

1 **MEDICAL SOCIETY OF THE STATE OF NEW YORK 2026 HOUSE OF DELEGATES**

2
3 **Report of the Reference Committee on Governmental Affairs and Legal Matters (B)**

4
5 Presented by: Susan Emerson, MD, Chair

6
7 **RECOMMENDED FOR ADOPTION**

- 8 1. Resolution 103 MSSNY to Advocate for Deprivatizing NY Medicaid
- 9 2. Resolution 109 The Lack of Maternal Health Care in Rural New York State Is a Public
- 10 Health Emergency
- 11 3. Resolution 111- Protecting Healthcare as a Sensitive Location
- 12 4. Resolution 112 Support State-Run Medicaid in New York

13
14 **RECOMMENDED FOR ADOPTION AS AMENDED**

- 15 5. 2026 Government Affairs & Legal Matters (B) Sunset Report
- 16 6. Resolution 106 Medical Students Should Take on More Debt Says Someone

17
18 **RECOMMENDED FOR ADOPTION IN LIEU OF**

- 19 7. Resolution 102- No More Cell Phone Dead Zones in New York State
- 20 8. Resolution 108 Support for Affordable and Predictable Medical Education Financing in
- 21 New York State
- 22 9. Resolution 100, Insurer Authorizations Are The Practice of Medicine &
- 23 Resolution 110 Banning Ghost Peer Reviewers for Preauthorization Review
- 24 10. Resolution 104 Close Pharmacy Benefit Manager (PBM) Loopholes and Enforce DFS
- 25 Market-Conduct Rules
- 26 11. Resolution 105 Identifying Credentialed Physicians Online
- 27 12. Resolution 107 Discharge Summaries from Skilled Nursing Facilities

28
29 **RECOMMENDED FOR REFERRAL TO COUNCIL**

- 30 13. Resolution 113, Establishing Due Process and Accountability Standards for Third-
- 31 Party Prior Authorization Utilization Management Administrators and Ensuring Physician
- 32 Access to Health Plan Medical Directors

33
34 **RECOMMENDED FOR NON-ADOPTION**

- 35 14. Resolution 101 Medicaid Fraud and Abuse

1 **RECOMMENDED FOR ADOPTION**

2
3 1. Resolution 103 MSSNY to Advocate for Deprivatizing NY Medicaid

4
5 Original Resolution 103 Reads as Follows:

6
7 RESOLVED, The Medical Society of the State of New York (MSSNY) advocate to support New
8 York State (NYS) to administer a “deprivatized” statewide uniform efficient Medicaid program
9 provided by a single government or public not-for-profit organization with low administrative
10 costs, Statewide rules and regulations, using primary care providers to authorize most services,
11 and to primarily benefit the health of patients, physicians, other providers of care, and NYS; and
12 be it further

13
14 RESOLVED, The Medical Society of the State of New York advocates that resources will be
15 allocated to maximize health benefits for all in New York State (NYS) including optimal - health
16 promotion, disease detection/treatment, healthcare and/or administration using currently
17 available/future standard data without burdening physicians and other providers with
18 administrative/data entry/reporting requirements.

19
20 **RECOMENDATION:**

21
22 **YOUR REFERENCE COMMITTEE RECOMMENDS RESOLUTION 103 BE ADOPTED.**

23
24 Your reference committee heard significant testimony of this resolution about the abuses of
25 Medicaid Managed Care plans. Unfortunately, approximately 90% of Medicaid enrollees are
26 enrolled in MMC plans. Therefore, your reference committee recommends that this resolution
27 be adopted.

28
29 2. Resolution 109 The Lack of Maternal Health Care in Rural New York State Is a Public Health
30 Emergency

31
32 Original Resolution 109 Reads as Follows:

33
34 RESOLVED, that the Medical Society of the State of New York (MSSNY) shall actively engage
35 with and advocate in support of state-wide efforts led by health care systems, health
36 professional training programs, policymakers, and rural health advocacy groups that work to
37 identify and address structural barriers to maternal health care delivery and advance
38 sustainable, physician-led models of maternity care capable of strengthening rural maternity
39 health care infrastructure across New York State; and be it further

40
41 RESOLVED, that the Medical Society of the State of New York (MSSNY) shall advocate for and
42 support legislative and regulatory actions to secure emergency-level funding for maternal health
43 care initiatives across New York State, including policies that strengthen Medicaid
44 reimbursement, expand workforce training pipelines, and improve the recruitment and retention

1 of physicians and other clinicians essential to closing persistent gaps in rural maternal health
2 care access.

3
4 **RECOMENDATION:**

5
6 **YOUR REFERENCE COMMITTEE RECOMMENDS RESOLUTION 109 BE ADOPTED.**

7 The reference committee heard overwhelming testimony in support of this resolution and about
8 the urgent situation facing rural New York when it comes to accessing maternal health care. The
9 committee agrees that MSSNY should have policy that gives them the flexibility to respond and
10 act when legislative opportunities arise. The committee also felt adopting this policy would give
11 the Medical Society of the State of New York the ability to proactively do this.

12
13
14 3. Resolution 111- Protecting Healthcare as a Sensitive Location

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16 Original Resolution 111 Reads as Follows:

17
18 RESOLVED, That the Medical Society of the State of New York (MSSNY) adopt American
19 Medical Association (AMA) policies Presence and Enforcement Actions of Immigration and
20 Customs Enforcement (ICE) in Healthcare (D-160.921), Opposition to Criminalization of Medical
21 Care Provided to Undocumented Immigrant Patients (H-440.876), Mass Deportation as a Public
22 Health Issue (H-440.793), and Patient and Physician Rights Regarding Immigration Status (H-
23 315.966); and be it further

24
25 RESOLVED, That the Medical Society of the State of New York (MSSNY) collaborate with local
26 organizations representing health care workers and patients impacted by immigration
27 enforcement activities to develop, and advocate to state officials to adopt, disseminate, and
28 enforce guidance for health care facilities on keeping patients and health care workers safe; and
29 be it further

30
31 RESOLVED, That the Medical Society of the State of New York (MSSNY) collaborate with state
32 societies where immigration enforcement in health care facility guidance has been developed,
33 and with the American Medical Association (AMA) Advocacy Resource Center, to develop model
34 legislation and regulation for states to adopt to better protect patients and health care workers
35 from inappropriate intrusion of federal immigration agents in health care facilities; and be it
36 further

37
38 RESOLVED, That the Medical Society of the State of New York (MSSNY) collaborate with the
39 American Medical Association (AMA) and the Joint Commission to develop health care facility
40 standards related to immigration enforcement.

41
42 **RECOMMENDATION:**

43
44 **YOUR REFERENCE COMMITTEE RECOMMENDS RESOLUTION 111 BE ADOPTED.**

1
2 The reference committee heard overwhelming testimony in support of this resolution and about
3 the importance of addressing this issue, and we agree that medical care should be available to
4 any patient in need without obstacles.

5
6

7 4. Resolution 112 Support State-Run Medicaid in New York

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9

Original Resolution 112 Reads as Follows:

10

11 RESOLVED, that MSSNY supports legislative, regulatory, and other advocacy efforts that end
12 NYS's dependence on managed Medicaid plans, and a transition to a state-run Medicaid plan.

13

14 **RECOMMENDATION:**

15

16 **YOUR REFERENCE COMMITTEE RECOMMENDS RESOLUTION 112 BE ADOPTED**

17

18 Your reference committee heard significant testimony of this resolution about the abuses of
19 Medicaid Managed Care plans. Unfortunately, approximately 90% of Medicaid enrollees are
20 enrolled in MMC plans. Therefore, your reference committee recommends that this resolution
21 be adopted.

22

23 **RECOMMENDED FOR ADOPTION AS AMENDED**

24

25 5. 2026 Government Affairs & Legal Matters (B) Sunset Report

26

27 Your reference committee recommends that the sunset report for Governmental Affairs and
28 Legal Matters (B) for 2026 be adopted as amended.

29

30 **RECOMMENDATION A:**

31

32 **YOUR REFERENCE COMMITTEE RECOMMENDS THAT THE 2026 GOVERNMENT**
33 **AFFAIRS AND LEGAL MATTERS (B) SUNSET REPORT BE AMENDED TO READ AS**
34 **FOLLOWS**

35

36 **70.942 Require Alternative Medication List after Denial**

37 The Medical Society of the State of New York will advocate for insurance that health insurers
38 provide physicians an alternative list of medications when coverage for such medication is
39 denied, instead of directing them to their website; and that health insurers create interfaces
40 between physician e-prescribing systems and the insurer's prescription formulary. (HOD 2016-
41 68)

42 **RECOMMENDATION: ~~SUNSET~~ REAFFIRMATION**

43

44

45 **RECOMMENDATION B:**

46

1 **YOUR REFERENCE COMMITTEE RECOMMENDS THAT THE 2026 GOVERNMENT**
2 **AFFAIRS & LEGAL MATTERS (B) SUNSET REPORT BE ADOPTED AS AMENDED**
3

4 While New York State law still doesn't automatically require insurers to provide an alternative
5 medication when a prescription is denied by an insurer, state law does now require that the
6 insurer's denial notice include information about the plan's covered alternative treatment options
7 and the clinical rationale for the denial. This allows the patient and physician to make informed
8 choices or pursue an appeal of the denial.
9

10
11 6. Resolution 106 Medical Students Should Take on More Debt Says Someone
12

13 Original Resolution 106 Reads as Follows:
14

15 RESOLVED, that the Medical Society of the State of New York oppose the caps on medical
16 student debt as a result of the One Big Beautiful Bill Act; and be it further
17 RESOLVED, that this resolution be forwarded to the American Medical Association at A-26.
18

19 **RECOMMENDATION A:**
20

21 **YOUR REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 106 BE ADOPTED**
22

23 **RECOMMENDATION B:**
24

25 **YOUR REFERENCE COMMITTEE RECOMMENDS A TITLE CHANGE FOR RESOLUTION**
26 **106:**
27

28 Medical Student Loans Should Not Be Capped
29

30 Your reference committee heard significant testimony in favor of this resolution but believes that
31 the amended title better represents the content of the resolution.
32

33
34 **RECOMMENDED FOR ADOPTION IN LIEU OF**
35

36 7. Resolution 102- No more cell phone dead zones in New York State.
37

38 Original Resolution 102 Reads as Follows:
39

40 RESOLVED, that our Medical Society of the State of New York advocate for New York State to
41 reach out to satellite communications providers, such as Starlink to negotiate favorable
42 communication rates for rural New Yorkers to enhance necessary patient – physician
43 communications.
44

45 **RECOMMENDATION A:**

1
2 **YOUR REFERENCE COMMITTEE RECOMMENDS THE FOLLOWING SUBSTITUTE**
3 **RESOLUTION BE ADOPTED IN LIEU OF RESOLUTION 102:**

4
5 RESOLVED, that our Medical Society of the State of New York will support efforts that improve
6 broadband and cellular access to enhance necessary patient-physician communications for
7 rural New Yorkers, such as encouraging funding under the federal Broadband Equity Access
8 and Deployment Program.

9
10 Following extensive testimony at the virtual hearing and considering other key background
11 information, the reference committee believes adopting this policy will give MSSNY the flexibility
12 to address an issue critical to increasing access to health care services for New Yorkers living in
13 rural parts of the state.

14
15
16 8. Resolution 108 Support for Affordable and Predictable Medical Education Financing in New
17 York State

18
19 Original resolution 108 Reads as Follows:

20
21 RESOLVED, That the Medical Society of the State of New York advocate for policies ensuring
22 that state medical schools within New York State fix tuition remains-fixed at the rate in effect at
23 the time of matriculation for students who graduate on time, and that tuition not be increased
24 during their period of enrollment; and be it further

25
26 RESOLVED, That the Medical Society of the State of New York undertake this action by
27 advocating for expansion and modernization of state and federal loan-forgiveness and
28 repayment programs to include a broader range of medical and surgical specialties aligned with
29 projected workforce shortages in New York State.

30
31 **RECOMMENDATION:**

32
33 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOLLOWING SUBSTITUTE**
34 **RESOLUTION 108 BE ADOPTED IN LIEU OF RESOLUTION 108.**

35
36 RESOLVED, That the Medical Society of the State of New York advocate that medical school
37 tuition within New York state remains fixed at the rate in effect at the time of matriculation for
38 students who graduate on time.

39
40 Your committee received testimony in favor of this resolution. The amendment broadens
41 advocacy to include all medical schools within New York State. Concerns were raised about the
42 clarity of the intention of the second Resolved, therefore it was removed.

1 9. Resolution 100, (Insurer Authorizations Are The Practice of Medicine) &
2 Resolution 110 (Banning Ghost Peer Reviewers for Preauthorization Review)

3
4 Original Resolution 100 Reads as Follows:

5
6 RESOLVED, that our Medical Society of the State of New York (MSSNY) seek
7 legislation/regulation regarding Prior Authorization to require the medical person charged with
8 approving the authorization decisions to supply full name and National Provider Identifier (NPI)
9 number if such decision is called into question; and be it further

10
11 RESOLVED, that our Medical Society of the State of New York (MSSNY) seek
12 legislation/regulation regarding Prior Authorization that the plan physician involved be licensed
13 in New York (NY) State and, therefore, be accountable to NY State authorities for the
14 consequences of untoward outcomes resulting from these decisions; And be it further

15
16 RESOLVED, that this matter be brought to our American Medical Association (AMA) to amend
17 Policy H-285-939 to read: (2) that medical directors of insurance entities be held accountable
18 and liable for medical decisions regarding contractually covered medical services including prior
19 authorizations.

20
21 Original Resolution 110 Reads as Follows:

22
23 RESOLVED, that the Medical Society of the State of New York (MSSNY) advocate via
24 legislation and/or regulation for insurance company utilization reviewers to identify themselves
25 by their full name, specialty and National Provider Identifier (NPI) number to fulfill the
26 requirements of the Health Insurance Portability and Privacy Act (HIPPA) and to allow for
27 transparency and accountability for the actions of the utilization peer reviewer.

28
29 **RECOMMENDATION A:**

30
31 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOLLOWING SUBSTITUTE**
32 **RESOLUTION BE ADOPTED IN LIEU OF RESOLUTIONS 100 AND 110.**

33
34 RESOLVED, that our Medical Society of the State of New York (MSSNY) seek legislation and/or
35 regulation regarding insurance company utilization reviewers to require the person charged with
36 authorization decisions to provide their full name, specialty and NPI, in order to maintain
37 transparency, fulfill the requirements of the Health Insurance Portability and Privacy Act
38 (HIPPA), and allow for accountability should the decision be called into question.

39
40 RESOLVED, that MSSNY seek legislation and/or regulation regarding utilization review so that
41 the reviewing physician be licensed in New York State and therefore, accountable to New York
42 State authorities for the consequences of these clinically important decisions; and be it further
43

1 RESOLVED, that MSSNY’s AMA representatives ask the AMA to amend their Policy H-285-
2 939, subsection (2) to amended to read as follows:
3 That medical directors of insurance entities be held accountable and liable for medical
4 decisions regarding contractually covered medical services including prior authorizations.

5
6 **RECOMMENDATION B:**
7 **YOUR REFERENCE COMMITTEE RECOMMENDS A TITLE CHANGE FOR RESOLUTIONS**
8 **100 AND 110:**

9
10 Requiring Transparency and Accountability When Insurers and Third-Party Administrators
11 Require Utilization Review, Thereby Practicing Medicine

12
13 Your reference committee heard varied testimony regarding these resolutions. There was
14 significant overlap between resolutions 100 and 110. The single Resolved from resolution 110
15 was incorporated into the first Resolved of our combined resolution. The term “prior
16 authorization” was replaced throughout with “utilization review” because the latter term also
17 includes retroactive decisions made by insurance companies.

18
19
20 10. Resolution 104 Close Pharmacy Benefit Manager (PBM) Loopholes and Enforce
21 DFS Market-Conduct Rules

22
23 Original Resolution 104 Reads as Follows:

24
25 RESOLVED, that MSSNY advocate for DFS enforcement of the 2024 PBM rule with audits and
26 penalties; and be it further

27
28 RESOLVED, that MSSNY support state legislation to establish statewide standards ensuring
29 fair and consistent PBM practices; and be it further

30
31 RESOLVED, that MSSNY request DFS to require PBMs to publish consumer contact channels
32 and timely response Service Level Agreements (SLAs); and be it further

33
34 RESOLVED, that MSSNY require PBMs to report annual complaint and appeal statistics.

35
36 **RECOMMENDATION:**
37
38 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOLLOWING SUBSTITUTE**
39 **RESOLUTION 104 BE ADOPTED IN LIEU OF RESOLUTION 104.**

40
41 RESOLVED, that Medical Society of the State of New York (MSSNY) advocate for Department
42 of Financial Services (DFS) enforcement of the 2024 Pharmacy Benefits Manager (PBM) rule
43 with audits and penalties; and be it further

1 RESOLVED, that Medical Society of the State of New York (MSSNY) request Department of
2 Financial Services (DFS) to require Pharmacy Benefits Manager (PBM)s to publish consumer
3 contact channels and timely response Service Level Agreements (SLAs); and be it further
4

5 RESOLVED, that Medical Society of the State of New York (MSSNY) request that Department
6 of Financial Services (DFS) require Pharmacy Benefits Manager (PBM)s to report annual
7 complaint and appeal statistics.
8

9 The committee removed the second Resolved when it became aware of MSSNY’s involvement
10 in significant reform of pharmacy benefit managers (PBMs) which went into effect in November
11 2024. In the last Resolved, we added “request that DFS” as an amendment suggested by a
12 testifier to reflect that only DFS has oversight of PBMs.
13
14

15 11. Resolution 105- Identifying Credentialed Physicians Online
16

17 Original Resolution 105 Reads as Follows:
18

19 RESOLVED, that MSSNY encourage physicians who use social media platforms to share
20 general medical information to clearly identify themselves and list credentials on their profiles;
21 and be it further
22

23 RESOLVED, that MSSNY promote awareness among physicians about the importance of
24 credential transparency when engaging in online health communication.
25

26 **RECOMMENDATION A:**
27

28 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOLLOWING SUBSTITUTE**
29 **RESOLUTION 105 BE ADOPTED IN LIEU OF RESOLUTION 105.**
30

31 RESOLVED, that Medical Society of the State of New York (MSSNY) encourage physicians
32 sharing general medical information online to clearly identify themselves and list their
33 qualifications; and be it further
34

35 RESOLVED, that Medical Society of the State of New York (MSSNY) promote awareness
36 among physicians about the importance of qualification transparency when engaging in online
37 health communication; and be it further
38

39 RESOLVED, that Medical Society of the State of New York (MSSNY) encourage physicians to
40 educate their patients about the importance of verifying medical qualifications when seeking
41 medical advice online.
42

43 **RECOMMENDATION B:**
44

1 **YOUR REFERENCE COMMITTEE RECOMMENDS A TITLE CHANGE FOR RESOLUTION**
2 **105**

3
4 Identifying Credentialed Physicians Online

5
6 The reference committee heard only supportive testimony. It was pointed out that the word
7 “credential” refers to what hospitals and government allows physicians to do rather than
8 qualifications that confer expertise such as degree, board certification, specialty and the like.
9 The author suggested the new title.

10
11
12 12. Resolution 107 Discharge Summaries from Skilled Nursing Facilities

13
14 Original Resolution 107 Reads as Follows:

15
16 RESOLVED, that the Medical Society of the State of New York (MSSNY) educate their
17 members as to Centers for Medicare and Medicaid Services (CMS) Policy (8) regarding skilled
18 nursing facility’s (SNF) responsibility to create and timely deliver a comprehensive patient
19 discharge summary to a patient’s outpatient primary care physician (PCP), and be it further
20

21 RESOLVED, that the Medical Society of the State of New York (MSSNY) advocate that Centers
22 for Medicare and Medicaid Services (CMS) encourage compliance with its own policy
23 regulation (8) regarding skilled nursing facility’s (SNF) responsibility to create and deliver timely
24 a comprehensive patient discharge summary to the patient’s outpatient primary care physician
25 (PCP); and be it further and be it further
26

27 RESOLVED, we request that MSSNY delegates to the AMA bring forth to the AMA House of
28 Delegates in the form of resolution the above request of CMS.
29

30 **RECOMMENDATION:**

31
32 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOLLOWING SUBSTITUTE**
33 **RESOLUTION 107 BE ADOPTED IN LIEU OF RESOLUTION 107.**

34
35 RESOLVED, that the Medical Society of the State of New York (MSSNY) educate their
36 members as to Centers for Medicare and Medicaid Services (CMS) Policy (8) regarding skilled
37 nursing facilities’ (SNF) responsibility to create and timely deliver a comprehensive patient
38 discharge summary to a patient’s outpatient primary care physician (PCP), and be it further
39

40 RESOLVED, that the Medical Society of the State of New York (MSSNY) forward this resolution
41 to the American Medical Association.
42

43 Your committee understands that CMS is overseen at the federal level; therefore, this requires
44 the involvement of the AMA and renders the original second Resolved unnecessary.

1
2
3 **RECOMMENDED FOR REFERRAL TO COUNCIL**
4

5 13. Resolution 113, Establishing Due Process and Accountability Standards for Third-Party Prior
6 Authorization Utilization Management Administrators and Ensuring Physician Access to Health
7 Plan Medical Directors
8

9 Original Resolution 113 Reads as Follows:
10

11 RESOLVED, That the Medical Society of the State of New York (MSSNY) advocate with the
12 New York State Department of Health (DOH) and the Department of Financial Services (DFS)
13 for regulations requiring health insurers to provide treating physicians with direct access to the
14 health plan's own medical director for a peer-to-peer review whenever a third-party utilization
15 management administrator issues an adverse determination denying, reducing, or terminating
16 medically necessary care, such that the health plan's medical director — not merely the third-
17 party administrator's clinical reviewer — is accountable for the final coverage decision; and be it
18 further
19

20 RESOLVED, That the Medical Society of the State of New York (MSSNY) advocate for
21 legislation and/or regulation requiring health insurers and their contracted third-party utilization
22 management administrators to publicly disclose the terms of their utilization management (UM)
23 contracts — specifically including whether compensation is tied to denial rates, cost savings
24 targets, or return-on-investment metrics — so that physicians and patients can assess the
25 material conflict of interest in the prior authorization (PA) process, and that Department of
26 Financial Services (DFS) be empowered to prohibit UM contractual arrangements in which the
27 administrator's compensation is contingent upon or proportional to the volume or dollar amount
28 54 of prior authorization denials; and be it further
29

30 RESOLVED, That the Medical Society of the State of New York (MSSNY) advocate for
31 legislation establishing that third-party utilization management administrators operating in New
32 York State owe a duty of care to the health plan enrollee (member) whose treatment they are
33 reviewing, and that both the third-party administrator and the contracting health plan bear joint
34 accountability and liability when a prior authorization denial results in harm to the patient,
35 consistent with AMA Policy H-285.939 affirming that utilization review decisions to deny
36 payment for medically necessary care constitute the practice of medicine.
37

38 **RECOMMENDATION:**
39

40 **YOUR REFERENCE COMMITTEE RECOMMENDS RESOLUTION 113 BE REFERRED TO**
41 **COUNCIL.**
42

43 The reference committee notes that MSSNY already has many overlapping, existing policies.
44 The details contained in this resolution, which encounter equally specific hurdles such as the

1 proprietary nature of private employees' compensation and potential conflicts of interest, are
2 deserving of a thorough investigation.

3
4
5 **RECOMMENDED FOR NON-ADOPTION**

6
7 14. Resolution 101 Medicaid Fraud and Abuse

8
9 Original Resolution 101 Reads as Follows:

10
11 RESOLVED, that the New York State Medical Society support an independent audit of the New
12 York State Medicaid program to investigate the potential for fraud and abuse.

13
14 **RECOMMENDATION:**

15
16 **YOUR REFERENCE COMMITTEE RECOMMENDS RESOLUTION 101 FOR NON-**
17 **ADOPTION.**

18
19 In 2011, the New York State Health Department launched a comprehensive initiative known as
20 the Medicaid Redesign Team, which has addressed a myriad of issues in the state's Medicaid
21 program and developed and executed a multi-year plan for reforming the program. Moreover,
22 the Office of the Medicaid Inspector General (OMIG) has conducted more than 2,500 audits of
23 the Medicaid program which has resulted in \$4.5 billion in cost savings and recoveries for the
24 Medicaid program.

1 Your Chairperson is grateful to the committee members, Tricia Greene, MD, Sandhya Malhotra,
2 MD, and Marilyn Mathews, Medical Student and Nilay Shah, MD.

3
4 Your Reference Committee Chair also wishes to express his appreciation to Zina Cary and Nick
5 Hospodar for their help in preparation of this report.

6 Respectfully submitted,

7 Susan Emerson, MD

8 Susan Emerson, MD, Chair

Tricia Greene, MD

Tricia Greene, MD

9

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11

12

13 Sandhya Malhotra, MD

14 Sandhya Malhotra, MD

Nilay Shah, MD

Nilay Shah, MD

15

16

17

18 Marilyn Mathews

19 Marilyn Mathews, Medical Student