519 Original resolution 164 reads as follows:
520 **RESOLVED,** that the Medical Society of the State of New York (MSSNY) adopt a policy and
521 position that supports clinical breast exams for female and at-risk male Medicare patients at
522 their Annual Wellness Visit (AWV) and Subsequent Annual Wellness Visit (SAWV)
523 appointments and this exam be a covered procedure that is payable to the clinician by Centers
524 for Medicare and Medicaid Services
525

526 **RECOMMENDATION:**
527

528 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 164 BE REFERRED**
529 **TO COUNCIL.**

530

531 There was testimony in support and opposition to this resolution. Your Reference Committee
532 also learned through testimony that a clinical breast exam is given a C rating by the US
533 Preventive Service Task Force. Due to the information received at the hearing, your Reference
534 Committee believes that this resolution should be referred to the MSSNY Council so that
535 additional information can be obtained by the MSSNY Heart, Lung Cancer Committee. This
536 committee reviews many prevention examinations and could review this matter for the house
537 and the MSSNY Council.

538

539

540 **15. RESOLUTION 158 - Prescribing Therapeutics in Times of Limited Supplies**

541

542 Original Resolution 158 reads as follows:

543 RESOLVED, That the Medical Society of the State of New York (MSSNY) create a policy
544 pertaining to the prioritization of therapeutics in times of limited supply; and be it further

545

546 RESOLVED, That MSSNY adopt as its policy position that clinicians should prescribe
547 therapeutics in times of scarce supply based solely on established clinical risk factors.; and be it
548 further

549

550 RESOLVED, That MSSNY adopt as its policy position that prescribers should, if forced to ration
551 therapeutics in times of scare supply, utilize a methodology such as a lottery or other chance-
552 based process when patients have otherwise equal clinical risk factors for disease progression.

553

554 **RECOMMENDATION:**

555 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 158 NOT BE**
556 **ADOPTED.**

557

558 Your Reference Committee heard support from the sponsor of this resolution, but most of the
559 testimony was opposed. Many thought that this resolution was unnecessary and too
560 prescriptive. Your Reference Committee also learned MSSNY supported two Amicus Briefs in
561 relation to the NYS DOH guidance upon a recommendation of its Infectious Disease Committee.
562 These complaints were filed by individuals against the NYS DOH and the NYC Department of
563 Health and Mental Health. On March 15th, the Eastern District of New York dismissed the
564 plaintiffs' complaint, holding that they do not have standing to bring their claims against New
565 York and New York City. The court held that the plaintiffs failed to allege any concrete and
566 particularized injury. According to the court, "Plaintiffs have not explained how nonbinding
567 guidance that directs medical practitioners to consider race and ethnicity as one factor in
568 prescribing the Treatments impacts them in some concrete and particularized manner." The
569 court also held that the plaintiffs failed to allege an injury that was actual or imminent, failed to
570 show their alleged injury was traceable to the defendants, and failed to show that enjoining the
571 guidance would redress their alleged injury. Although the court didn't need to reach the merits,
572 as it dismissed the complaint on jurisdictional grounds, the opinion recognizes that medical
573 providers "could be expected to follow" CDC guidance that providers consider a patient's race or
574 ethnicity "and other available scientific and medical research about the nature of race and
575 ethnicity as risk factors." Studies have shown that the black and brown community has been
576 impacted much more severely than other groups. Your Reference Committee did hear
577 testimony that the black and brown community had been adversely impacted by COVID 19.
578 Additionally, your Reference Committee is aware that MSSNY, county medical societies,
579 various medical specialties, New York State Association of County Health Officers, and various
580 county health commissioners along with the state Department of Health and NYC Department of

581 Health/Mental Hygiene, have been participating in monthly calls about the pandemic and the
582 various supply of COVID vaccine and therapeutics. During these calls, the distribution of
583 therapeutics has been discussed, and the guidance was to be used along with “clinical
584 judgement”. Your Reference Committee also heard that the supply of therapeutics is
585 increasing, and not only to hospitals and nursing homes utilizing them, but community-based
586 physicians are prescribing them. Additionally, the Biden Administration has put into place a
587 “Test and Treat” program whereby pharmacies can provide to patients the therapeutics if they
588 test positive for COVID. As the supply increases, the need for this resolution is mitigated.
589

590

591 **16. RESOLUTION 159 - Lower Premiums Higher Premiums**

592

593 Original Resolution 159 reads as follows:

594 RESOLVED, The Medical Society of The State of New York (MSSNY) support policy and seek
595 legislation and regulation to enable health and life insurance plans to offer lower premiums/cost
596 of coverage for vaccine eligible individuals who do receive COVID-19 vaccination, as opposed
597 to those who are eligible and decline this vaccine.
598

598

599 **RECOMMENDATION:**

600 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 159 NOT BE**
601 **ADOPTED.**

602

603 Your Reference Committee did hear from the sponsor of this resolution who indicated support,
604 but also heard a suggestion that the Reference Committee seek a legal opinion as this may not
605 be legal in New York State. Your Reference Committee learned that for over 30 years, New
606 York State has employed a community rating system prohibiting health insurers from charging
607 people within a geographic area a higher premium based on their age, gender, health status, or
608 claims history. Therefore, the community-rating system does not permit variations in the
609 premiums based on health status, including prevention methods. To change this law to create a
610 provision for COVID-19 vaccination would set a precedent that could be used in unforeseeable
611 ways to seriously impact health insurance and health care for all patients. Therefore, your
612 Reference Committee is recommending non-adoption.

Your Chairperson is grateful to the committee members, namely Susan Emerson, MD; Charles Lopresto, DO; Michael Osei, Student; Amit Saxena, MD and Stephanie Zeszutek, DO.

Your Reference Committee Chair also wishes to express his appreciation to Pat Clancy, and Maureen Ramirez for their help in preparation of this report.

Respectfully submitted,

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