

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

Report of the Reference Committee on Reports of Officers and Administrative Matters

Presented by: Veronica Santilli, MD, Chair

Mister Speaker and Members of the House of Delegates:

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR FILING FOR INFORMATION

1. Board of Trustees Report 1-HOD-2016 – Financial Statements for the Year Ended December 31, 2015
 - a. The Report of the Certified Public Accountants for the year ended December 31, 2015
 - b. Medical Society of the State of New York Political Action Committee
 - c. The Empire State Medical, Scientific and Educational Foundation, Inc.
 - d. The Medical, Educational and Scientific Foundation of New York, Inc.
2. President's Report – HOD-2016
3. Treasurer's Report – HOD-2016
4. Secretary's Report – HOD-2016
5. Executive Vice President's Report – HOD-2016

RECOMMENDED FOR ADOPTION

6. 2016 Reports of Officers and Administrative Matters Sunset Report
7. Resolution 202 – Utilizing Social Media to Support Advocacy for Our Patients
8. Resolution 203 – MSSNY Organized Medical Staff Section
9. Resolution 217 – “Tabling” a Resolution Prior to Discussion

RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED

10. Resolution 205 – Partnering with Independent Practice Associations
11. Resolution 207 – Medicare Part B Double Dipping
12. Resolution 208 – Expanding GME Concurrently With UME
13. Resolution 211 – Attorney Ads on Drug Side Effects
14. Resolution 212 – Laymen's Medical Advice Policy
15. Resolution 213 – Maintenance of Certification
16. Resolution 215 – Maintenance of Certification/Licensure (MOC/MOL)
17. Resolution 216 – Tying Maintenance of Licensure to Maintenance of Certification

RECOMMENDED FOR REFERRAL TO COUNCIL

18. Resolution 200 – Combine MSSNY HOD with Legislative Day in Albany
19. Resolution 201 – Delegate Subsidy

RECOMMENDED NOT FOR ADOPTION

20. Resolution 204 – CPH Contract Grace Period
21. Resolution 206 – Support Nursing Staffing Standards
22. Resolution 209 – Promote Medical Clerkships and International Health
23. Resolution 210 – Inclusion of Disclaimer with Advertised Products
24. Resolution 214 – Maintenance of Certification as Restraint of Trade

1 **RECOMMENDED FOR FILING:**

- 2
- 3 1. Board of Trustees Report 1-HOD-2016 – Financial Statements for the Year Ended December
- 4 31, 2015
- 5 a. The Report of the Certified Public Accountants for the year ended December 31,
- 6 2015
- 7 b. Medical Society of the State of New York Political Action Committee
- 8 c. The Empire State Medical, Scientific and Educational Foundation, Inc.
- 9 d. The Medical, educational and Scientific Foundation of New York, Inc.
- 10 2. President’s Report – HOD-2016
- 11 3. Treasurer’s Report – HOD-2016
- 12 4. Secretary’s Report – HOD-2016
- 13 5. Executive Vice President’s Report – HOD-2016

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15 **THE REFERENCE COMMITTEE RECOMMENDS THAT ITEMS 1-5 BE ACCEPTED AND**

16 **FILED FOR INFORMATION.**

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19 **RECOMMENDED FOR ADOPTION:**

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- 22 6. 2016 REPORTS OF OFFICERS AND ADMINISTRATIVE MATTERS SUNSET REPORT

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24 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE 2015 REPORTS OF OFFICERS**

25 **AND ADMINISTRATIVE MATTERS SUNSET REPORT BE ADOPTED.**

- 26
- 27 7. RESOLUTION 202 - UTILIZING SOCIAL MEDIA TO SUPPORT ADVOCACY FOR OUR
- 28 PATIENTS

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30 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 202 BE ADOPTED.**

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32 Resolution 202 directs MSSNY to post links to action alerts of particular importance on its

33 Twitter and Facebook pages.

34

35 Your Reference Committee heard testimony in support of this Resolution, and also heard from

36 others that MSSNY is already doing this extensively. Your Reference Committee feels that

37 social media’s potential for disseminating important alerts to physicians and patients is so vast

38 that the need to make use of it is worth establishing in policy.

- 39
- 40 8. RESOLUTION 203 - MSSNY ORGANIZED MEDICAL STAFF SECTION

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42 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 203 BE ADOPTED.**

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44 Resolution 203 calls on MSSNY to (1) request that all medical staffs with institutional

45 membership agreements with MSSNY appoint a representative to the MSSNY Organized

46 Medical Staff Section (OMSS), and (2) task each MSSNY OMSS representative to survey his or

47 her own individual medical staff and hospital administration to obtain the top educational

48 priorities for his or her particular medical staff; and (3) when developing its education programs,

49 to factor in the educational priorities of medical staffs with institutional membership agreements.

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Your Reference Committee heard testimony in support of this Resolution, and none opposed to it. It is a sound proposal for increasing the responsiveness of MSSNY to its members, and it offers a worthwhile way for OMSS representatives to help MSSNY provide value to their local colleagues without requiring a heavy investment of time.

9. RESOLUTION 217 – “TABLING” A RESOLUTION PRIOR TO DISCUSSION

THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 217 BE ADOPTED.

Resolution 217 calls on MSSNY to disallow the parliamentary mechanism of “tabling” a resolution prior to its being considered by a reference committee in its own House of Delegates, and to forward the resolution 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.

Your Reference Committee heard testimony about an issue tabled at the AMA without an opportunity for discussion and believes that it is important to adopt policy by MSSNY and the AMA that recognizes the right in a democratic organization for a minority viewpoint to be heard.

RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED:

10. RESOLUTION 205 - PARTNERING WITH INDEPENDENT PRACTICE ASSOCIATIONS

THE REFERENCE COMMITTEE RECOMMENDS THE FOLLOWING:

RECOMMENDATION A: THAT RESOLUTION 205 BE AMENDED by addition as follows:

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.**

RECOMMENDATION B: THAT RESOLUTION 205 BE ADOPTED AS AMENDED.

Resolution 205 calls on MSSNY to explore partnering with independent practice associations (IPAs) to offer discounted IPA membership fees for MSSNY members.

Your Reference Committee heard testimony in support of this Resolution, as well as testimony concerning MSSNY’s ongoing investigation into various ways to support members in their efforts to collaborate on quality measures, to achieve operating efficiencies and to pursue clinical and/or financial integration. The Reference Committee felt that there may be other ways to partner with IPAs and noted that membership agreements offering reduced dues might be an option that would fit nicely.

1 11. RESOLUTION 207 - MEDICARE PART B DOUBLE DIPPING

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3 **THE REFERENCE COMMITTEE RECOMMENDS THE FOLLOWING:**

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5 **RECOMMENDATION A: THAT RESOLUTION 207 BE AMENDED by addition and deletion**
6 **as follows:**

7
8 RESOLVED, that the Medical Society of the State of New York request that the American
9 Medical Association seek legislation to stop the “double dipping” for those returning to the
10 workforce or after having started drawing social security benefits. the practice by the federal
11 government of deducting Medicare Part B coverage costs from the Social Security
12 checks of retirees, as well as from salaries individuals may earn after they draw on social
13 security benefits.

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15 **RECOMMENDATION B: THAT RESOLUTION 207 BE ADOPTED AS AMENDED**
16 **RECOMMENDATION C: THAT THE TITLE OF RESOLUTION 207 BE CHANGED TO READ:**
17 **SUPPORT TAX POLICIES THAT ENCOURAGE WORK BY OLDER AMERICANS.**

18
19 Resolution 207 calls on MSSNY to ask the American Medical Association to seek legislation to
20 stop the practice by the federal government of deducting costs of Medicare Part B coverage
21 both from the Social Security checks of retirees, as well as from any salaries individuals may
22 earn after having started drawing social security benefits. The Reference Committee felt that the
23 term “double dipping” implies an activity that is illegal, and the committee therefore recommends
24 a change in language.

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27 12. RESOLUTION 208 - EXPANDING GME CONCURRENTLY WITH UME

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29 **THE REFERENCE COMMITTEE RECOMMENDS THE FOLLOWING:**

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31 **RECOMMENDATION A: THAT THE FIRST RESOLVED OF RESOLUTION 208 BE**
32 **AMENDED by addition and deletion as follows:**

33
34 RESOLVED, that MSSNY support the expansion of residency slots with a view to the
35 current and future needs of the United States population. ~~oppose any new medical schools~~
36 ~~or expansion of current medical schools unless the expansion is associated with a~~
37 ~~corresponding increase in residency spots equal to or greater than the increase in medical~~
38 ~~school enrollment, and be it further~~

39
40 **RECOMMENDATION B: THAT THE SECOND RESOLVED OF RESOLUTION 208 BE**
41 **ADOPTED.**

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44 **RECOMMENDATION C: THAT RESOLUTION 208 BE ADOPTED AS AMENDED**

45
46 Resolution 208 asks (1) that MSSNY oppose any new medical schools or expansion of current
47 medical schools unless the expansion is associated with a corresponding increase in residency
48 spots equal to or greater than the increase in medical school enrollment, and (2) that MSSNY
49 bring a resolution to this effect to the 2016 Annual Meeting of the American Medical Association.
50

1 Your Reference Committee believes that limiting the expansion of medical schools at a time
2 when it is universally recognized that our nation faces a physician shortage is not a reasonable
3 solution to the problem of residency shortages.
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6 13. RESOLUTION 211 - ATTORNEY ADS ON DRUG SIDE EFFECTS
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8 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOLLOWING SUBSTITUTE**
9 **RESOLUTION BE ADOPTED IN LIEU OF RESOLUTION 211:**

10
11 **RESOLVED, that MSSNY seek by legislation and/or regulation to require attorney**
12 **commercials that may cause patients to discontinue medically necessary medications to**
13 **have appropriate warnings that patients should not discontinue medications without**
14 **seeking the advice of their physician; and be it further**

15
16 **RESOLVED, that MSSNY introduce a similar resolution to the AMA.**
17

18
19 Resolution 211 calls for MSSNY to seek by legislation and/or regulation to prohibit attorney
20 commercials that may cause the patients to discontinue medically necessary medications.
21

22 Your Reference Committee shares the concerns voiced by physicians about patients being
23 frightened into discontinuing needed medications by attorneys' advertisements focused on
24 potential harm that could be done as a result of side effects. However, this is a matter for both
25 federal and state regulation, and would need to be addressed on both levels.
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28 14. RESOLUTION 212 - LAYMEN'S MEDICAL ADVICE POLICY
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30 **THE REFERENCE COMMITTEE RECOMMENDS THE FOLLOWING:**

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32 **RECOMMENDATION A: THAT RESOLUTION 212 BE AMENDED by addition and deletion**
33 **as follows:**

34
35 RESOLVED, that MSSNY ask the AMA to support a public campaign to promote patient
36 recognition that when seeking the best source of medical advice, they are best served
37 through partnership with their personal physician.
38

39 **RECOMMENDATION B: THAT RESOLUTION 212 BE ADOPTED AS AMENDED**
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41 Your Reference Committee believes that the issue is of nationwide concern, and that the AMA
42 is in the best position to fund a public campaign to address it.
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1 15. RESOLUTION 213 – MAINTENANCE OF CERTIFICATION

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3 **THE REFERENCE COMMITTEE RECOMMENDS THE FOLLOWING:**

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5 **RECOMMENDATION A: THAT THE FIRST RESOLVED OF RESOLUTION 213 BE**
6 **ADOPTED.**

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8 **RECOMMENDATION B: THAT THE SECOND RESOLVED OF RESOLUTION 213 BE**
9 **AMENDED by addition and deletion, as follows:**

10
11 RESOLVED, that the MSSNY simultaneously advocate for a varied approach to ensure
12 adequate appropriate continuing education for physicians.

13
14 **RECOMMENDATION C: THAT RESOLUTION 213 BE ADOPTED AS AMENDED.**

15
16 Resolution 213 asks that MSSNY (1) go on record, and lobby against any linkage of licensure to
17 Maintenance of Certification and (2) simultaneously advocate for a varied approach to ensure
18 adequate continuing education for physicians.

19
20 Your Reference Committee feels that the word “appropriate” better reflects the profession’s
21 concerns about initiatives that mandate education that may not pertain to a physician’s
22 particular area of practice.

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25 16. RESOLUTION 215 – MAINTENANCE OF CERTIFICATION/LICENSURE (MOC/MOL)

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

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29 **RECOMMENDATION A: THE FIRST RESOLVED OF RESOLUTION 215 BE ADOPTED**

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32 **RECOMMENDATION B: THE SECOND RESOLVED OF RESOLUTION 215 NOT BE**
33 **ADOPTED.**

34
35 **RECOMMENDATION C: THAT RESOLUTION 215 BE ADOPTED AS AMENDED.**

36
37 Resolution 215 calls on MSSNY to (1) ask the AMA to reaffirm its policy regarding MOC and
38 MOL programs, and that MSSNY (2) provide an amicus brief or other support when the
39 opportunity arises to defend physicians against any attempt to use recertification as a condition
40 of employment, licensure, or reimbursement.

41
42 Your Reference Committee heard strong support for reaffirmation of AMA policy regarding MOC
43 and MOL, most notably, H-275.932, opposing the use of recertification or Maintenance of
44 Certification as a condition of employment, licensure or reimbursement, but agrees with those
45 who testified that it would be irresponsible to adopt a policy directing the society to incur the cost
46 of providing amicus briefs or other support in an unknown number of situations.

1 17. RESOLUTION 216 – TYING MAINTENANCE OF LICENSURE TO MAINTENANCE OF
2 CERTIFICATION

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4 **THE REFERENCE COMMITTEE RECOMMENDS THE FOLLOWING:**

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6 **RECOMMENDATION A: THE FIRST THREE RESOLVEDS OF RESOLUTION 216 BE**
7 **ADOPTED.**

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9 **RECOMMENDATION B: THE FOURTH RESOLVED OF RESOLUTION 216 NOT BE**
10 **ADOPTED.**

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12 **RECOMMENDATION C: THAT RESOLUTION 216 BE ADOPTED AS AMENDED.**

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14 Resolution 216 resolves that (1) all physicians still in practice be encouraged and enjoined to
15 participate in activities to improve and maintain the knowledge and skills necessary to render
16 the highest quality of care to their patients; (2) that MSSNY strongly oppose any effort by New
17 York State to require certification by any medical specialty board as a condition of obtaining or
18 renewing the registration of a medical license in the State of New York; (3) that the MSSNY
19 Division of Governmental Affairs make our position PROACTIVELY known to all appropriate
20 agencies; and (4) that the New York Delegation to the AMA forward this resolution to the 2016
21 annual meeting of the AMA.

22
23 Your Reference Committee heard strong support for Resolution 216, but feels that the fourth
24 resolved will be adequately addressed if the House adopts the first resolved of Resolution 215,
25 calling on MSSNY to ask the AMA to reaffirm its policy regarding MOC and MOL, particularly
26 with reference to AMA policies H-275.923 and D-275.971. These policies state that the AMA
27 will: 1. Continue to work with the FSMB to establish and assess MOL principles, with the AMA
28 to assess the impact of MOC and MOL on the practicing physician, and the FSMB to study the
29 impact on licensing boards. 2. Recommend that the American Board of Medical Specialties not
30 introduce additional assessment modalities that have not been validated to show improvement
31 in physician performance and/or patient safety.

32
33 Your Reference Committee feels that it is important that MSSNY advocate for appropriate CME
34 or other activities by which physicians can demonstrate continued competence in their fields, as
35 opposed to linking licensure specifically to maintenance of certification.

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38 **RECOMMENDED FOR REFERRAL TO COUNCIL:**

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41 18. RESOLUTION 200 – COMBINE MSSNY HOD WITH LEGISLATIVE DAY IN ALBANY

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43 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 200 BE REFERRED**
44 **TO COUNCIL.**

45
46 Resolution 200 calls for MSSNY to have the House of Delegates meeting combined with
47 Legislation Day.

48
49 Your Reference Committee agrees with those who testified that combining the two meetings
50 could have a beneficial effect on legislative participation at the event, as well as on involvement
51 in legislative advocacy by more individuals throughout the year. While the goal is laudable,

1 there are many practical obstacles to combining legislative day with the House of Delegates,
2 most notably, a lack of sufficient hotel space to accommodate the HOD as it is currently
3 constituted, a very full schedule of activities for the HOD already, and the difficulty that would be
4 presented for many delegates if the length of the meeting were to be extended. Your Reference
5 Committee recommends that the MSSNY Council be asked to consider changes to the HOD
6 that would resolve some of these obstacles.

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8 19. RESOLUTION 201 – DELEGATE SUBSIDY

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10 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 200 BE REFERRED**
11 **TO COUNCIL.**

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13 Resolution 201 calls on MSSNY, from this point forward, to raise the subsidy for all delegates
14 attending the House of Delegates to \$175 per delegate to offset the cost incurred to all county
15 medical societies, and that the delegate subsidy cover up to three nights' hotel stay.

16 Your Reference Committee heard compelling testimony about the financial impact on county
17 medical societies of funding attendance at the HOD by their delegates, and also about the
18 existing cost to MSSNY of supporting counties in this area. It was noted that it is extremely rare
19 for a state medical society to bear any part of the expenses of the delegates who are there to
20 represent different organizations. The Council, or a task force appointed to study changes to
21 the HOD, could consider the structure, the number of delegates, and the size, length and
22 location of the meeting and find ways to reduce costs for both MSSNY and the county societies.

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25 **RECOMMENDED NOT FOR ADOPTION:**

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28 20. RESOLUTION 204 – CPH CONTRACT GRACE PERIOD

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30 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 204 NOT BE**
31 **ADOPTED.**

32
33 Resolution 204 called for all Committee for Physician Health contracts to have a seven day opt
34 out period allowing the provider an opportunity to withdraw their consent and contract.

35
36 Your Reference Committee heard testimony about procedures of the Committee for Physician
37 Health, reviewed them in detail with CPH staff in executive session. The reference committee
38 believes that the resolution is unnecessary for several reasons. Physicians referred to the CPH
39 are not asked to agree to the Conditions of Participation until after they have undergone an
40 Independent Medical Exam and been found to be impaired. If impaired, the matter is reportable
41 to the OPMC unless the physician is participating in the CPH program. This is the same as the
42 situation for an impaired physician who withdraws from the CPH program. There are multiple
43 opportunities to appeal determinations before and after agreeing to the Conditions of
44 Participation, and an advisory body of MSSNY physicians is extremely mindful of the physician's
45 concerns throughout the appeals processes. Your Reference Committee does feel that the
46 MSSNY and the CPH should make an effort to disseminate this information more widely to
47 physicians.

1 21. RESOLUTION 206 - SUPPORT NURSING STAFFING STANDARDS

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3 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 206 NOT BE**
4 **ADOPTED.**

5
6 Resolution 206 calls for MSSNY to support the establishment of reasonable standards for
7 Nursing Staffing.

8
9 Your Reference Committee was informed that New York State Hospital Regulations currently
10 require hospitals to provide adequate staffing levels. Resolution 206 asks that overall standards
11 be set defining adequate nurse-to-patient ratios. Testimony supported the need for greater
12 adherence to current requirements but that a one-size fits all hospitals and all circumstances-
13 solution would be inappropriate.

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16 22. RESOLUTION 209 - PROMOTE MEDICAL CLERKSHIPS AND INTERNATIONAL HEALTH

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18 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 208 NOT BE**
19 **ADOPTED.**

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21 Resolution 209 asks (1) that MSSNY encourage The New York State Department of Education
22 (NYDOE) with the Board of Regents to develop in cooperation with its approved medical
23 schools both New York State based and dual campus international LCME/COCA qualified
24 clerkships to meet the demands of their medical students and (2) That NYSDOE and its
25 approved medical schools consider offering LCME/COCA qualified clerkships in international
26 settings to offer education in diverse settings to best meet the needs of their students in
27 education and service to our patients.

28
29 Your Reference Committee notes that current AMA policies D-295.931 and H255.998, and
30 MSSNY policy, as contained in its 2015 Legislative Program, address the need to assure clinical
31 clerkship slots for US medical students, and felt that the resolved clauses of Resolution 209 do
32 not match the whereas clauses.

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35 23. RESOLUTION 210 - INCLUSION OF DISCLAIMER WITH ADVERTISED PRODUCTS

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37 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 210 NOT BE**
38 **ADOPTED**

39
40 Resolution 210 calls on MSSNY to seek legislation that would require television/print
41 commercial advertisements claiming to provide Durable Medical Equipment (DME) (e.g., back
42 braces) with minimal or no out-of-pocket costs to Medicare beneficiaries to include a clearly
43 defined "Disclaimer" identifying Medicare's policy about "Reasonable Useful Lifetime" (RUL),
44 which can range from 5 years to a lifetime benefit, that would allow beneficiaries to make an
45 informed and intelligent decision prior to ordering any "free" products.

46
47 Your Reference Committee was informed that General Business Law prohibits false advertising,
48 and that to mandate content in ads would violate the free speech rights of the corporation. In
49 order to overcome this protection, it would be necessary to prove significant harm to patients
50 from the advertisements or the products they promote, through clear and convincing evidence.
51

1 Your Reference Committee heard testimony supporting the need to inform Medicare
2 beneficiaries of the Reasonable Useful Lifetime policy for Durable Medical Equipment and to
3 encourage them to use caution in responding to ads claiming to offer a product with minimal or
4 no out-of-pocket costs. However, your Committee believes that this goal will have to be
5 accomplished through some means other than legislation.
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8 24. RESOLUTION 214 – MAINTENANCE OF CERTIFICATION AS RESTRAINT OF TRADE
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10 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 214 NOT BE**
11 **ADOPTED.**
12

13 Resolution 214 calls on MSSNY to (1) investigate legislation to prohibit board certification
14 requirements for hospital medical staff privileges, insurer contracts and state licensure and (2)
15 agree that maintenance of certification is restraint of trade perpetrated by specialty boards and
16 (3) file an amicus brief in support of the American Association of Physicians and Surgeons
17 lawsuit regarding board certification requirements as antitrust, and (4) take this resolution to the
18 2016 annual meeting of the AMA HOD.
19

20 Your Reference Committee was advised that the American Board of Medical Specialties lodged
21 a motion to dismiss the AAPS lawsuit in June 2014, on the grounds that allegations of restraint
22 of trade must be based on a claim of conspiracy, and that no such claim has been made. The
23 court has not yet ruled on the motion. For MSSNY to submit an amicus brief now, nearly two
24 years after the motion was made, and legal briefs of the respective parties have been
25 submitted, would not only be poorly timed, it would have to be limited to the issue of whether or
26 not the suit should be allowed to go forward. If the court allows the case to proceed, a discovery
27 phase will begin and any evidence of conspiracy can be submitted. A more appropriate time for
28 an amicus would be after evidence has been submitted, a judgment has been made and the
29 matter has been taken up by the Appellate Court.
30

1 Your chair is grateful to the Reference Committee members, namely, Raymond Lanzafame,
2 MD, Daniel Nicoll, MD, Veronica Santilli, MD, Richard Vienne, Jr., DO, and Michael Ziegelbaum,
3 MD
4

5 Your Reference Committee wishes to express its appreciation to Philip Schuh, CPA, Donald
6 Moy, Esq., Ruzanna Arsenian and Eunice Skelly for their help in the preparation of this report.
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Veronica Santilli, MD

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Raymond Lanzafame, MD

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Daniel Nicoll, MD

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Richard Vienne, Jr., DO

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Michael Ziegelbaum, MD