

MEDICAL SOCIETY OF THE STATE OF NEW YORK 2016 HOUSE OF DELEGATES

Report of the Reference Committee on Public Health & Education

Presented by: Lance I. Austein, MD, Chair

---

**Madame Speaker and Members of the House of Delegates:**

Your Reference Committee recommends the following consent calendar for acceptance:

**RECOMMENDED FOR ADOPTION**

1. Resolution 156 – Kratom and Its Growing Use within the United States
2. Resolution 158 – Civil Commitment for Those Compromised By Addiction
3. Resolution 164 – MSSNY Promotion of Adult Immunization
4. 2016 Public Health and Education Report

**RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED**

5. Resolution 150 – Tobacco Products in Pharmacies and Healthcare Facilities
6. Resolution 151 – NYS DOH Regulation Concerning Operating Room Attire
7. Resolution 152 – Banning the Use of Gasoline Powered Leaf Blowers
8. Resolution 153 – Banning The Distribution of Plastic Carryout Bags In Retail Sales
9. Resolution 154 – Smart Guns and Gun Safety

*And*

Resolution 155 – Firearm Safety

10. Resolution 157 – Medications Return Program
11. Resolution 159 – Education about Pre-Exposure Prophylaxis for HIV

*And*

Resolution 160 – Increasing Access to Pre-Exposure Prophylaxis for HIV

12. Resolution 161 – Physician Assisted Suicide, Promoting the MSSNY Position
13. Resolution 165 – Flint Michigan Water Contamination Disaster

*And*

Resolution 166 – Water Purity and Safety in New York State

14. Resolution 167 – Promoting Population Health through Primary Care
15. Resolution 168 – Tax Exemption for Feminine Hygiene Products

**RECOMMENDED NOT FOR ADOPTION**

16. Resolution 162 – Removing Physicians from the Assisted Suicide Debate

1 1. RESOLUTION 156 – KRATOM AND ITS GROWING USE WITHIN THE UNITED STATES

2  
3 **THE REFERENCE COMMITTEE RECOMMENDS ADOPTION OF RESOLUTION 156.**

4  
5 Resolution 156 urges that the Medical Society of the State of New York 1.) supports legislative  
6 or regulatory efforts to prohibit the sale or distribution of Kratom in New York State that do not  
7 inhibit proper scientific research 2.) that a copy of this resolution be transmitted to the American  
8 Medical Association.

9  
10 Your Reference Committee heard testimony about the effects of the use of Kratom and agrees  
11 with those that testified that this product should be prohibited from sale or distribution in New  
12 York State. There was testimony that lab test are expensive and results could not clearly show  
13 an individual has even taken it. Further, it was noted by your Reference Committee that  
14 information of the addictive qualities of Kratom is not known by the physician community and  
15 that this resolution can serve as the first step in education about this substance. Your  
16 Reference Committee recommends adoption.

17  
18 2. RESOLUTION 158 – CIVIL COMMITMENT FOR THOSE COMPROMISED BY ADDICTION

19  
20 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 158 BE ADOPTED.**

21  
22 Resolution 158 urges that 1) MSSNY study the use of involuntary commitment for treatment of  
23 addicted individuals who endanger themselves, 2) report to the HOD with recommendations on  
24 the use of involuntary commitment as a means of treating individuals who would otherwise not  
25 seek or comply with potentially life-saving treatment.

26  
27 Your Reference Committee heard testimony in support and opposition of the resolution. Your  
28 Reference Committee learned that civil commitment was instituted in California and New York in  
29 the 1960s to allay fears about addiction related crimes against people and property. People  
30 with addictions could be committed to facilities through a voluntary process that included a  
31 medical examination to validate addiction or they could be committed for three years on a  
32 misdemeanor charge. The New York program, according to the literature, proved to be  
33 expensive and had minimal positive results. Your Reference Committee learned that courts  
34 decisions after the 1960s generally have required that an individual be a danger to himself or  
35 others. Between 2004 and 2008, up to 5,000 Section 35 civil commitment cases were  
36 considered per year in Massachusetts. Nationally, 38 states have laws that permit civil  
37 commitment to inpatient or outpatient substance-abuse treatment programs. Of the remaining  
38 states, eight permit some form of involuntary treatment that does not include civil commitment,  
39 such as emergency hospitalization due to substance-use concerns. Alabama, Pennsylvania,  
40 Virginia, and Wyoming do not offer any legal provision for involuntary treatment. Notably,  
41 Massachusetts law authorizes commitment to inpatient programs only and does not include an  
42 outpatient option. There was testimony from addiction specialist that indicates that the success  
43 of involuntary treatment was low. However, there was strong support that MSSNY **study this**  
44 **issue**. Therefore, your Reference Committee agrees that this matter should be further  
45 researched, and believes that a report back to the 2017 HOD is in order. Your Reference  
46 Committee recommends adoption.

1 3. RESOLUTION 164 – MSSNY PROMOTION OF ADULT IMMUNIZATION

2  
3 **THE REFERENCE COMMITTEE RECOMMENDS ADOPTION OF RESOLUTION 164.**

4  
5 Resolution 164 urges that the Medical Society of the State of New York 1) continue its efforts to  
6 educate physicians about the importance of immunizing adults for infection prevention and  
7 public health preparedness; 2) that the Medical Society of the State of New York continue its  
8 advocacy for immunizations and work toward strengthening the adult immunization  
9 infrastructure, improve access to adult vaccines, increase community demand for adult  
10 immunizations continue to foster innovations in adult vaccine development and technologies.

11  
12 Your Reference Committee heard support for this resolution and notes that MSSNY has down  
13 much to promote the concept of adult vaccines. Your Reference Committee recommends  
14 adoption.

15  
16 4. 2016 PUBLIC HEALTH AND EDUCATION SUNSET REPORT

17  
18 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE POLICIES CONTAINED IN 2016**  
19 **PUBLIC HEALTH AND EDUCATION SUNSET REPORT BE ACTED UPON IN THE MANNER**  
20 **INDICATED AND THAT THE REMAINDER OF THIS REPORT BE FILED.**

21  
22 Your Reference Committee did not hear any testimony on this item and agrees with the  
23 recommendations of the report.

24  
25 5. RESOLUTION 150 – TOBACCO PRODUCTS IN PHARMACIES AND HEALTHCARE  
26 FACILITIES

27  
28 **THE REFERENCE COMMITTEE RECOMMENDS THE FOLLOWING:**

29  
30 **RECOMMENDATION A: THAT THE FIRST RESOLVED OF RESOLUTION 150 BE**  
31 **ADOPTED.**

32  
33 **RECOMMENDATION B: THE SECOND RESOLVE OF RESOLUTION 150 BE DELETED.**

34  
35 **RECOMMENDATION C: THAT RESOLUTION 150 BE ADOPTED AS AMENDED.**

36  
37 Resolution 150 directs that the Medical Society of the State of New York 1) support the position  
38 that the sale of any tobacco or vaporized nicotine products be prohibited where healthcare is  
39 delivered or where prescriptions are filled; 2) that a copy of the resolution be submitted to the  
40 American Medical Association.

41  
42 Your Reference Committee heard testimony in support of this resolution and opposition to this  
43 resolution. More and more pharmacies are actually opting not to sell tobacco or nicotine  
44 products within the facility; however this is the exception and not the norm. Your Reference  
45 Committee knows that MSSNY has similar policy that states that it would commend those  
46 pharmacies and/or facilities that choose not to sell tobacco, but this resolution requests that  
47 MSSNY support prohibition. Upon review of MSSNY existing policy, your Reference  
48 Committee agrees that resolution is in line with those policies and recommends adoption.  
49 However, your Reference Committee heard testimony that the American Medical Association  
50 has existing policy D-495.994, "Oppose Sale of Tobacco Products in Pharmacies" that mitigates

1 the need to send this resolution to the AMA and those that testified indicated that the second  
2 was not necessary.

3  
4 6. RESOLUTION 151 – NYS DOH REGULATION CONCERNING OPERATING ROOM ATTIRE

5  
6 **THE REFERENCE COMMITTEE RECOMMENDS THAT SUBSTITUTE RESOLUTION 151 BE**  
7 **ADOPTED IN LIEU OF RESOLUTION 151.**

8  
9 **RESOLVED, that the Medical Society of the State of New York encourage hospitals to use**  
10 **evidence-based guidelines for perioperative attire and inform the physicians and staff of**  
11 **the policy that the hospital adopted.**

12  
13 Resolution 151 directs that the New York State Department of Health reverse its current rules  
14 concerning perioperative attire until it can convene with appropriate medical individuals to create  
15 a sensible policy that is evidence-based, using scientific studies.

16  
17 Your Reference Committee heard testimony in support of this resolution. However, your  
18 Reference Committee was informed that that an inquiry to officials at the New York State  
19 Department of Health has indicated to MSSNY that there is no law/regulation that requires a  
20 hospital to follow a specific guidance in perioperative attire. The DOH has indicated that if a  
21 hospital chooses to provide surgical services, the services must be well organized and provided  
22 in accordance with acceptable standards of practice. Acceptable standards of practice include  
23 maintaining compliance with applicable federal and state laws, regulations and guidelines  
24 governing surgical services or surgical service locations. In addition, compliance with standards  
25 and recommendations promoted by, or established by, nationally recognized professional  
26 organizations (e.g., the American Medical Association, American College of Surgeons,  
27 Association of Operating Room Nurses, Association for Professionals in Infection Control and  
28 Epidemiology, etc.) comprise acceptable standards of clinical practice. The following  
29 recommendations are based on actual findings that resulted in IJ determinations. The  
30 department recommends that a hospital:

- 31 • Develop and implement policies and procedures related to surgical attire;
- 32 • Assure that all appropriate staff are trained in the policies and procedures;
- 33 • Periodically assess the use of appropriate surgical attire and compliance with the policies and  
34 procedures; and
- 35 • Ensure staff are wearing appropriate and approved surgical attire in the operating room (i.e.,  
36 masks, face shields).

37  
38 DOH staff does not promote AORN standards over other standards published by other  
39 nationally recognized organizations. The key is that the hospital needs to have established  
40 policies and procedures that follow whatever standards they deem appropriate for their practice.  
41 Then the hospital needs to make sure that staff is trained and that they follow the hospital's  
42 policies and procedures. In light of this information, your Reference Committee determine that a  
43 substitute resolution was in order encouraging hospitals select evidence based guidelines for  
44 perioperative attire.

45 7. RESOLUTION 152 – BANNING THE USE OF GASOLINE POWDERED LEAF BLOWERS

46  
47 **THE REFERENCE COMMITTEE RECOMMENDS THAT SUBSTITUTE RESOLUTION 152 BE**  
48 **ADOPTED IN LIEU OF RESOLUTION 152.**

1 **RESOLVED, that the Medical Society of the State of New York call upon the New York**  
2 **State Department of Environmental Conservation and the manufacturers of the gas leaf**  
3 **blowers develop guidelines that would dramatically reduce the toxic emissions and noise**  
4 **level of gas leaf blowers; and be it further**

5  
6 **RESOLVED, that the Medical Society of the State of New York also encourage that New**  
7 **York State and other governmental entities promote the use of non-polluting alternatives**  
8 **to gas leaf blowers; and be it further**

9  
10 **RESOLVED, that a copy of this resolution be transmitted to the American Medical**  
11 **Association for consideration at its House of Delegates.**

12  
13 Resolution 152 1) states that with multiple scientific studies concluding that gasoline leaf  
14 blowers (GLBs) pose significant threats to human health by increasing particulate matter and  
15 chemical pollutants in the air, contribute significantly to lung cancer, increase the risk of breast  
16 cancer, precipitate asthma attacks and allergic reactions, cause hearing loss and tinnitus, and  
17 contribute to water pollutions, that MSSNY develop policy and regulation that would increase  
18 public awareness as to the detrimental health and environment hazards that arise when GLBs  
19 are utilized. 2) It further requests that MSSNY work with the appropriate state, county and other  
20 pertinent governmental agencies in an effort to promote the use of non-polluting alternatives to  
21 GLBs (i.e., lithium ion battery powered equipment), 3) that MSSNY seek legislation/regulation  
22 that would impose a statewide ban and states that failing to secure an outright ban on their use,  
23 4)that MSSNY submit a resolution calling upon the AMA to work with the EPA and GLB  
24 manufacturers to develop parameters and guidelines that would dramatically reduce the toxic  
25 emissions and noise levels of GLBs to more appropriate and acceptable non-hazardous levels.

26  
27 Your Reference Committee heard testimony in support and opposition of the resolution. The  
28 majority of the testifying was opposed to banning of leaf blowers. Your Reference Committee  
29 offers up the substitute resolution to ensure that MSSNY has policy on this issue and to help  
30 clarify each of the original resolves. Once MSSNY adopted a policy on gas leaf blowers, the  
31 resolution would then be forwarded to the AMA for its consideration.

32  
33 **8. RESOLUTION 153 – BANNING THE DISTRIBUTION OF PLASTIC CARRYOUT BAGS IN**  
34 **RETAIL SALES**

35  
36 **THE REFERENCE COMMITTEE RECOMMENDS THAT SUBSTITUTE RESOLUTION 153 BE**  
37 **ADOPTED IN LIEU OF RESOLUTION 153.**

38  
39 **RESOLVED, that the Medical Society of the State of New York support**  
40 **legislation/regulation that would prohibit the use of plastic carryout bags in retail stores.**

41  
42 Resolution 153 states that that in recognizing the detrimental hazards to the health of humans,  
43 wild and ocean life, pollution of our waterways and overall environmental impact, and, in  
44 following the lead taken in many countries across the world, dozens of states, villages and  
45 municipalities in the United States, that the Medical Society of the State of New York seek  
46 legislation similar to that currently under consideration in Suffolk County that would prohibit the  
47 distribution of plastic carryout bags in retail sales.

48  
49 Your Reference Committee heard testimony in support and opposition of this legislation and  
50 agrees with the intent. Your Reference Committee heard testimony from individuals who stated  
51 that plastic bags are not in use in several states, cities and countries. There was discussion

1 about paper and plastic bags using more energy to develop and that there were concerns that  
2 there may not be sufficient science. However, the majority of the testimony was to support a  
3 ban, and therefore your Reference Committee is recommending a substitute resolution be  
4 adopted to better clarify the intent of the resolution.

5  
6 9. RESOLUTION 154 – SMART GUNS AND GUN SAFETY

7 AND

8 RESOLUTION 155 – FIREARM SAFETY

9  
10 **THE REFERENCE COMMITTEE RECOMMENDS THAT SUBSTITUTE RESOLUTION 154 BE**  
11 **ADOPTED IN LIEU OF RESOLUTION 154 AND RESOLUTION 155:**

12  
13 **RESOLVED, That the Medical Society of the State of New York continue to support**  
14 **background checks for firearm purchases and advocate for firearm safety education in**  
15 **all settings as a component of firearm licensing; and be if further**

16  
17 **RESOLVED, that the Medical Society of the State of New York advocate for expansion**  
18 **and implementation of currently available technologies to improve gun safety.**

19  
20 Resolution 154 urges that the Medical Society of the State of New York encourage the  
21 development of smart guns in any way it can.

22  
23 Resolution 155 urges that Medical Society of the State of New York 1) support background  
24 checks for firearm purchases in all settings and that 2) advocate for firearm safety education  
25 and firearm proficiency to be a component of firearm licensing.

26  
27 Your Reference Committee heard testimony in support and opposition to this resolutions. The  
28 majority of the testimony indicated that the sponsors were not seeking to make smart guns the  
29 only avenue, but wanted MSSNY to support the expansion of the technology. There was  
30 support for Resolution 155. Your Reference Committee offered up the substitute resolution to  
31 merge the two resolutions to merge the two concepts. Your Reference Committee  
32 acknowledges that there were calls for a task force, but it felt that this was not necessary at the  
33 present time.

34  
35 10. RESOLUTION 157 - MEDICATIONS RETURN PROGRAM

36  
37 **THE REFERENCE COMMITTEE RECOMMENDS SUBSTITUTE RESOLUTION 157 BE**  
38 **ADOPTED IN LIEU OF RESOLUTION 157.**

39  
40 **RESOLVED, that the Medical Society of the State of New York promote changes in state**  
41 **and federal law that allow for safe disposal of medication through its publications and its**  
42 **website, and be it further**

43  
44 **RESOLVED, that the Medical Society of the State of New York support the concept of**  
45 **having pharmaceutical companies be assessed a fee payable to the state and localities**  
46 **for costs associated with drug disposal.**

47  
48 Resolution 157 urges that the Medical Society of State of New York (MSSNY) 1) update its  
49 current policy on medication disposal to support daily access to safe, convenient, and  
50 environmentally sound medication return for unwanted prescription medications; and that 2)  
51 support such a medication disposal program be fully funded by the pharmaceutical

1 manufacturers, including costs for collection, transport and disposal of these materials as  
2 hazardous waste; 3) support changes in New York State law or regulation that would allow a  
3 program for medication recycling and disposal to occur; 4) that the New York Delegation to the  
4 American Medical Association encourage the AMA to pursue the same efforts.

5  
6 Your Reference Committee heard testimony in support of this resolution. However, your  
7 Reference Committee has learned that the Drug Enforcement Administration (DEA) has revised  
8 its regulations to expand the options available to collect controlled substances from ultimate  
9 users for purpose of disposal, including: take-back events, mail-back programs and collection  
10 receptacle locations. Recent New York State (NYS) legislation, Chapter 379 of the Laws of  
11 2015 (S.3687/A.6062), removed the requirement that the Commissioner of Health must  
12 designate pharmacies as disposal sites and added that disposal shall be operated by law  
13 enforcement agencies, pharmacies, "and other Federal Drug Enforcement Administration  
14 authorized collectors." This legislation also removed the requirement that the Commissioner of  
15 Health make regulations in consultation with the Commissioner of Education to allow for entities  
16 to participate in expanded activities under federal rule. Accordingly, the NYS Department of  
17 Health, Bureau of Narcotic Enforcement authorizes all activities allowed under the federal DEA's  
18 Disposal of Controlled Substances Final Rule. Manufacturers, distributors, reverse distributors,  
19 narcotic treatment programs, hospitals/clinics with and on-site pharmacy and retail pharmacies  
20 may apply directly to the DEA for registration as a "Collector". Authorized collectors secure the  
21 substances and disposed of it. Currently, the most common method of rendering  
22 pharmaceutical controlled substances non-retrievable is incineration. The changes do not  
23 prohibit existing method of pharmaceutical disposal that currently exist, nor prevent law  
24 enforcement from conducting the "take-back" events every six months. New York State  
25 Department of Health has established a permanent medication drop box program through the  
26 state, county, and local law enforcement agencies. Your Reference Committee believes that the  
27 recent expansion of the DEA regulations and the subsequent passage of a NYS law allows for  
28 the expanded program options currently available for households to dispose of discontinued,  
29 expired or unwanted medications in a manner that considers public health, as well as the  
30 environment. Your Reference Committee also believes that since this is a federal rule change,  
31 it is not necessary for this resolution to be sent to the AMA as these are national changes that  
32 are occurring.

33  
34 11. RESOLUTION 159 – EDUCATION ABOUT PRE-EXPOSURE PROPYLAXIS FOR HIV  
35 AND  
36 RESOLUTION 160 – INCREASING ACCESS TO PRE-EXPOSURE PROPHYLAXIS FOR HIV  
37

38 **THE REFERENCE COMMITTEE RECOMMENDS THAT SUBSTITUTE RESOLUTION 159 BE**  
39 **ADOPTED IN LIEU OF RESOLUTIONS 159 AND 160:**

40  
41 **RESOLVED, that the Medical Society of the State of New York continue its efforts to work**  
42 **with state agencies to educate physicians about the effective use of pre-exposure**  
43 **prophylaxis for HIV and the US PrEP Clinical Practice Guidelines; and be it further**  
44 **RESOLVED, that the Medical Society of the State of New York continue its advocacy**  
45 **work to require that all insurers cover the costs associated with the administration of**  
46 **PrEP and be it further**  
47

48 **RESOLVED, that the Medical Society of the State of New York work with governmental**  
49 **officials to study the feasibility of providing PrEP free of charge to high risk individuals,**  
50 **and be it further**  
51

1 **RESOLVED, that a copy of this resolution be transmitted to the AMA for consideration at**  
2 **the House of Delegates.**

3  
4 Resolution 159 urges that the Medical Society of the State of New York (MSSNY) 1)work with  
5 appropriate organizations and government agencies to educate physicians and other health  
6 care providers (a) about pre-exposure prophylaxis for HIV (PrEP), (b) about the 2014 U.S.  
7 Public Health Service PrEP Clinical Practice Guidelines for identifying and treating high-risk  
8 individuals, and (c) about methods to improve PrEP adherence rates; and 2) MSSNY introduce  
9 a similar resolution at the 2016 Annual Meeting of the House of Delegates of the American  
10 Medical Association (AMA).

11  
12 Resolution 160 urges that the Medical Society of the State of New York (MSSNY) 1) advocate  
13 for legislation that would require private insurers to cover all costs necessary to provide high-  
14 risk patients with PrEP, as recommended by the 2014 PrEP Clinical Practice Guidelines; 2)  
15 that MSSNY work with government officials to determine the feasibility of providing PrEP free of  
16 charge to high-risk individuals; 3) that MSSNY introduce a similar resolution at the 2016 Annual  
17 Meeting of the House of Delegates of the American Medical Association (AMA).

18  
19 Your Reference Committee heard testimony in support of these resolutions and agreed with the  
20 resolutions intent. Your Reference Committee has also learned that MSSNY, through its  
21 Infectious Disease Committee, has developed and presented a program on HIV, including the  
22 use of PrEP within the last two years. This program, entitled, HIV –Diagnosis and Treatment is  
23 available on MSSNY’s CME website. Additionally, William Valenti, MD, chair of the MSSNY  
24 Infectious Disease Committee, is a member of Governor Andrew Cuomo’s Ending the Epidemic  
25 (ETE) Task Force. One of the main goals of the task force is to provide access to PrEP for high  
26 risk persons to keep them HIV-negative. As a member of the task force, Dr. Valenti has kept  
27 MSSNY abreast of the ETE’s Blueprint and has provided information on the state’s statewide  
28 education campaign on PrEP and nPeP. MSSNY promoted in 2015, the Clinical Guidelines,  
29 and provided physicians with information from the Department of Health regarding the key  
30 principles for Prescribing PrEP. Importantly, MSSNY Infectious Disease Committee also sent a  
31 letter to Medicaid asking for expansion coverage of Truvada. Your Reference Committee  
32 learned that most private insurances cover PreP; Medicaid covers PrEP prescription costs,  
33 medical appoints and lab tests. Medicaid does require prior approval; and there is a PrEP  
34 Assistance Program, that is available to NYS residents who are uninsured or underinsured.  
35 Financial eligibility is based on 435% of the Federal Poverty Level (FPL). Your Reference  
36 Committee offered up the substitute resolution to combine the resolutions and to clarify what  
37 MSSNY has already done regarding PrEP. Your Reference Committee agrees that the  
38 resolution should be addressed on a national level.

39  
40 12. RESOLUTION 161 – PHYSICIAN ASSISTED SUICIDE, PROMOTING THE MSSNY  
41 POSITION

42  
43 **THE REFERENCE COMMITTEE RECOMMENDS THE FOLLOWING:**

44  
45 **RECOMMENDATION A: THAT THE FIRST RESOLVED OF RESOLUTION 161 BE**  
46 **AMENDED BY ADDITION AND DELETION:**

47  
48 **RESOLVED, that the Medical Society of the State of New York inform the press, the**  
49 **general public and governmental officials of MSSNY Policy 95.989 Physician Assisted**  
50 **Suicide and Euthanasia. ~~be a little bit more proactive in its efforts to the let the public~~**  
51 **~~know that physicians should not participate in assisted suicide.~~**



1  
2 **RECOMMENDATION B: THAT THE FOLLOWING RESOLVED BE ADDED TO RESOLUTION**  
3 **161:**

4  
5 **RESOLVED, That MSSNY POLICY 95.989 BE REAFFIRMED.**

6  
7 **RECOMMENDATION C: THAT RESOLUTION 161 BE ADOPTED AS AMENDED.**

8  
9 Resolution 161 urges that the Medical Society of the State of New York be a little bit more  
10 proactive in its efforts to let the public know that physicians should not participate in assisted  
11 suicide.

12  
13 Your Reference Committee heard significant testimony on this issue and many of those  
14 individuals were concerned about the statement that “physicians should not participate in  
15 assisted suicide.” Speakers testified that it should state that it is MSSNY position rather than  
16 the individual physicians and there were concerns that the statement did not reflect that there  
17 were palliative care options available to physicians when their patient is faced with end of life.  
18 Many of those that testified spoke about the role of physicians and that they should be involved  
19 in care of patients. Your Reference Committee agrees that the HOD has articulated a position  
20 on assisted suicide that should be promoted. Therefore, your Reference Committee amended  
21 the resolution to reflect the testimony.

22  
23 ***MSSNY POLICY 95.989 Physician Assisted Suicide and Euthanasia*** “Patients, with terminal illness, uncommonly  
24 approach their physicians for assistance in dying including assisted suicide and euthanasia. Their motivations are  
25 most often concerns of loss of autonomy, concerns of loss of dignity, and physical symptoms which are refractory and  
26 distressing. Despite shifts in favor of physician-assisted suicide as evidenced by its legality in an increasing number  
27 of states, physician-assisted suicide and euthanasia have not been part of the normative practice of modern  
28 medicine. Compelling arguments have not been made for medicine to change its footing and to incorporate the  
29 active shortening of life into the norms of medical practice. Although relief of suffering has always been a fundamental  
30 duty in medical practice, relief of suffering through shortening of life has not. Moreover, the social and societal  
31 implications of such a fundamental change cannot be fully contemplated. MSSNY supports all appropriate efforts to  
32 promote patient autonomy, promote patient dignity, and to relieve suffering associated with severe and advanced  
33 diseases. Physicians should not perform euthanasia or participate in assisted suicide. (Council 5/14/92; Reaffirmed  
34 HOD 1995-80; Modified and reaffirmed HOD 2014; Replaced by HOD 2015-162).

35  
36 **13. RESOLUTION 165– FLINT MICHIGAN WATER CONTAMINATION DISASTER**  
37 **AND**  
38 **RESOLUTION 166 – WATER PURITY AND SAFETY IN NEW YORK STATE**

39  
40 **THE REFERENCE COMMITTEE RECOMMENDS THAT SUBSTITUTE RESOLUTION 165 BE**  
41 **ADOPTED IN LIEU OF 165 AND 166:**

42  
43 **RESOLVED, that the Medical Society of the State of New York support the position that**  
44 **all public and private water supplies in New York State and throughout the country**  
45 **should be free from lead and other cancer causing agents and that it be safe for human**  
46 **and livestock consumption, and be it further**

47  
48 **RESOLVED, that the Medical Society of the State of New York call upon the New York**  
49 **State Departments of Health and Environmental Conservation to ensure that steps are**  
50 **taken to maintain the purity and safety of New York State’s public and ground water**  
51 **supply; and that**  
52

1 **RESOLVED, that the Medical Society of the State of New York call upon the governor and**  
2 **the Legislature to enact provisions to establish a “relief fund” for future medical**  
3 **expenses for individuals who may be impacted by lead and other cancer causing agents**  
4 **in public and private water supplies; and be it further**

5  
6 **RESOLVED, That the Medical Society of the State of New York advocate to the American**  
7 **Medical Association to support similar national protections for the country’s public and**  
8 **private water supply; and be it further**

9  
10 **RESOLVED, that the Medical Society of the State of New York transmit a copy of this**  
11 **resolution to the AMA’s House of Delegates for its consideration.**

12  
13 Resolution 165 urges that 1) in recognizing the severe public health threat posed by lead and  
14 associated lead poisoning, the Medical Society of the State of New York (MSSNY) urge that the  
15 Michigan Governor afford every home in the Flint, Michigan area affected by the recent water  
16 contamination disaster, the opportunity to have their water source periodically tested (at no 30  
17 charge) by the appropriate federal agency to make sure that levels of lead are within acceptable  
18 ranges; 2) and that any homes whose water sources exceed the maximum allowable EPA  
19 levels for lead, be identified and provided with a free corrective action plan and 3) that the  
20 Michigan Legislature be urged to establish a “relief fund” to help offset any future medical  
21 expenses that may be encountered by families impacted by the lead poisoning debacle.

22  
23 Resolution 166 urges that 1) MSSNY recommend that the New York State Departments of  
24 Health and Environmental Conservation publicly report data showing that *all* of New York  
25 State’s public water supplies and ground water used for wells are safe for human and livestock  
26 consumption; 2) recommend that the New York State Departments of Health and  
27 Environmental Conservation establish transparent and ongoing mechanisms to frequently report  
28 data showing the maintenance of purity and safety of the public water supply and ground water  
29 in New York State, particularly in New York State’s public schools; 3) that MSSNY propose that  
30 the AMA support national protections wherein all communities in the United States of America  
31 and its territories have transparent and ongoing mechanisms to frequently report data showing  
32 the purity and safety of the public water supply and ground water, particularly the water in public  
33 schools.

34 Your Reference Committee heard passionate testimony on both of these resolutions and agrees  
35 that both of these resolutions have merit. Your Reference Committee did agree, however, that  
36 the issue of lead and other cancer causing agents has come to the forefront in the last several  
37 weeks in New York State. There have been reports of lead in the water supplies in the cities of  
38 Binghamton and Ithaca. Additionally, contaminants such as Perfluorooctanoic acid (PFOA),  
39 have been found in the public and private water supply in Hoosick Falls, Petersburg and  
40 Chatham. Perfluorooctanoic acid (PFOA), also known as C8, is another man-made chemical. It  
41 is used in the process of making Teflon and similar chemicals (known as fluorotelomers). PFOA  
42 can stay in the environment and in the human body for long periods of time. Studies have found  
43 that it is present worldwide at very low levels in just about everyone’s blood. Higher blood levels  
44 have been found in community residents where local water supplies have been contaminated by  
45 PFOA. People exposed to PFOA in the workplace can have levels many times higher. There  
46 was testimony that opposed a resolution that would tell Michigan what to do, many individuals  
47 felt that this was not MSSNY’s purview. Your Reference Committee however, agreed that it  
48 was best to approach the issue of contamination of water by lead and cancer causing agents  
49 from the perspective of New York State, rather than Michigan. The Reference Committee, did  
50 however, incorporate conceptual provisions from both resolutions. The Substitute Resolution  
51 also calls upon the AMA to take action on the federal level.

1 14. RESOLUTION 167 – PROMOTING POPULATION HEALTH THROUGH PRIMARY CARE

2  
3 **THE REFERENCE COMMITTEE RECOMMENDS THAT SUBSTITUTE RESOLUTION 167 BE**  
4 **ADOPTED IN LIEU OF RESOLUTION 167.**

5  
6 **RESOLVED, That the Medical Society of the State of New York support workforce**  
7 **wellness programs; and be it further**

8  
9 **RESOLVED, That the Medical Society of the State of New York encourage that wellness**  
10 **programs connect beneficiaries to their primary care physician and include the**  
11 **appropriate screening services and referral for primary, secondary and tertiary**  
12 **prevention; and be it further**

13  
14 **RESOLVED, that the Medical Society of the State of New York encourage physicians to**  
15 **recommend to every patient that they have a current wellness visit.**

16  
17 Resolution 167 1) urges that the Medical Society of the State of New York recommend that New  
18 York State employers provide health promotion services through workforce wellness programs,  
19 and guide employees and family beneficiaries to their personal primary care physician(s) to  
20 receive the appropriate screening services and referral to interventions for primary, secondary  
21 and tertiary prevention; 2) that the Medical Society of the State of New York support having  
22 primary care physicians recommend to every patient that they have a current wellness visit as  
23 he/she deems appropriate for age, gender and risk factors; 3) that the Medical Society of the  
24 State of New York recommends that health information technology vendors be encouraged to  
25 make health risk, social, behavioral, environmental and other forms of patient-generated data on  
26 wellness be fully-integrated with electronic health records; 4) that the Medical Society of the  
27 State of New York recommend that patient-generated data also be accessible, under HIPAA-  
28 compliant patient control, by the community-based organizations and referral resources used by  
29 physicians to provide intervention services, so that all stakeholders work from the same set of  
30 data without burdening physician practices for data-sharing.

31  
32 Your Reference Committee heard testimony in support of this resolution, which indicated that  
33 there was support for the first two concepts. Your Reference Committee heard during the  
34 executive session from a member who was involved in the crafting of the resolution and he  
35 agreed with the idea of a substitute resolution to articulate key points that were provided in the  
36 testimony. Your Reference Committee recommends adoption of the Substitute Resolution.

37  
38 15. RESOLUTION 168 - TAX EXEMPTION FEMININE HYGIENE PRODUCTS

39  
40 **THE REFERENCE COMMITTEE RECOMMENDS THE FOLLOWING:**

41  
42 **RECOMMENDATION A: THAT RESOLUTION 168 BE AMENDED BY THE ADDITION OF A**  
43 **SECOND RESOLVED THAT READS AS FOLLOWS:**

44  
45 **RESOLVED, that the Medical Society of the State of New York transmit a copy of this**  
46 **resolution to the AMA’s House of Delegates for its consideration.**

47  
48 **RECOMMENDATION B: THAT RESOLUTION 168 BE ADOPTED AS AMENDED.**

49  
50 Resolution 168 urges that MSSNY support legislation to remove the sales tax on feminine  
51 hygiene products.

1  
2 Your Reference Committee heard testimony in support of this resolution and agrees with the  
3 intent of the sponsor. There was testimony that this resolution be referred to the AMA for its  
4 consideration. Legislation has been introduced in the NYS Legislature and has already passed  
5 the state Assembly. A similar bill has also just passed the NYS Senate. Your Reference  
6 Committee does agree that this tax represents a gender-based tax on women and that  
7 thousands of women incur the expense of purchasing feminine hygiene products and that the  
8 taxation of these medically necessary items should be receive the same exemption from sales  
9 taxes as other non-gender specific products. Your Reference Committee recommends adoption  
10 of the amended resolution.

11  
12 16. RESOLUTION 162 – REMOVING PHYSICIANS FROM THE ASSISTED SUICIDE DEBATE

13  
14 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 162 NOT BE**  
15 **ADOPTED.**

16  
17 Resolution 162 urges 1) that the Medical Society of the State of New York do its best to  
18 popularize the position that assisted suicide need not involve physicians; 2)that the Medical  
19 Society of the State of New York make clear that the larger, general question of assisted  
20 suicide: is one to be determined by society;3)that the Medical Society of the State of New York  
21 do its best to support and counsel member physicians who feel very proprietary about this  
22 issue.

23  
24 Your Reference Committee heard testimony on this resolution. The majority of the testimony  
25 was in opposition to this concept. There was testimony about who should do it and who could  
26 be licensed to give lethal doses of medication. There was testimony that this discussion has  
27 arrived in New York State and that there is legislation pending in NYS that calls for physicians to  
28 provide medication for patients who seek death due to diseases. Your Reference Committee  
29 also believes that the over whelming majority of those testifying opposed this resolution;  
30 therefore, your Reference Committee recommends non-adoption.