REPORTS OF OFFICERS & ADMINISTRATIVE MATTERS

200 Physician Health Programs and Membership Recruitment
Introduced by Ulster County Medical Society; Donald Moore, MD, As an Individual, and Adolph Meyer, MD, As an Individual. Delegates, Kings County
Combined with Resolution 201 and ADOPTED AS AMENDED

RESOLVED, That together with county medical societies, district branches and the Committee for Physician Health, the Medical Society of the State of New York develop a series of programs, that may include CME credit, to assist physicians in early identification and management of stress; and be it further

RESOLVED, That the programs concentrate on the physical, emotional and psychological aspects of responding to and handling stress in physicians’ professional and personal lives, and when to seek professional assistance for stress-related difficulties; and be it further

RESOLVED, That the Medical Society of the State of New York introduce a similar resolution to the 2015 Annual Meeting of the American Medical Association House of Delegates.

201 Development of CME Courses to Assist Physicians in Dealing with the Physical, Emotional and Psychological Aspects of Stress
Introduced by Suffolk County Medical Society
See Resolution 200

202 Smoke Free Residential Housing
Introduced by MSSNY Resident and Fellow Section
ADOPTED AS AMENDED

RESOLVED, That MSSNY shall encourage health care institutions that provide employee housing to make such housing smoke free to the extent allowed by applicable local laws.

203 Treatment of Youths by the Justice System
Introduced by New York Society of Addiction Medicine
Combined with Resolution 204 and ADOPTED AS SUBSTITUTED

RESOLVED, That the Medical Society of the State of New York (MSSNY) support legislation or regulation that requires that youth under 18 years of age who are arrested for nonviolent crimes are processed as children, placed and remain in the juvenile justice system; and be it further

RESOLVED, That MSSNY support legislation or regulation that requires that youth in the juvenile justice system who are identified with mental health or substance use disorders receive appropriate treatment, psychosocial recovery and support services for these mental health and substance use disorders.
Raise the Age of Adult Criminal Responsibility
*Introduced by Suffolk County Medical Society*
See Resolution 203

Educating Physicians and Students on the Identification and Care of Human Trafficking Victims
*Introduced by MSSNY Medical Student Section*
ADOPTED AS AMENDED

RESOLVED, That the MSSNY-publicize the availability of existing screening tools to assist in the identification of victims of human trafficking, and make them available through linkage on the Society’s website; and be it further

RESOLVED, That the MSSNY work with all appropriate specialty societies to increase human trafficking awareness among medical students and physicians.

Office of People with Developmental Disabilities
*Introduced by Bronx County Medical Society, American Academy of Pediatrics – District II, Suffolk County Medical Society, Broome County Medical Society*
ADOPTED

RESOLVED, That MSSNY seek legislation or regulation for the Office of People with Developmental Disabilities website to clearly delineate all steps involved in their process, including:
- Requirements for eligibility
- A list of sites individuals may contact to obtain evaluations
- Program benefits
- Establishment of a hotline and online chat services to answer questions for interested parents and providers.

Irresponsible Medical Reporting in the Media
*Introduced by Nassau County Medical Society*
ADOPTED AS AMENDED

RESOLVED, That the MSSNY encourage major media outlets to report on medical issues in a manner that is responsible; and be it further

RESOLVED, That MSSNY make the media aware that the society is a potential source of expertise on issues relating to clinical practice.

MSSNY and Specialty Societies to Host Lobby Days Simultaneously
*Introduced by Suffolk County Medical Society*
NOT ADOPTED

RESOLVED, That in an effort to maximize attendance and physician participation in Albany, while demonstrating physician interest of those issues of concern to organized medicine, that the Medical Society of the State of New York (MSSNY) and all specialty societies, consider hosting their respective lobby (advocacy) day simultaneously, rather than in March
and May as has been done for many years.

209 Informed Choices for MSSNY Elections  
Introduced by Medical Society of the County of Queens, New York Chapter  
American College of Emergency Physicians, MSSNY Young Physicians Section,  
MSSNY Resident and Fellow Section  
ADOPTED

RESOLVED, That the MSSNY provide all voting members of the House of Delegates with the following information about candidates nominated for election to the Board of Trustees, the Council, Officers, and the AMA Delegation: Medical School, Residency/Fellowship, Specialty, Hospital Affiliations, Practice Setting, Prior Experience in Organized Medicine, and be it further

RESOLVED, That MSSNY provide candidates nominated for election to the Board of Trustees, the Council, Officers and the AMA Delegation the opportunity to provide a written statement for distribution to all voting delegates.

210 Survival Of Independent Practice  
Introduced by New York County Medical Society  
ADOPTED

RESOLVED, That the Medical Society of the State of New York set up a task force to explore all legally permissible options for independent physicians to collaborate and create practice models to achieve the goals of diversity of service, economy of scale, and collective negotiations; and be it further

RESOLVED, That this task force will consult with all necessary parties and examine models that have been used in other states in order to obtain the information necessary to conduct its assigned task; and be it further

RESOLVED, That the task force will report its findings to the Council of the Medical Society of the State of New York within six months of the ending of the 2015 meeting of the House of Delegates; and be it further

RESOLVED, That the Council of the Medical Society of the State of New York then develop a plan of action to preserve independent practice in New York State.

211 Maintenance of Certification  
Introduced by Third and Fourth District Branches, New York State Ophthalmological Society, Medical Society of the County of Queens  
Combined with Resolution 213 and ADOPTED AS AMENDED

RESOLVED, That the Medical Society of the State of New York advocate for a moratorium on the Maintenance of Certification and Maintenance of Licensure requirements of all medical and surgical specialties until it has been reliably shown that these programs significantly improve patient care; and be it further
RESOLVED, That the Medical Society of the State of New York direct the New York AMA delegation to advocate for a moratorium on the Maintenance of Certification requirements of all medical and surgical specialties until it has been reliably shown that these programs significantly improve patient care; and be it further

RESOLVED, That the Medical Society of the State of New York direct its delegation to our American Medical Association to join efforts to make specialty board recertification requirements practical, affordable and effective, such as an open book exam or demonstrated CME or meeting equivalent QI requirements.

212 End Maintenance of Certification by American Board of Medical Specialties (ABMS)
   Introduced by Medical Society of the County of Queens
   NOT ADOPTED

RESOLVED, That MSSNY introduce a resolution to the AMA which would abolish the current Maintenance of Certification process by the American Boards.

213 Changing Maintenance of Certification
   Introduced by New York County Medical Society
   See Resolution 211