

**2023 HOUSE OF DELEGATES – FINAL ACTIONS**  
**Reference Committee on Public Health and Education**

- 150 Disclosure of Compliance issues and Creating a National Database of Joint Leadership  
*Introduced by Sandra Malhotra, MD and MSSNY CME Committee*  
**AMENDED RESOLUTION ADOPTED**
- RESOLVED, that ACCME require organizations that apply for joint providership for accreditation of CME activities be required to disclose on its application if the activity has previously been denied accreditation and the reason for denial.**
- RESOLVED, that ACCME develops a national database for this information (in a manner similar to the PARS) which would allow SMS providers to cross-reference this information.**
- RESOLVED, that this is brought by MSSNY to the AMA HOD meeting and to the ACCME.**
- 151 Appropriate Warning Labels and Signs on Alcoholic Beverages  
*Introduced by Ronald B. Menzin, MD as an Individual*  
**SUBSTITUTE RESOLUTION ADOPTED**
- RESOLVED, That the Medical Society of the State of New York reaffirm MSSNY Policy 20.997.**
- RESOLVED, That the Medical Society of the State of New York continue to advocate for clear and legible warnings on all products that contain alcohol.**
- 152 Public Protections Against Casinos  
*Introduced by Michael Brisman, MD, as an Individual*  
**NOT ADOPTED**
- 153 Appropriate Warning Labels and Signs for Vape and Marijuana  
*Introduced by Nassau County Medical Society*  
**ADOPTED**
- RESOLVED, that MSSNY will advocate for clear and legible warnings on these products containing THC and/or nicotine regardless of the vehicle in which they are contained; and be it further**
- RESOLVED, that MSSNY will advocate for clear, legible warning signs to be posted in businesses that sell products containing THC and/or nicotine.**

154 Mandating Child-proof Packaging on Marijuana Products Sold Legally in New York State

*Introduced by Medial Student Section*

**AMENDED RESOLUTION ADOPTED**

**RESOLVED, our Medical Society of the State of New York advocate for legislation or regulation mandating all cannabinoid products sold legally by licensed marijuana dispensaries in the State of New York be sold to consumers in child-resistant packaging.**

155 Methadone as Medication for Opioid Use Disorder in Community Settings

*Introduced by Lane Austein, MD as an Individual and Medical Society of the County of Kings*

**SUBSTITUTE RESOLUTION ADOPTED**

**RESOLVED, that MSSNY supports pilot projects on expansion of office-based methadone treatment for OUD outside OTPs when prescribed by addiction specialists and dispensed at local pharmacies with appropriate training and safeguards in place.**

156 Retire Current NYS I-STOP Prescription Drug Monitoring Program and Transition to the Multistate PMP System

*Introduced by Dutchess County, Orange County, Putnam County and Westchester County Medical Societies*

**SUBSTITUTE RESOLUTION ADOPTED**

**RESOLVED, That the Medical Society of the State of New York advocate to the New York State Department of Health for full integration access to multistate database in New York State Prescription Monitoring Program (PMP).**

**RESOLVED, that MSSNY also advocate for integration of the state PMP into the electronic medical records of all prescribers, as required under the law, and that this integration be of no cost to the prescribers.**

157 Medical Use of Psilocybin and 3, 4-Methylenedioxymethamphetamine (MDMA)

*Introduced by the MSSNY Committee on Addiction and Psychiatric Medicine*

**AMENDED RESOLUTION ADOPTED**

**RESOLVED, that MSSNY awaits FDA evaluation of psilocybin and MDMA clinical trials completed and underway so that scientific data informs judgments about risks and benefits of treatment.**

**RESOLVED, that MSSNY advocate that New York State wait for the FDA to approve psilocybin and MDMA as safe medications with guidance on how they should be prescribed rather than enact legislation to permit their use as medications.**

**RESOLVED, that MSSNY supports decriminalization of possession of psilocybin and MDMA for personal use.**

158 Mentally Ill Undomiciled Solution in New York City  
*Introduced by New York County Medical Society*  
**NOT ADOPTED**

159 Elimination of Race-Correction in Medical Testing  
*Introduced by Monroe County, Bronx County and Richmond County Medical Societies*  
**SUBSTITUTE RESOLUTION ADOPTED**

**RESOLVED, that the Medical Society of the State of New York recognizes that the false conflation of race with inherent biological or genetic traits leads to inadequate examination of true underlying disease risk factors, which exacerbates existing health inequities.**

**RESOLVED, that MSSNY encourages characterizing race as a social construct, rather than an inherent biological trait, and recognizes that when race is described as a risk factor, it is more likely to be a proxy for influences including structural racism than a proxy for genetics.**

**RESOLVED, that MSSNY will support legislative or regulations that eliminate raced based testing in medical tests and algorithms in New York State.**

160 Hospital Physician Staffing  
*Introduced by New York County Medical Society*  
**NOT ADOPTED**

161 Public Health Decision Making  
*Introduced by New York County Medical Society*  
**SUBSTITUTE RESOLUTION ADOPTED**

**RESOLVED, That the Medical Society of the State of New York reaffirm MSSNY Policy 260.882**

162 Rapid Response to Medication and Device Shortages  
*Introduced by New York County Medical Society*  
**SUBSTITUTE RESOLUTION ADOPTED**

**RESOLVED, that the Medical Society of the State of New York provide information on the MSSNY website as to how to report drug shortages to the Food and Drug Administration.**

**RESOLVED, that MSSNY work with the American Medical Association on its efforts to help mitigate drug shortages and that these efforts be posted to the MSSNY website.**

163 COVID -19 Immunization for Health Care Workers  
*Introduced by MSSNY Committee on Infectious Diseases*  
**REAFFIRMATION of MSSNY POLICY 260.884**

164 Protection of NYS Practitioners Delivering Contraception and Abortion Care via  
Telehealth  
*Introduced by MSSNY Districts 5 and 6; Suffolk County Medical Society*

AND  
165 Protection of NYS Practitioners Delivering Contraception and Abortion Care  
*Introduced by Tompkins County Medical Society, District 5 and 6 and the  
Committee on Preventive Medicine and Family Health*  
**SUBSTITUTE RESOLUTION ADOPTED**

**RESOLVED, MSSNY will support measures to protect practitioners licensed and residing in New York from legal or personal liability when delivering healthcare services to residents of New York State or any other state, whether in person or via telemedicine, when the services provided comply with New York State laws and regulations.**

**RESOLVED, MSSNY will adopt as policy and support legislation to provide protections, including against extradition to any other state, for providers who perform comprehensive women's health services that are legal in New York State.**

**RESOLVED, that MSSNY will seek legislation or regulation that allows anyone sued in another state for providing or helping someone access reproductive health services in New York to file their own legal action for unlawful interference with a protected right, and to recover damages from the out of state litigant.**

166 Expanding Protections of End-Of-Life Care  
*Introduced by L.M. Knight, David Zuckerman, Janine Fogarty, MD as individuals*  
**AMENDED RESOLUTION ADOPTED**

**RESOLVED, That the Medical Society of the State of New York:**  
**(1) recognizes that healthcare, including end of life care like hospice, is a human right; (2) supports the education of medical students, residents and physicians about the need for physicians who provide end of life healthcare services (3) supports the medical and public health importance of access to safe end of life healthcare services and the medical, ethical, legal and psychological principles associated with end of life care (4) supports education of physicians and lay people about the importance of offering medications to treat distressing symptoms associated with end of life including dyspnea, air hunger, and pain; (5) will work with interested state medical societies and medical specialty societies to vigorously advocate for broad, equitable access to end of life care (6) supports shared decision-making between patients and their physicians regarding end of life healthcare; (7) opposes limitations on access to evidence-based end of life care services; (8) opposes the imposition of criminal and civil penalties or other retaliatory efforts against physicians-for receiving, assisting in, referring patients to, or**

**providing end of life healthcare services.**

**RESOLVED, That a copy of this resolution be forwarded to the AMA.**

LATE D

Ensuring Access to Reproductive Health Services Medications  
*Introduced by MSSNY's Women Physicians Committee and Young Physician  
Section*

**ADOPTED**

**RESOLVED, that the Medical Society of the State of New York advocate and support the continuation of the Food and Drug Administration's authority to determine whether drugs are safe and effective; and be it further**

**RESOLVED, that the Medical Society of the State of New York support legal efforts to ensure that mifepristone and misoprostol are available to anyone for whom they are prescribed; and be it further**

**RESOLVED, that the Medical Society of the State of New York support efforts, including joining in an Amicus Brief, to ensure that both these medications continue to be available and that the FDA retain its regulatory authority; and be it further**

**RESOLVED, that a copy of this resolution be forwarded to the American Medical Association for its consideration.**