200 - Combine MSSNY HOD with Legislative Day in Albany

*Introduced by Ninth District Branch Medical Societies*

**REFERRED TO COUNCIL**

RESOLVED, that the Medical Society of the State of New York have the House of Delegates meeting combined with Legislation Day.

201 - Delegate Subsidy

*Introduced by First District Branch of MSSNY*

**REFERRED TO COUNCIL**

RESOLVED, that the Medical Society of the State of New York (MSSNY), from this point forward, raise the subsidy for all delegates attending the House of Delegates to $175 per delegate to offset the cost incurred to all county medical societies, and be it further

RESOLVED, that the delegate subsidy cover up to three nights' hotel stay.

202 - Utilizing Social Media to Support Advocacy for Our Patients

*Introduced by Fifth and Sixth District Branch*

**ADOPTED**

RESOLVED, that Medical Society of the State of New York post links to action alerts of particular importance on its Twitter and Facebook pages.

203 - MSSNY Organized Medical Staff Section

*Introduced by Fifth and Sixth District Branches*

**ADOPTED**

RESOLVED, that the Medical Society of the State of New York (MSSNY) request that all medical staffs with institutional membership agreements with MSSNY appoint a representative to the MSSNY Organized Medical Staff Section; and be it further

RESOLVED, that the Medical Society of the State of New York (MSSNY) task each MSSNY Organized Medical Staff Section representative to survey his or her own individual medical staff and hospital administration to obtain the top educational priorities for his or her particular medical staff; and be it further

RESOLVED, when developing its education programs, the Medical Society of the State of New York (MSSNY), factor in the educational priorities of medical staffs with institutional membership agreements.

204 - CPH Contract Grace Period

*Introduced by Third and Fourth District Branches*

**NOT ADOPTED**

RESOLVED, that all Committee for Physician Health contracts have a seven day opt out period allowing the provider an opportunity to withdraw their consent and contract.
205 - Partnering with Independent Practice Associations

*Introduced by* Howard H. Huang, MD, As an Individual
Fifth District Councilor, Jefferson County
Fifth and Sixth District Branches

**ADOPTED AS AMENDED**

RESOLVED, that the Medical Society of the State of New York (MSSNY) explore partnering with independent practice associations (IPAs) to offer discounted IPA membership fees for MSSNY members, possibly in return for reduced medical society dues.

206 - Support Nursing Staffing Standards

*Introduced by* Nassau County Medical Society

**NOT ADOPTED**

RESOLVED, that MSSNY support the establishment of reasonable standards for Nursing Staffing.

207 - Medicare Part B Double Dipping

*Introduced by* Medical Society of the County of Kings

**ADOPTED AS AMENDED** and **TITLE CHANGED** to read: Support Tax Policies That Encourage Work by Older Americans

RESOLVED, that the Medical Society of the State of New York request that the American Medical Association seek legislation to stop the practice by the federal government of deducting Medicare Part B coverage costs from the Social Security checks of retirees, as well as from salaries individuals may earn after they draw on social security benefits.

208 - Expanding GME Concurrently With UME

*Introduced by* Resident and Fellow Section

**ADOPTED AS AMENDED**

RESOLVED, that MSSNY support the expansion of residency slots with a view to the current and future needs of the United States population, and be it further

RESOLVED, that MSSNY bring a resolution to this effect to the 2016 Annual Meeting of the American Medical Association.

209 - Promote Medical Clerkships and International Health

*Introduced by* Cayuga County Medical Society

**NOT ADOPTED**

RESOLVED, that MSSNY encourages The New York State Department of Education (NYDOE) with the Board of Regents to develop in cooperation with its approved medical schools both New York State based and dual campus international LCME/COCA qualified clerkships to meet the demands of their medical students; and be it further
RESOLVED, That NYSDOE and its approved medical schools consider offering LCME/COCA qualified clerkships in international settings to offer education in diverse settings to best meet the needs of their students in education and service to our patients.

210 - Inclusion of Disclaimer with Advertised Products  
*Introduced by Suffolk County Medical Society*  
**ADOPTED**

RESOLVED, that the Medical Society of the State of New York seek legislation that would require television/print commercial advertisements claiming to provide Durable Medical Equipment (DME) (e.g., back braces) with minimal or no out-of-pocket costs to Medicare beneficiaries to include a clearly defined “Disclaimer” identifying Medicare’s policy about “Reasonable Useful Lifetime (RUL),” which can range from 5 years to a lifetime benefit, that would allow beneficiaries to make an informed and intelligent decision prior to ordering any “free” products.

211 - Attorney Ads on Drug Side Effects  
*Introduced by Ninth District Branch Medical Societies*  
**SUBSTITUTE RESOLUTION ADOPTED**

RESOLVED, that MSSNY seek by legislation and/or regulation to require attorney commercials that may cause patients to discontinue medically necessary medications to have appropriate warnings that patients should not discontinue medications without seeking the advice of their physician; and be it further

RESOLVED, that MSSNY introduce a similar resolution to the AMA.

212 - Laymen’s Medical Advice Policy  
*Introduced by Ninth District Branch Medical Societies*  
**ADOPTED AS AMENDED**

RESOLVED, that MSSNY ask the AMA to support a public campaign to promote patient recognition that when seeking medical advice, they are best served through partnership with their personal physician.

213 - Maintenance of Certification  
*Introduced by Fifth and Sixth District Branches*  
**ADOPTED AS AMENDED**

RESOLVED, that the Medical Society of the State of New York go on record, and lobby, against any linkage of licensure to Maintenance of Certification; and be it further

RESOLVED, that the MSSNY simultaneously advocate for a varied approach to ensure appropriate continuing education for physicians.
214 - Maintenance of Certification as Restraint of Trade

*Introduced by* Third and Fourth District Branches

**ADOPTED AS AMENDED**

RESOLVED, that the Medical Society of the State of New York seek legislation to prohibit board certification requirements for hospital medical staff privileges, insurer contracts and state licensure.

215 - Maintenance of Certification/Licensure (MOC/MOL)

*Introduced by* New York County Medical Society

**ADOPTED AS AMENDED**

RESOLVED, that The Medical Society of the State of New York (MSSNY) ask the American Medical Association (AMA) to reaffirm the AMA’s policy regarding Maintenance of Certification and Maintenance of Licensure programs.

216 - Tying Maintenance of Licensure to Maintenance of Certification

*Introduced by* Medical Society of the County of Queens

**ADOPTED AS AMENDED**

RESOLVED, that all physicians still in practice be encouraged and enjoined to participate in activities to improve and maintain the knowledge and skills necessary to render the highest quality of care to his/her patients; and be it further

RESOLVED, that MSSNY strongly oppose any effort by the State of New York to require certification by any medical specialty board as a condition of obtaining or renewing the registration of a medical license in the State of New York; and be it further

RESOLVED, that the MSSNY Division of Governmental Affairs make our position PROACTIVELY known to all appropriate agencies; and be it further

217 - "Tabling" a Resolution Prior to Discussion

*Introduced by* Fifth and Sixth District Branches

**ADOPTED**

RESOLVED, that the Medical Society of the State of New York (MSSNY) disallow the parliamentary mechanism of "tabling" a resolution prior to it being considered by a reference committee in its own House of Delegates; and, be it further

RESOLVED, that this resolution be forwarded to the AMA HOD in order to eliminate the use of the parliamentary tactic of "tabling" a resolution prior to debate in the AMA HOD or its assigned reference committee.