The resolutions listed below were approved by the 2015 House of Delegates meeting and were referred to the American Medical Association or the MSSNY Council for action. Herewith is a report of the actions taken on those resolutions:

**RESOLUTIONS REFERRED TO AMA**

**Resolution 56**
**Payment for Services to Pharmacy Benefit Managers**
MSSNY Policies 265.937 and 265.959 were reaffirmed. The resolution also asked MSSNY to contact the AMA regarding the necessity of developing a new CPT code for the purposes of billing insurers for necessary communications with them and/or their contracted PBMs, or whether existing codes could be used for this purpose. A letter was sent to the AMA to inquire whether an appropriate CPT code should be established. Discussions are ongoing.

**Resolution 69**
**Out-of-Network Coverage Denials for Physician Prescriptions and Ordered Services**
Resolution 69 was adopted by the MSSNY HOD and was entered into the MSSNY Position papers as policy #120.938.
The resolution was additionally sent to the AMA for consideration at the June 2015 meeting. It was resolution 119 in reference committee A where it was adopted without extraction. It is AMA policy # D-285.963.

**Resolution 100**
**Federal Agency Compliance with State Laws on Controlled Substances Databases**
As an adopted resolution this has been inserted into the MSSNY Position Statements as policy # 70.945.
A letter was sent to the VA on the issue. The VA continues to work to enable interconnectivity with NYS’s PMP but this is anticipated to take some time. While DOH is working with other states and federal agencies and is keeping MSSNY apprised of their efforts to connect with other state PMPs and federal agencies, the work is progressing in a slow but deliberate fashion.

**Resolution 104**
**Meaningful Use Requirements**
A substitute resolution was adopted by the House and the text has been inserted in the MSSNY Position Statements as policy # 117.978.
Additionally, MSSNY has been working together with the Coalition of State Medical Societies and the AMA to urge Congress to pass legislation to reduce the extraordinary meaningful use burden, including support of legislation to expand the available exemptions, reduce what has to be reported, and reduce the reporting period to prove meaningful use. In December, MSSNY, together with other state medical societies and the AMA, worked to successfully push Congress to permit individuals to apply for a 2015 hardship waiver on behalf of a group of physicians.
Resolution 105
Quality Improvement in Clinical/Population Health Information Systems
The resolution was inserted into the MSSNY Position Statements as policy # 117.977. It was forwarded to the AMA for consideration at the June 2015 meeting and was considered in reference committee B as resolution 221. It was adopted without extraction being deemed supportive of existing AMA advocacy efforts. It is AMA Policy # D-478.974.

Resolution 116
Filming Patients for News or Entertainment
Resolution 116 was adopted by the MSSNY HOD and inserted in the Position Statements as policy # 270.967. It was additionally forwarded to the AMA for consideration at the June 2015 meeting and was included in the business of the reference committee on Constitution and Bylaws as resolution 013. The resolution was adopted without extraction by the HOD. It is recorded as policy number H-140.840.

Resolution 150
Child Resistant Caps
The MSSNY HOD adopted a substitute resolution which has been inserted into the MSSNY Position Papers as policy # 260.907. The resolution was forwarded to the AMA for consideration at the June 2015 meeting. It was included in reference committee B as resolution 232 and was adopted by the House without extraction. It is recorded as Policy # H-60.920.

Resolution 151
Child-Proof Packages for E-Cigarette Liquid Refills
The MSSNY HOD adopted a substitute resolution which has been inserted into the MSSNY Position Papers as policy # 260.906. The resolution was forwarded to the AMA for consideration at the June 2015 meeting. It was included in reference committee D as resolution 424. It was combined with AMA resolution 421 (Raising the minimum legal age to purchase tobacco products to 21). Policy H-495.986 was amended to limit sale and distribution to those under age 21 and Policies H-495.973 and H-495.972 were reaffirmed in lieu of Resolutions 421 and 424.

Resolution 154
Pain as the “Fifth Vital Sign”
Resolution 154 was adopted by the MSSNY HOD and has been inserted into the Position Statements as policy # 40.997. The resolution was additionally forwarded to the AMA for consideration at the June 2015 meeting. It was referred to reference committee G, as resolution 707. The AMA HOD referred the resolution on the recommendation of the reference committee. Mixed testimony and information indicating that pain as the fifth vital sign were never part of the Joint Commission standards indicated the issue needed further consideration, research and discussion.

Resolution 157
Support of Mandating Protective Headgear (Helmets)
A substitute resolution was adopted by the MSSNY HOD, and inserted into the MSSNY Position Statements as policy # 290.986. As required the resolution went to the AMA meeting in June 2015 and was considered by reference committee D as resolution 423. It was adopted by the AMA HOD with a title change: Support of Protective Headgear (Helmets) in the Sport of Girls/Women’s Lacrosse and was inserted in the AMA Policy Compendium as H-470.955.
Resolution 159
Protecting Public Health from Natural Gas Infrastructure
A substitute resolution was adopted by the MSSNY HOD, the text of which is inserted into the MSSNY Position Statements as policy # 260.904.
As required the resolution went to the AMA meeting in June 2015 and was considered by reference committee E as resolution 519. It was amended by the AMA and adopted. The final text is reflected in AMA Policy # H-135.930.

Resolution 163
Increasing Access to Care for Patients with Opioid Use Disorders
A substitute resolution was adopted by the MSSNY HOD, the text of which is inserted into the MSSNY Position Statements as policy # 65.987.
As required, the resolution went to the AMA meeting in June 2015 and was considered by reference committee E as resolution 518. It was amended by the AMA and adopted with a title change. Policies reaffirmed in lieu of 518 were: H-95.979, H-120.960, H-95.990, H-185.974, D-180.998, and D-120.953.

Resolution 164
Immunity from Federal Prosecution for Marijuana-Prescribing Physicians
Resolution 164 was adopted by the MSSNY HOD, the text of which is inserted in the MSSNY Position Statements as policy # 270.966.
As required the resolution went to the AMA meeting in June 2015 and was considered by reference committee B as resolution 233. It was amended and adopted with a title change. Immunity from Federal Prosecution for Physicians Recommending Cannabis
It is in the AMA Policy Compendium as item # H 95.938

Resolution 200
Physician Health Programs and Membership Recruitment
Resolution 200 was combined with Resolution 201 and adopted as amended. The adopted text is inserted into the Position Statements as policy number 125.993
The resolution was sent to the AMA for consideration at the June 2015 meeting. It was resolution 15 in the reference committee on Constitution and Bylaws. AMA amended and adopted the resolution which is now policy # H-405.957.

Resolution 211
Maintenance of Certification
Resolution 211 was combined with Resolution 213, amended and adopted. The amended text is inserted in MSSNY Position Statements as policy # 235.987.
The resolution was sent to the AMA for consideration at the June 2015 meeting as required. It was referred to reference committee C as resolution 309. The reference committee recommended to not adopt, but it was extracted for further debate on the floor of the AMA HOD. The final vote was to refer it for further research and report.

Resolution 264
Site of Service Parity
Resolution 264 was amended and adopted by the MSSNY HOD. The amended text is inserted into the MSSNY Position Statements as policy # 265.858.
The resolution was sent to the AMA for consideration where it was placed on the Reaffirmation Consent Calendar. Policies reaffirmed in lieu of this resolution were: D-330.997, H-330.925, H-240.979, and H-240.993
RESOLUTIONS REFERRED TO COUNCIL

Resolution 60
Third Party Payment for Evaluation and Management of Developmental Disorders
Referred to the Legislative and Physician Advocacy Committee, Resolution 60 was considered at the November 5 meeting of the Council where a substitute resolution was adopted. It has been entered into the MSSNY Position Statements as policy #205.989

RESOLVED, that the Medical Society of the State of New York work with the New York Chapters of the American Academy of Pediatrics to:
1) advocate to assure that health insurers comply with the law that requires them to provide coverage for autism screening and treatment including for pervasive developmental disorders not otherwise specified;
2) advocate to assure health insurers and Medicaid take the steps necessary to include a sufficient number of physicians and other appropriate providers in their networks to provide such necessary screening and treatment;
3) work with the AMA and other medical societies to advocate for federal legislation to require self-insured plans to provide such coverage; and
4) work with similarly interested organizations to identify gaps in services and treatment for children believed to have autism or other developmental and/or learning disabilities that may not specifically meet the statutory definition of "autism spectrum disorder" and to advocate for identified solutions including but not limited to insurance coverage for these children.

Resolution 65
Patients Compensation System
Resolution 65 was referred to the Legislative and Physician Advocacy Committee which considered it at their September 9 meeting and again on October 14. Research on the topic and background provided by Physician Insurers Association of America (PIAA) noted that a patient compensation system as discussed in this resolution would increase liability costs. Essentially a "no fault" compensation system, it would provide liability payments to most if not all claims when in fact 70% of all medical liability claims are found to be meritless and are not paid. The LPA Committee recommended that Resolution 65 not be adopted because of this and the extensive existing policy on medical liability reform which MSSNY already has.

The Council considered Resolution 65 and the recommendation of the LPA Committee at its November 5 meeting and voted to not adopt resolution 65.

Resolution 109
Mandatory Reporting of Elder Abuse
Resolution 109 was referred to the Legislation and Physician Advocacy Committee which considered it on September 9. While the Committee agreed that elder abuse is a significant concern, currently there is no NYS infrastructure which would support reports of elder abuse as exists for child abuse. Because of this it was believed seeking a mandate to report elder abuse would be unproductive until a system has been created which could address such reports. The LPA Committee recommended a substitute resolution which would have had MSSNY provide its members with educational opportunities for a better understanding of elder abuse. However, the Council did not agree that this reflected the intent of the original resolution. The Council recommended waiting until the State has developed an infrastructure to address reports of elder abuse and then reconsider the issue. The Council voted to not adopt resolution 109 nor the suggested substitute.
Resolution 113

Medical Society Dues as Part of Biennial Registration

Resolution 113 was considered by the MSSNY Legislation and Physician Advocacy Committee on September 9. While invited, the sponsors of the original resolution did not attend the meeting to discuss or explain the logistics of the resolution. The Committee expressed concerns about MSSNY receiving its dues from the State of New York after a physician had renewed a license. It was noted that other societies do not utilize the State Education Department for dues billing. The LPA Committee urged that Council not adopt Resolution 113. Council in considering the concept felt there could be merit to it and adopted the following amended resolution at the November 5 meeting:

RESOLVED, that the Medical Society of the State of New York investigate the logistics of including MSSNY and County Medical Society opt-out dues in the New York State Department of Education biennial registration billing and payment.

It is inserted in the Position Statements as policy # 207.975.

Resolution 115

Assure Access to Federally-Funded GME Residency Positions for Graduates of U.S. Medical Schools

A Task Force was appointed by President Joseph Maldonado, MD and met on three occasions to address the issues raised in the resolution. Three recommendations were brought to the Council for action on March 7, 2016;

Recommendation 1 ñ ADOPTED

The Task Force on the Shortage of Residency Positions therefore proposes that MSSNY seek supplemental funding sources other than Medicare funding to increase the number of training positions in New York State. MSSNY should take the lead in bringing together the various parties to devise a supplemental funding source to meet the medical educational and workforce needs of New York State. This should involve State officials responsible for health and medical education, leaders of academic medical centers, and businesses that are thriving economically and that benefit from the work of the medical profession. Medicare should not bear the major responsibility for GME funding. Strong arguments can be made that health insurers, pharmaceutical companies and device manufacturers should also contribute to the cost of graduate medical education.

Recommendation 2 ñ NOT ADOPTED

The task force recommends that MSSNY develop a proposal to shorten the track to New York State Licensure for qualified and experience international graduates.

Recommendation 3 ñ TABLED pending receipt of further information and a refined recommendation from the Taskforce when it will again be considered by Council. The Task Force on the Shortage of Residency Positions recommends that MSSNY ask the AMA to work with the ACGME, AAMC, NRMP, AHA, AOA, COCA, AACOM, and other relevant parties to change the residency match program such that the initial round of the match for residency programs will only be available to graduates of LCME and AOA accredited medical schools in the US while subsequent rounds will be available to residents who are graduates of international medical schools.

Resolution 117

Monopolization of Healthcare by Vertically Integrated Health Systems

Council referred this to the Legislative and Physician Advocacy Committee which considered it at its October meeting. Members of the Committee noted that not all physicians are employed by vertically integrated systems but by large groups to which this proposal should apply as well. Some felt that adding a certificate of need would allow institutions to justify hiring more NPs and PAs rather than physicians, and that it could exacerbate the shortage of hospital beds in some areas of the State. Despite the LPA Committee recommendation to not adopt the resolution, the Council voted at its November 5 meeting to adopt the original resolution. It has been inserted into the MSSNY Position Statements as policy # 110.986.
Resolution 253
Reimbursement for Non-Bundled Lab Tests
Council referred this to the Inter-specialty Committee for consideration. The Committee delayed discussion until the topic of CMS Comprehensive Care of Joint Replacement (CCJR) payment model could also be considered in the broader subject. After thorough discussion which included the CCJR, the Inter-specialty Committee brought a substitute resolution to the January Council meeting, which read:
Resolved, that the MSSNY seek federal legislation to ensure that as the government moves forward to value based payment and reform, that the legislature and federal agencies seek direct physician input to ensure that bundled payments result in quality care and best patient outcomes rather than concentrating solely on the cost of care.
It was adopted without modification and is entered into the position statements as policy # 265.857.

Resolution 260
Monitored Anesthesia Care and Pain Management Injections
Council referred this to the Inter-specialty Committee for consideration. The Inter-specialty Committee discussed this resolution with input from the Medical Director of NGS Medicare and CAC Co-Chair, Dr. Laurence Clark. The Committee recommended to the Council at its January meeting that it be referred back to the introducer in order that it be reconsidered by specialty societies dealing in anesthesia and pain management. The Council voted to table the recommendation until the Inter-specialty Committee could provide more detailed information and bring it back for reconsideration.

Resolution 263
Appeals Process for Medications with Proscribed Dosing
Council referred this to the Inter-specialty Committee for consideration. After discussion, several members of the Committee contacted the original author in order to craft a more specific resolution. The substitute resolution was amended and adopted by Council at its January meeting. It reads as follows and has been entered into the Position Statements as policy # 75.973.
Resolved, that the MSSNY seek regulation and/or legislation to ensure that Medicare, Medicaid and insurance plans in NYS allow physicians to make dosing adjustments for approved medications to allow the patient to achieve therapeutic levels regardless of their body mass index, as well as differing metabolic considerations. The does administered should be within the purview of the treating practitioners based on clinical parameters, documented in the medical record.

Resolution 267
Complete Genomic Sequencing
AND
Resolution 268
Private Insurance Carriers Become Medicare Franchise
Council referred these to the Bioethics Committee for consideration. After discussion, many issues were raised (privacy, benefits, potential harm, and myriad ethical issues). The Committee recommended that resolution 267 not be adopted and at its January meeting Council so voted. The Committee further recommended adoption of a substitute resolution 268 with a title change: Genomic Medicine
The Council voted to adopt the substitute resolution at its January meeting and it has been entered into the Position Statements as policy # 105.997. It reads:
The MSSNY will encourage further research into genomic sequencing, including its ethical, clinical, and financial implications; and will also encourage efforts to increase the number of qualified genetic counselors in anticipation of the increasing clinical need.