

MEDICAL SOCIETY OF THE STATE OF NEW YORK 2018 HOUSE OF DELEGATES

Report of the Reference Committee on Public Health & Education

Presented by: Stephen F. Coccaro, 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. Public Health & Education 2018 Sunset Review Report
2. Resolution 154 – Safe Injection Facilities Pilot Studies in NYS
3. Resolution 155 – Discriminatory Policies that Create Inequities in Health Care

RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED

4. Resolution 150 – Common Sense Prostate Cancer Screening
5. Resolution 151 – Bicycle Safety
And
Resolution 152 – Bicycle Safety Infrastructure
6. Resolution 153 – Caffeine Labeling with Warnings
7. Resolution 157 – Banning the Sale of Bump Stocks
8. Resolution 158 – Strengthening the Background Check System for Firearm Sales
9. Resolution 159 – Reduce Gun Use in Suicidal Patients
10. Resolution 160 – Substance Use Disorders (SUD) Medical Treatment Requirement
11. Resolution 161 – Medical Marijuana an Alternative to Opiate Addiction
12. Resolution 162 – Opioid Pill Buy Back Program
13. Resolution 163 – Quality End of Life Care
14. Resolution 167 – Integrating Data into Physician’s E-prescribing Workflow
15. Resolution 168 – Increase Free Online CME for Members

REFER TO COUNCIL

16. Resolution 164 – Engaged Neutrality on Medical Aid in Dying
17. Resolution 169 – Partnership on Continuing Medical Education

RECOMMENDED NOT FOR ADOPTION

18. Resolution 156 – License to Buy Alcohol
19. Resolution 165 – Change the Schedule of Classifications in Testosterone

1 1. 2018 Sunset Review Report for Public Health and Education

2
3 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE 2018 SUNSET REVIEW**
4 **REPORT FOR PUBLIC HEALTH AND EDUCATION BE FILED.**

5
6 The 2018 Sunset Report contains policies that are ten years old and these policies were
7 reviewed by MSSNY's Public Health Committees. Your Reference Committee recommends
8 that the report be filed.

9
10 2. RESOLUTION 154 - SAFE INJECTION FACILITIES PILOT STUDIES IN NYS

11
12 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 154 BE ADOPTED.**

13
14 Resolution 154 urges 1) that the Medical Society of the State of New York support pilot studies
15 to assess the role of Safe Injection Facilities in New York State as a component of expansion of
16 drug user health programs; 2) and that any pilot study include New York City and two other
17 areas outside NYC; 3) and that such pilot studies on Safe Injection Facilities include a publicly
18 disclosed report of outcomes and that the pilots provide screening, support and referral for
19 treatment of substance use disorders, co-occurring medical and psychiatric conditions, and
20 provide education on harm reduction strategies including but not limited to Naloxone training.

21
22 Your Reference Committee heard testimony in support of this resolution. Your Reference
23 Committee learned that at the 2017 MSSNY House of Delegates, the house unanimously
24 passed a resolution asking that the AMA conduct a study of Safe Injection Facilities. However,
25 the AMA House of Delegates, did not adopt the MSSNY resolution because the Massachusetts
26 Medical Society had already done a study, and therefore, adopted a resolution that called upon
27 pilot studies be conducted across the nation. Upon receiving this information, the MSSNY
28 Committees on Infectious Diseases and the Addiction and Psychiatric Medicine joined together
29 in sponsoring the resolution so MSSNY would have similar policy. Both committees learned
30 that the Harm Reduction Coalition indicated that countries that have SIF saw reductions in
31 syringe sharing, increases in safer injection behaviors, reductions in public disorder, increased
32 use of detox and addiction treatment, and significant reduction in fatal overdoses. The Harm
33 Reduction Coalition also indicated that SIF are associated with reductions in risk behaviors.
34 Using mathematical modules, the estimated economic costs and benefits to establish a SIF in
35 San Francisco, showed that there were significant savings from averting HIV and hepatitis C
36 infections, reduced skin and soft tissue infection, averted overdose deaths and increased
37 medication assisted treatment. Your Reference Committee learned that these facilities do not
38 allow an individual to bring in their own drugs; but understands that there would have to be
39 significant changes in NYS penal law to allow facilities to have products available for individuals
40 that use these facilities. Your Reference Committee also learned that there is legislation
41 pending in the New York State Legislature to authorize these facilities and also learned that safe
42 injection facilities are recommended by the Governor's New York State Task Force to End the
43 HIV Epidemic by 2020. Your Reference is supportive of pilot studies, with a report of of
44 outcome data in relation to these facilities. Therefore, your Reference Committee recommends
45 adoption of this resolution.

1 **3. RESOLUTION 155 - DISCRIMINATORY POLICIES THAT CREATE INEQUITIES IN**
2 **HEALTH CARE**

3
4 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 155 BE ADOPTED.**

5
6 Resolution 155 1)urges that the Medical Society of the State of New York speak against policies
7 that are discriminatory and create even greater health disparities in medicine;

8 2) and that the Medical Society of the State of New York be a voice for New York’s most
9 vulnerable populations, including sexual, gender, racial and ethnic minorities, who will suffer the
10 most under such policies, further widening the gaps that exist in health and wellness in our
11 nation;

12 3) and that a copy of this resolution be transmitted to the American Medical Association for its
13 consideration.

14
15 Your Reference Committee heard testimony in support of this resolution. Your Reference
16 Committee notes that there were several representatives of the MSSNY Health Disparities
17 Committee that spoke in favor of this resolution. Your Reference Committee learned that on
18 January 19, 2018, the Department of Health and Human Services announced that the Office for
19 Civil Right has proposed a new rule to enforce 25 existing statutory conscience protections and
20 would allow physicians and other health care provider to opt out of performing certain
21 procedures due to a conscience provisions. This action will reverse policies put in place under
22 President Barack Obama about non-enforcement of these existing rules. The new division,
23 which will be part of the HHS Office for Civil Rights, will not only accept complaints from health-
24 care professionals but will be responsible for ensuring that hospitals, clinics and other
25 institutions across the country are accommodating their beliefs. There have previously been
26 statutory attempts in various states to allow discrimination against LGBTQ people, including in
27 healthcare settings. Additionally, there are a number of women's and LGBTQ rights and
28 physician groups that have expressed worry that policies could further discriminate against
29 vulnerable populations and worsen inequities within health care. Your Reference Committee
30 notes that this resolution does not ask MSSNY to oppose the creation of this office, nor does in
31 discuss the provisions for enforcement. What this resolution asks MSSNY to do is to speak out
32 on policies that are discriminatory and that MSSNY be a voice for society’s most vulnerable
33 patients. Based on the resolves of this resolution, your Reference Committee recommends
34 adoption.

35
36 **4. RESOLUTION 150 - COMMON SENSE PROSTATE CANCER SCREENING**

37
38 **THE REFERENCE COMMITTEE RECOMMENDS THE FOLLOWING:**

39
40 **RECOMMENDATION A:**

41
42 **THAT THE FOLLOWING SUBSTITUTE AMENDMENT BE ACCEPTED INSTEAD OF**
43 **ORIGINAL RESOLUTION 150:**

44
45 **RESOLVED, THAT MSSNY AMEND POLICY 125.996 *SCREENING PROGRAMS AND***
46 ***INTERVENTIONS MOST BENEFICAL TO IMPROVING THE OVERALL HEALTH OF***
47 ***THE PUBLIC:***

48
49 ***8) Prostate Cancer Screening and Treatment in high risk individuals and***
50 ***populations to read as follows:***

1 **Physicians should have an informative discussion about the risk of prostate**
2 **cancer with their male patients at age 40 and identify those patients who are at**
3 **higher than average risk based on family history, race, ethnicity, lifestyle factors**
4 **and other chronic illnesses.**

5
6 **Physicians should offer male patients, at age 45 who are at higher risk and age 50**
7 **for average or low risk, yearly testing, including but not limited to, serum PSA and**
8 **the digital rectal exam. Patients should be referred to a specialist if findings**
9 **suggest the possibility of prostate cancer.**

10
11 **RECOMMENDATION B:**

12
13 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 150 BE ADOPTED**
14 **AS AMENDED.**

15
16 Resolution 150 urges 1) that physicians should have an informative discussion about the risk of
17 prostate cancer with their male patients at age 40 and identify those patients who are at higher
18 than average risk based on family history, race, ethnicity, lifestyle factors and other chronic
19 illnesses;

20 2) and that physicians should offer male patients, at age 40 for higher risk and age 50 for
21 average or low risk, yearly testing, including but not limited to, serum PSA and its various
22 available subtypes, as well as MRI imaging and genomic testing when appropriate, with or
23 without digital rectal exam, and be referred to a specialist if findings suggest the possibility of
24 prostate cancer

25 3) and that all patients diagnosed with prostate cancer have available to them all accepted
26 methods of risk stratification to best determine appropriate treatment including the judicious use
27 of active surveillance protocols.

28
29 Your Reference Committee heard testimony in support and opposition to this resolution. Your
30 Reference Committee learned that the American Cancer Society recommends that “men should
31 have a chance to make an informed decision with their health care provider about whether to be
32 screened for prostate cancer. The decision should be made after getting information about the
33 uncertainties, risks, and potential benefits of prostate cancer screening. Men should not be
34 screened unless they have received this information. After the discussion about screening,
35 those men who want to be screened should be tested with the prostate specific antigen (PSA)
36 blood test. The digital rectal exam (DRE) may also be done as a part of screening. Your
37 Reference Committee also learned that the ACS recommends that testing be done on men 50
38 and over if they are average risk and 45 and over if high risk. The ACS also recommends that
39 physicians should discuss with patients at age 50 for men with at least a 10-year life expectancy
40 and then periodically. Since MSSNY Policy 125. 996 was originally crafted by MSSNY’s Heart,
41 Lung, Cancer Committee, and because that committee had originally supported the use of the
42 ACS guidance in regards to prostate screening, the Reference Committee thought that it would
43 be logical for the HOD to do the same. Your Reference Committee was informed that the
44 MSSNY Heart, Lung Cancer Committee is actually in the process of reviewing and revising this
45 policy. The ACS guidance also defined patients at “high risk” to include family history, race and
46 ethnicity. Your Reference Committee was also concerned that since the original resolution
47 disagreed with the finding of the US Preventive Service Task Force, however, that entity is the
48 usually the precursor for obtaining insurance coverage for various tests, but notes that if the
49 physician determines the patient is high risk insurance will pay for the procedure. Your
50 Reference Committee was concerned that the original resolution called for additional testing,
51 including MRI, and did note that insurance does not yet pay for this type of testing. Your

1 Reference Committee believes that by using the ACS current recommendation allows the
2 committee to meet in the “middle” with the sponsor of this resolution. Your Reference
3 Committee also is offering the substitute amendment so to direct MSSNY to amend existing
4 *Policy 125.996, Screening Programs and Interventions Most Beneficial to Improving the Overall*
5 *Health of the Public.*

6
7 **5. RESOLUTION 151 - BICYCLE SAFETY**
8 **AND**
9 **RESOLUTION 152 - BICYCLE SAFETY INFRASTRUCTURE**

10
11 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 151 BE ADOPTED IN**
12 **LIEU OF RESOLUTION 151 AND 152:**

13
14 **RESOLVED, That the Medical Society of the State of New York encourage law**
15 **enforcement to enforce the rules of the road; and be it further**

16
17 **RESOLVED, That the Medical Society of the State of New York collaborate with**
18 **county medical societies in ensuring that future infrastructure projects consider**
19 **bicyclists’ safety.**

20
21 Resolution 151 urges that 1) the Medical Society of the State of New York take a public stance
22 encouraging law enforcement throughout New York State to enforce bicycle rules of the road; 2)
23 and that the Medical Society of the State of New York make bicycle safety one of the priorities
24 of its public health agenda.

25
26 Resolution 152 urges that the Medical Society of the State of New York and the American
27 Medical Association encourage and lobby for infrastructure for safe ways to exercise and/or
28 commute, tour, and enjoy the outdoors with bicycling, tricycling, walking, and cross country
29 skiing away from traffic/collision/injury risks.

30
31 Your Reference Committee heard testimony in support of this measure. Your Reference
32 Committee agrees that bicycle safety is important but decided to combine these resolutions to
33 better address the current bicycle safety provisions that already exist in New York State.
34 Currently, in New York State, the same laws apply to motor vehicles operators, also apply to
35 bicyclists. Your Reference Committee agrees that MSSNY should support enforcement of
36 bicycle safety rules of the road, and notes that there was testimony about ensuring the safety of
37 bicyclists, motorists and pedestrians. Your Reference Committee has learned that , both the
38 Federal Highway Administration and the New York State Department of Transportation require
39 the routine consideration of bicyclists in all new roadway construction, reconstruction, and
40 maintenance projects unless prohibited by law. This pertains to uniform minimum standards
41 and criteria for the design and construction of bicycle facilities, including the formal planning and
42 design of such facilities. Your Reference Committee notes that since bicycle road projects fall
43 upon localities that it may be better to involve the local county medical societies to participate in
44 the planning process for this type of infrastructure rather the state society. Your Reference
45 Committee is concerned that making bicycle safety a public health priority for MSSNY may not
46 be realistic especially in light of the opioid crisis, disease prevention, women’s health and issues
47 related to gun and other violence. Furthermore, since bicycle infrastructure is already a federal
48 requirement, there is really no need for this resolution be submitted to the American Medical
49 Association. Therefore, your Reference Committee recommends adoption of the substitute
50 resolution as it believes that this best represents the testimony as provided.

1 6. RESOLUTION 153 - CAFFEINE LABELING WITH WARNINGS

2
3 **RECOMMENDATION A:**

4
5 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 153 BE AMENDED**
6 **BY ADDITON OF THE FOLLOWING RESOLVED:**

7
8 **RESOLVED, That MSSNY collaborate with other health advocacy organizations,**
9 **including the New York State Department of Health and the AMA in raising**
10 **awareness among young adults on the health danger of caffeine and that this**
11 **awareness include examples of size equivalency.**

12
13 **RECOMMENDATION B:**

14
15 **THE REFERENCE COMMITTEE RECOMMENDS RESOLUTION 153 BE ADOPTED AS**
16 **AMENDED.**

17
18 Resolution 153 urges that the Medical Society of the State of New York (MSSNY) refer this
19 resolution to the American Medical Association (AMA) to urge the FDA to take action on the
20 following: a) mandate all products that contain caffeine be labeled with the amount per serving,
21 and include any other substances that enhances the effects of caffeine; and b) that
22 decaffeinated drinks be required to be labeled the amount of caffeine remaining in the product;
23 and c) that all places of business that sell caffeinated and decaffeinated drinks be required to
24 include the amount of caffeine in beverages served.

25
26 Your Reference Committee heard testimony in support of this resolution. Your Reference
27 Committee learned that the Food and Drug Administration guidelines that essentially state
28 that 68 mgs per 12 oz is acceptable. Some drinks do have more. Most if not all energy
29 drinks are legally classified as supplements. Supplements (vitamins and such) have a
30 much lower oversight than food and drugs. Natural caffeine levels are also exempt from
31 these regulations so coffee based drinks may have more caffeine than the limit without
32 being classified as a supplement. Your Reference Committee also learned that MSSNY
33 has two policies 260.905 Prohibiting the Sale of Powdered Caffeine and 260.914
34 Banning the Marketing and Sale of "High-energy/Stimulant Drinks" to
35 Children/Adolescents Under the Age of 18. Your Reference Committee learned that
36 caffeine is showing up in many products, including gums and candy, oatmeal, syrups,
37 jelly beans, even marshmallows. Your Reference Committee believes therefore, that
38 this resolution is timely and that it calls upon the MSSNY House to forward to the AMA a
39 resolution to the FDA. However, there was significant testimony regarding raising
40 educational awareness in individuals about caffeine and therefore, your Reference
41 Committee recommends the addition pertaining to this. Your Reference Committee
42 believes that this issue should be address first by the FDA, but agrees that education is
43 vitally important on this issue and recommends adoption of the resolution as amended.

1 7. RESOLUTION 157 - BANNING THE SALE OF BUMP STOCKS

2
3 **RECOMMENDATION A:**

4
5 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE ORIGINAL RESOLVE OF**
6 **RESOLUTION 157 BE ADMENDED BY ADDITION AND DELETION.**

7
8 RESOLVED, That MSSNY ~~should seek and promote~~ **support** legislation that blocks the
9 sale of any device or modification to pistols and rifles, specifically including but not
10 limited to bump stocks, that functionally convert a ~~semi-automatic~~ firearm into a weapon
11 that mimics fully-automatic operation; and be it further

12
13 **RECOMMENDATION B:**

14
15 **THE REFERENCE COMMITTEE RECOMMENDS THE ADDITION OF SECOND RESOLVE**
16 **TO READ AS FOLLOWS:**

17
18 **RESOLVED, that MSSNY support legislation that would ban the sale and/or**
19 **ownership of high capacity magazines or clips and high speed high destruction**
20 **rounds; and be it further**

21
22 **RECOMMENDATION C:**

23
24 **THE REFERENCE COMMITTEE RECOMMENDS THE ADDITION OF THIRD RESOLVE TO**
25 **READ AS FOLLOWS:**

26
27 **RESOLVED, That a copy of this resolution be transmitted to the AMA.**

28
29 **RECOMMENDATION D:**

30
31 **THE REFERENCE COMMITTEE RECOMMENDS ADOPTION OF RESOLUTION 157 BE**
32 **ADOPTED AS AMENDED.**

33
34 Resolution 157 urges MSSNY should seek and promote legislation that blocks the sale of any
35 device or modification to pistols and rifles, specifically including but not limited to bump stocks,
36 that functionally convert a semi-automatic firearm into a weapon that mimics fully-automatic
37 operation.

38
39 Your Reference Committee heard testimony in support and opposition of this resolution. Your
40 Reference Committee learned that there is already legislation moving in the New York State
41 Legislature. Your Reference Committee also learned that a recent Siena College Poll that 78%
42 of New Yorkers support banning the sale in New York of “bump stocks” or similar devices. Your
43 Reference Committee felt that by adding this slight amendment to the First Resolve, MSSNY
44 will be able to start supporting legislation to ban bump stocks immediately. There were
45 members of various delegations that supported the addition of an additional resolve regarding
46 the banning of the sale or ownership of high capacity magazines or clips. Your Reference
47 Committee notes that the NY SAFE act limits the number of clips, but agrees with the sponsor
48 of the additional resolve that it important to carry this provision to a national level. Your
49 Reference Committee understands that this is a highly emotional issue, but it is important that
50 MSSNY take a leadership position on this issue.

1 8. RESOLUTION 158 - STRENGTHENING THE BACKGROUND CHECK SYSTEM FOR
2 FIREARM SALES

3
4 **RECOMMENDATION A:**

5
6 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOLLOWING SUBSTITUTE**
7 **AMENDMENT BE ACCEPTED INSTEAD OF ORIGINAL RESOLUTION 158.**

8
9 **RESOLVED, that the Medical Society of the State of New York (MSSNY) support**
10 **legislation that requires a waiting period and background checks prior to the**
11 **purchase all firearms, including the person-to-person transfer, internet sales, and**
12 **interstate transactions of all firearms, and be if further**

13
14 **RESOLVED, that a copy of this resolution be transmitted to the AMA.**

15
16 **RECOMMENDATION B:**

17
18 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 158 BE**
19 **ADOPTED AS AMENDED.**

20
21 Resolution 158 urges that the Medical Society of the State of New York (MSSNY) seek and
22 promote legislation that makes it illegal to sell pistols, long guns and explosives (such as
23 grenades, rocket propelled grenades, dynamite, C4, etc.) in New York State without performing
24 a background check to prove that the buyer can legally make the purchase.

25
26 Your Reference Committee heard testimony in support and in opposition for this measure.
27 However, your Reference Committee believes that the amended resolution addresses the need
28 for background checks for the purchase of pistols and long guns and reflects the majority of the
29 testimony received. There were delegates who offer up some suggested revisions, and some of
30 these ideas were incorporated into the resolution. The Reference Committee has also learned
31 that Governor Cuomo has proposals that would prohibit individuals with a history of domestic
32 violence from purchasing or owning guns and proposing that New York State extend the
33 background check on handguns waiting period to up to 10 days. The current wait period is
34 three days. Your Reference Committee learned that a recent Siena College Research Poll
35 indicated that 90% of NYS residents support establishing a waiting period of up to 10 days prior
36 to the purchase of a gun in NY. The poll also showed that 85% support prohibiting the sale of
37 guns to individuals convicted of a domestic violence crime. There was testimony that called for
38 raising the age to purchase firearms, but while the committee agrees with this concept, they
39 could not reach a consensus on a specific age. Additionally, your Reference Committee does
40 believe that the issue of the additions of any explosive devices has merit, but recommends that
41 that the sponsor of this resolution bring this issue back before the HOD in 2019. Your
42 Reference Committee believes that this amended substitute resolution offers MSSNY the ability
43 to be proactive on these issues during this year's legislative process and therefore, and offer up
44 the amended substitute. Currently, the transfer of person-to-person transfer, internet sales and
45 interstate transactions are not subject to the waiting period or background check. Furthermore,
46 this resolution will be sent to the AMA for discussion of this issue on a national level.

1 9. RESOLUTION 159 - REDUCE GUN USE IN SUICIDAL PATIENTS

2
3 **RECOMMENDATION A:**

4
5 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOLLOWING SUBSTITUTE**
6 **AMENDMENT BE ACCEPTED INSTEAD OF ORIGINAL RESOLUTION 150:**

7
8 **RESOLVED, That the Medical Society believes that gun violence in the United**
9 **States is a public health crisis and that MSSNY support legislation that would**
10 **reverse the ban that prohibits the Center for Disease Control from research gun**
11 **related injuries, deaths and suicides related to this violence; and be it further**

12
13 **RESOLVED, That a copy of this resolution be transmitted to the AMA for its**
14 **consideration.**

15
16 **RECOMMENDATION B:**

17
18 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE TITLE OF THE RESOLUTION**
19 **BE CHANGED TO READ AS FOLLOWS:**

20
21 ***SUPPORTING RESEARCH ON GUN RELATED INJURIES, DEATHS AND SUICIDES***

22
23 **RECOMMENDATION C:**

24
25 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 159 BE ADOPTED**
26 **AS AMENDED.**

27
28 Resolution 159 urges that the Medical Society of the State of New York (MSSNY) seek and
29 promote legislation that enables the Mental Health Background Check system and the firearms
30 registry to be used together, in “reverse,” with the goal of alerting health care providers, family
31 and friends of patients with suicidal ideation, so that those individuals can restrict the patient’s
32 access to firearms while the patient is manifesting suicidal ideation, so that a family member or
33 other person who has a close personal relationship to the patient is alerted that it is advisable to
34 restrict the patient’s access to firearms while the patient is manifesting suicidal ideation.

35
36 Your Reference Committee heard testimony in support and opposition of this resolution. Your
37 Reference Committee learned that the NY SAFE Act requires that mental health profession to
38 report to their local director of community services (DCS) when one of their patients is likely to
39 engage in conduct that would result in serious harm to self or others. DCS then reports to the
40 NYS Division of Criminal Justice Services. If the patient has a firearms license, DCJS reports
41 that information to the local firearms licensing office (usually the Sheriff’s Office), who must
42 either suspend or revoke the license. This information may also be used in connection with a
43 determination of firearms license eligibility should the subject of the report apply for a firearms
44 license in the subsequent five years. However, there was testimony about the need for
45 research and the need to reverse the federal Dickey amendment. There were delegates that
46 sought to add this to the original resolution. There was significant testimony against the
47 resolution as it was written and discussion about the potential liability that a physician could face
48 if the original resolution was adopted. The Reference Committee agreed with the bulk of this
49 testimony, but strongly recognized that there needed to be more research on this topic and
50 therefore, offers up to the amended substitute.

1 10. RESOLUTION 160 - SUBSTANCE USE DISORDERS (SUD) MEDICAL TREATMENT
2 REQUIREMENT

3
4 **RECOMMENDATION A:**

5
6 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FIRST RESOLVED OF**
7 **RESOLUTION 160 BE AMENDED BY ADDITON AND DELETION.**

8
9 RESOLVED, That MSSNY support legislation encourage that all licensed drug
10 treatment programs offer treatment for Substance Use Disorders and that staff
11 employed at these facilities be trained in the referral and provision of Medicated
12 Assisted Treatment (MAT). ~~education into and provision of medically effective~~
13 ~~treatment for Substance Use Disorders (SUD), including opioid dependence, to be~~
14 ~~required of all licensed drug treatment programs which would require staff training for~~
15 ~~referral and/or provision of Medically Assisted Treatment (MAT) such as Suboxone~~
16 ~~and/or Methadone;~~

17
18 **RECOMMENDATION B:**

19
20 **THE REFERENCE COMMITTEE RECOMMENDS THAT SECOND RESOLVED BE**
21 **ADOPTED.**

22
23 **RECOMMENDATION C:**

24
25 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 160 BE ADOPTED**
26 **AS AMENDED.**

27
28 Resolution 160 urges 1)that MSSNY support legislation to require education into and
29 provision of medically effective treatment for Substance Use Disorders (SUD), including opioid
30 dependence, to be required of all licensed drug treatment programs which would require staff
31 training for referral and/or provision of Medically Assisted Treatment (MAT) such as Suboxone
32 and/or Methadone; 2) and that this be forwarded to the American Medical Association for
33 national action.

34
35 Your Reference Committee heard testimony in support of this resolution and learned that there
36 are licensed drug treatment centers that do not offer the patients treatment for SUDS in the form
37 of Medicated Assisted Treatment (MAT). Your Reference Committee agrees with the sponsors
38 of this resolution and agrees that all programs, especially those licensed by New York State and
39 by the federal government, should offer to patients all available treatment options to combat
40 their SUD. However, your Reference Committee was informed that there has been legislation
41 in NY State that would require that privately practicing physicians, who offer MAT, to actually
42 comply with some very onerous restrictions in order to prescribe MAT. If this legislation is
43 successful, it would also mean that physicians would be subject to oversight by DOH and the
44 state Office for Alcoholism and Substance Abuses Services (OASAS). Additionally, MSSNY
45 has traditionally objected to “mandates” for education, and your Reference Committee believes
46 that offer a much more viable position for MSSNY to support.

1 11. RESOLUTION 161 - MEDICAL MARIJUANA AN ALTERNATIVE TO OPIATE ADDICTION

2
3 **RECOMMENDATION A:**

4
5 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOLLOWING SUBSTITUTE**
6 **AMENDMENT BE ACCEPTED INSTEAD OF ORIGINAL RESOLUTION 161:**

7
8 **RESOLVED, That the Medical Society of the State of New York urge the American**
9 **Medical Association to seek clarification from the United States Justice**
10 **Department about possible federal prosecution of physicians who participate in a**
11 **state operated marijuana program for medical use and provide guidance to**
12 **physicians based on this clarification; and be it further**

13
14 **RESOLVED, That a copy of this resolution be transmitted to the AMA for**
15 **consideration at its House of Delegates.**

16
17 **RECOMMENDATION B:**

18
19 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE TITLE OF RESOLUTION 161**
20 **BE CHANGED TO READ AS FOLLOWS:**

21
22 ***CLARIFICATION FROM US DEPARTMENT OF JUSTICE REGARDING FEDERAL***
23 ***ENFORCEMENT OF MEDICAL MARIJUANA LAWS.***

24
25 **RECOMMENDATION C:**

26
27 **THE REFERENCE COMMITTEE RECOMMENDS THAT SUBSTITUTE AMENDMENT BE**
28 **ACCEPTED INSTEAD OF ORIGINAL RESOLUTION 161**

29
30 Resolution 161 urges 1) that that MSSNY work with the New York State Attorney General to
31 continue to ease federal enforcement at the state level, which would enhance availability and
32 reduce fear from repercussions for businesses and our patients 2) and that the AMA work at the
33 federal level to educate the federal State Attorney General on what we now understand as
34 clinicians is a useful medicinal product, which has a wide range of benefits across the medical
35 spectra, and the added advantage of ameliorating pain thereby reducing opiate use for pain
36 management.

37
38 Your Reference Committee heard testimony in support of this matter. Your Reference
39 Committee learned that earlier this year, the United States Attorney General Jeff Sessions
40 rescinded the Obama Administration guidelines that allowed states that had authorized the use
41 of marijuana under state law without fear federal prosecution. Under the Obama administration,
42 the department recognized that the drug was still illegal under the federal Controlled
43 Substances Act but gave federal prosecutors permission to focus their resources elsewhere, so
44 long as the states didn't threaten other federal priorities, such as preventing the distribution of
45 the drug to minors and targeting cartels. The action by the US Attorney General may allow
46 federal prosecutors on to more aggressively enforce marijuana laws. It remains unclear how this
47 action will impact states where marijuana is legal for medical purposes. The Medical Society of
48 the State of New York has always expressed concerns about federal prosecution against
49 physician who certified a patient for the use of marijuana. Your Reference Committee was
50 made aware that the role of NY State Attorney General would be to "defend" New York State's
51 program for use of marijuana if there was any federal prosecution of the program. Additionally,

1 your Reference Committee wishes to let physicians know that there has always been the risk of
2 federal prosecution for certifying patients in NY State, the only barrier had been the Obama
3 guidelines. Your Reference Committee also learned that Assemblyman Richard Gottfried and
4 state Sen. Diane Savino, legislators who helped craft New York’s medical marijuana program,
5 are calling on U.S. Congress to enact legislation that would protect marijuana programs in the
6 states that have them, which include New York and California, among others. While Congress
7 contemplates a federal legislative solution to this matter, your Reference Committee believes
8 that having the AMA seek further clarification on this matter from the US Justice Department
9 and to provide guidance back to the physicians is an important first step and therefore,
10 recommends adoption of this resolution.

11
12 **12. RESOLUTION 162 - OPIOID PILL BUY BACK PROGRAM**

13
14 **THE REFERENCE COMMITTEE RECOMMENDS THAT FOLLOWING SUBSTITUTE**
15 **AMENDMENT BE ACCEPTED INSTEAD OF ORIGINAL RESOLUTION 162:**

16
17 **RECOMMENDATION A:**

18
19 **RESOVLED, that the Medical Society Reaffirm *MSSNY Policy 70.940 Medications***
20 ***Return Program***

21
22 **RECOMMENDATION B:**

23
24 **THAT RESOLUTION 162 BE ADOPTED AS AMENDED.**

25
26 Resolution 162 urges the Medical Society of the State of New York encourage the State of New
27 York to institute an opioid pill buyback program to encourage citizens to turn in pills that may
28 become dangerous or even lethal to others.

29
30 Your Reference Committee heard limited testimony in support of this resolution and also heard
31 testimony in opposition to this proposal. Based on the testimony, a return of medications to the
32 pharmacy will allow for the pharmacist to provide you with money back for retuning unused
33 medications. Your Reference Committee thought that this concept was similar to the bottle law,
34 however, there is no discussion about how the pharmacy will obtain the money. The bottle law
35 initially requires that a “deposit” be made and then that deposit is given back. There is no
36 provision for this within the proposed resolution. Your Reference Committee learned that there
37 already exists MSSNY Policy 70.940 that the House of Delegates adopted in 2016. This policy
38 indicates that MSSNY support a medication disposal for all unwanted medications, including
39 controlled substances. This policy also stipulates that such a program be fully funded by the
40 pharmaceutical manufacturers and that the medications be disposed of in safe, and
41 environmentally sound manner. Your Reference Committee also learned that there is
42 legislation that has been introduced in the New York State Legislature that mirrors this policy
43 and is moving forwarded in both houses. This legislation is actually in the NYS Senate one
44 house budget proposal and may even be passed before the conclusion of the House of
45 Delegates. MSSNY has supportive efforts to secure passage either through the budget process
46 or for separate legislation. While laudable in its intent, your Reference Committee believes that
47 the reaffirming present MSSNY policy is the better option for the house to endorse.

48
49 **70.940 Medications Return Program** The Medical Society of State of New York (MSSNY) supports medication
50 disposal which provides daily access to safe, convenient, and environmentally sound medication return for unwanted
51 prescription medications and that such a medication disposal program should be fully funded by the pharmaceutical

1 manufacturers, including costs for collection, transport and disposal of these materials as hazardous waste. MSSNY
2 supports change in New York State law or regulation that would allow a program for medication recycling and
3 disposal to occur. The New York Delegation to the American Medical Association will encourage the AMA to pursue
4 the same efforts. (HOD 2016-157)

5
6 **13. RESOLUTION 163 - QUALITY OF END OF LIFE CARE**

7
8 **RECOMMENDATION A:**

9
10 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FIRST RESOLVED NOT BE**
11 **ADOPTED.**

12
13 **RECOMMENDATION B:**

14
15 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE SECOND RESOLVED BE**
16 **AMENDED BY ADDITON AND DELETION:**

17
18 RESOLVED, that MSSNY ~~recommends that~~ **support** efforts to increase funding in New
19 York State ~~increase funding for and the availability of~~ end of life care, ~~particularly~~ mental
20 health services ~~psychiatric and psychological counseling services~~, activities of daily
21 living support services, **hospice and palliative care** programs which improve each
22 person's quality of life as it nears its natural end.

23
24 **RECOMMENDATION C:**

25
26 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 163 BE ADOPTED**
27 **AS AMENDED.**

28
29 Resolution 163 urges 1) that the Medical Society of the State of New York affirms its belief in
30 the value of human life no matter how compromised it might be or become, and our commitment
31 to support each person's efforts to enjoy life as fully as possible;
32 2) and that MSSNY recommends that New York State increase funding for and the availability of
33 end of life care, particularly psychiatric and psychological counseling services, activities of daily
34 living support services, and programs which improve each person's quality of life as it nears its
35 natural end.

36
37 Your Reference Committee heard testimony in support and opposition of this resolution. Your
38 Reference Committee thinks, based on the whereas, that the first resolve relates to physicians
39 not participating in assisted suicide and appears to be a more indirect way of saying that
40 MSSNY is opposed to physician assisted suicide. However, your Reference Committee also
41 believes that this wording could be applied to abortion and other end of life situations. Your
42 Reference Committee strongly agrees with the sponsors of this funding is lacking in New York
43 State for end of life programs in New York State and that this is a significant problem; therefore
44 your Reference Committee recommends adoption of the amended substitute resolution.

1 14. RESOLUTION 167 - INTEGRATING DATA INTO PHYSICIAN'S E-PRESCRIBING
2 WORKFLOW

3
4 **RECOMMENDATION A:**

5
6 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 167 BE AMENDED**
7 **BY DELETION.**

8
9 RESOLVED, that the Medical Society of the State of New York support legislative or
10 regulatory efforts to ensure the interoperability of the State's Prescription Drug
11 Monitoring Registry with electronic health record and e-prescribing workflow ~~within one~~
12 year .

13
14 **RECOMMENDATION B:**

15
16 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 167 BE ADOPTED**
17 **AS AMENDED.**

18
19 Resolution 167 urges the Medical Society of the State of New York support legislative or
20 regulatory efforts to ensure the interoperability of the State's Prescription Drug Monitoring
21 Registry with electronic health record and e-prescribing workflow within one year.

22
23 Your Reference Committee heard testimony in support of this resolution. The quest for
24 interoperability has been part of MSSNY Legislative Program for a few years. According to the
25 NYS Department of Health staff, the department is currently testing a program in western New
26 York that allows for interoperability between the physician EMR and the PMP. MSSNY is
27 hopeful that completion of this project will be shortly completed and that the ability to navigate
28 between the physician's EMR and the PMP will be accomplished. The MSSNY Division of
29 Governmental Affairs has been worked on this matter with the Department of Health and has
30 also brought this issue before the NYS Legislature. New York State Department of Health has
31 recently authorized physicians to look up patients in 25 other states. Your Reference
32 Committee recommends this slight amendment to allow DGA and the legislative and regulatory
33 process to unfold.

34
35 15. RESOLUTION 168 - Increase Free Online CME For Members

36
37 **RECOMMENDATION A:**

38
39 **THE REFERENCE COMMITTEE RECOMMENDS THAT FOLLOWING SUBSTITUTE**
40 **AMENDMENT BE ADOPTED INSTEAD OF ORIGINAL RESOLUTION:**

41
42 **RESOLVED, That MSSNY, in cooperation with the county medical and specialty**
43 **societies, promote MSSNY's online CME program; and the be it further**

44
45 **RESOLVED, That MSSNY work with the county medical and specialty societies to**
46 **identify and develop courses for MSSNY's CME website for the added value of**
47 **society membership.**

1 **RECOMMENDATION B:**

2
3 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE AMENDED SUBSTITUTE**
4 **RESOLUTION BE ADOPTED.**

5
6 Resolution 168 urges that 1) MSSNY canvas its membership on the potential online CME
7 course topics that would be most beneficial to its members; and 2) that MSSNY work with
8 county and specialty societies to develop more online CME programs that could be provided to
9 the membership free of charge.

10
11 Your Reference Committee heard testimony in support of this resolution, but also learned that
12 MSSNY has recently updated its online CME program that offers programs free of charge to
13 physicians at the site <https://cme.mssny.org>. As of March 20, 2018 there are 29 courses
14 available at the site, One course (Infection Control) has a registration fee for all learners and
15 the pain management program is offered to members free of charge; non-members pay a fee.
16 The rest of the courses are free to all learners. Your Reference Committee learned that there
17 are usually courses added to the site every month. In addition, MSSNY offers free live
18 webinars at the site <https://mssny.webex.com>; courses available there include MSSNY “Medical
19 Matters” and “Veterans Matters” series, a course on “Concussion in Pediatric and Adult
20 Patients”, and a course on diabetes prevention, “Bending the Diabetes Curve.” The WebEx site
21 also provides the registration vehicle for live, in-person versions of many of these courses. Your
22 Reference Committee was also apprised that the majority of these programs are offered to
23 members free of charge due mainly from MSSNY receiving grants for these programs and use
24 this program to promote MSSNY membership. Your Reference Committee recommends that
25 the house adopt this amended substitute resolution.

26
27 16. RESOLUTION 164 - ENGAGED NEUTRALITY ON MEDICAL AID IN DYING

28
29 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 164 BE REFERRED**
30 **TO MSSNY COUNCIL.**

31
32 Resolution 164 urges 1) that that the MSSNY rescind the following policy: 95.989 “Assisted
33 Suicide and Euthanasia”;
34 2) that the MSSNY adopt the following: Medical Aid in Dying
35 Terminally ill patients with decision-making capacity sometimes request medical aid in dying, a
36 practice in which the physician provides a prescription medication that the patient may self-
37 administer to hasten death. It is the position of MSSNY that medical aid in dying, as any
38 medical decision, is one of an informed consent between the patient and his/her physician.
39 Medical aid in dying should be practiced only by a duly licensed physician in conformance with
40 standards of good medical practice and within legal parameters. No physician shall be required
41 to participate in the practice if it violates personally held moral principles
42 3) that MSSNY adopt a public policy position of engaged neutrality, neither endorsing nor
43 sanctioning the process, but serving as a medical and scientific resource to inform legislative
44 efforts,
45 4) that the MSSNY instruct its AMA delegation to reflect the MSSNY position of engaged
46 neutrality to the AMA’s Council on Ethical & Judicial Affairs, reference committees, and House
47 of Delegates.

48
49 Your Reference Committee heard testimony in support and opposition to this resolution. Based
50 on this discussion and information learned by your Reference Committee, your reference
51 committee recommends that this resolution be referred to the MSSNY Council for the following

1 reasons: In its interim report to the 2018 House of Delegates regarding a membership survey to
2 determine attitudes toward medical aid in dying with a report to either MSSNY Council or the
3 HOD, your Reference Committee learned that the MSSNY Bioethics Committee began
4 discussing this survey in May 2017. This work was completed in early fall and committee
5 members decided to convene a small subcommittee from the MSSNY Bioethics Committee to
6 begin the process of developing questions. This subcommittee met throughout the fall and
7 developed a set of questions which were then reviewed by the full committee in November. The
8 subcommittee also met throughout December and January and revised the set of questions.
9 The full Bioethics Committee met on February 2, 2018 to discuss and revise the questions.
10 Once finalized, the proposed survey questions were reviewed by MSSNY counsel from a legal
11 perspective. The survey questions, having met legal muster, were then be sent to a small
12 subset to test the face validity of the survey questions as per the direction of the Bioethics
13 Committee. On March 5, 2018, the survey was sent by email to MSSNY members whom the
14 society had a valid email address. The survey period closed on Monday, March 19, 2018.
15 The Bioethics Committee noted that Resolution 163 did not call for a time specific in which the
16 survey results needed to be returned to the MSSNY Council or the House of Delegates. Your
17 Reference Committee further notes that last year's resolution did not discuss changing policy
18 either. The MSSNY Bioethics Committee's report indicated that it had not had time to analyze
19 all data related to the survey. The subcommittee will be reconvening following the House of
20 Delegates along with the full committee to review and analyze the data with a report to the
21 MSSNY Council. Your Reference Committee learned that there is legislation pending in the
22 New York State Legislature that would provide the ability of terminally ill patient to request
23 medication from physicians to be self-administered for the purpose of hastening the patient's
24 death. Your Reference Committee notes, that assisted suicide is still illegal in New York State
25 and there has been a recent court decision that confirmed this. MSSNY does have policy that
26 states that physicians should not assist in suicide. Your Reference Committee also learned that
27 in 2015, the MSSNY Bioethics Committee brought a resolution to the MSSY HOD asking for a
28 revision of the statement regarding physician assisted suicide. Members of the 2015 MSSNY
29 HOD agreed with the revision to this statement, but definitively wanted the statement:
30 *Physicians should not perform euthanasia or participate in assisted suicide* include in the
31 MSSNY policy 95.989. For all these reasons, most notably that the survey results have not yet
32 been fully analyzed, your Reference Committee recommends Referral to the MSSNY Council.

33
34 **95.989 Physician-Assisted Suicide and Euthanasia:**

35 MSSNY affirms as its policy: Patients, with terminal illness, uncommonly approach their physicians for assistance in
36 dying including assisted suicide and euthanasia. Their motivations are most often concerns of loss of autonomy,
37 concerns of loss of dignity, and physical symptoms which are refractory and distressing. Despite shifts in favor of
38 physician-assisted suicide as evidenced by its legality in an increasing number of states, physician-assisted suicide
39 and euthanasia have not been part of the normative practice of modern medicine. Compelling arguments have not
40 been made for medicine to change its footing and to incorporate the active shortening of life into the norms of medical
41 practice. Although relief of suffering has always been a fundamental duty in medical practice, relief of suffering
42 through shortening of life has not. Moreover, the social and societal implications of such a fundamental change
43 cannot be fully contemplated. MSSNY supports all appropriate efforts to promote patient autonomy, promote patient
44 dignity, and to relieve suffering associated with severe and advanced diseases. Physicians should not perform
45 euthanasia or participate in assisted suicide.(Council 5/14/92; Reaffirmed HOD 1995-80; Modified and reaffirmed
46 HOD 2014; Replaced by HOD 2015-162)

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1 17. RESOLUTION 169 - PARTNERSHIP ON CONTINUING MEDICAL EDUCATION

2
3 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 169 BE REFERED TO**
4 **MSSNY COUNCIL.**

5
6 Resolution 169 urges that 1) the Medical Society of the State of New York (MSSNY) will
7 accredit County Medical Societies to offer CME; 2) that MSSNY will not charge licensing fees to
8 those County Medical Societies presenting programing which provide continuing medical
9 education credit; 3) any net revenue resulting from CME accredited programming will be shared
10 equally between the County Medical Societies and the MSSNY.

11
12 Your Reference Committee heard testimony supporting this measure, but also heard from
13 members of the MSSNY Subcommittee on Education about both of these issues. Your
14 Reference Committee also was in receipt of information from the MSSNY CME office. Your
15 Reference Committee was informed that MSSNY has a dual role in Continuing Medical
16 Education (CME). The Accreditation Counsel for Continuing Medical Education (ACCME)
17 recognizes MSSNY as a regional accreditor of 33 CME providers across New York State. Five
18 of the CME providers that MSSNY accredits are County Medical Society (CMS) Academies:
19 Academy of Medicine of Queens County, Academy of Medicine of Richmond, Rochester
20 Academy of Medicine, Suffolk Academy of Medicine, and Westchester Academy of Medicine.
21 Any county medical society that wishes to become an accredited CME provider can go through
22 the process of pre-application and application. MSSNY is also accredited by the ACCME as a
23 CME provider, allowing MSSNY to directly and jointly provide accredited CME activities.
24 Your Reference Committee learned that the Committee on Continuing Medical Education
25 oversees the Subcommittee on Educational Programs (which fulfills MSSNY's role as
26 Accredited Provider) and the Subcommittee on Surveys (which fulfills MSSNY's role as
27 Recognized Accreditor). Each Subcommittee makes a report of their activities and decisions
28 and the full Committee ratifies those decisions. Both CME roles are very labor intensive, not
29 only for MSSNY CME staff, but also for committee members. These committees consist of
30 MSSNY member physicians who serve in a gratis capacity. Your Reference Committee was
31 also apprised that the ACCME requires that state and territory medical society Recognized
32 Accreditors adhere to standards called Markers of Equivalency, to ensure that whether a CME
33 provider is regionally accredited by a state/territory medical society or national accredited by the
34 ACCME, the same criteria and policies are enforced, and decisions are made in a consistent
35 fashion. To ensure that State Medical Society (SMS) Recognized Accreditors adhere to the
36 Markers of Equivalency, the ACCME performs rolling audits, requiring MSSNY CME staff to
37 submit evidence related to MSSNY accreditation decisions. The ACCME provides feedback on
38 the reviewed decisions, and the feedback goes to the CME Committee and Subcommittee on
39 Surveys. It was also learned that new providers granted initial accreditation get a two-year
40 accreditation period. When they are up for reaccreditation, they may achieve full accreditation
41 (four-year accreditation period) or accreditation with commendation (six-year accreditation
42 period). The surveys are performed by two members of MSSNY's subcommittee on surveys.
43 Based upon the survey interview and review of the provider's self-study report and
44 performance-in-practice activity files, the lead surveyor writes a report describing whether the
45 provider has demonstrated compliance with the accreditation criteria and policies of the
46 ACCME. The Subcommittee on Surveys meets quarterly and votes upon accreditation
47 decisions, as well as progress reports (which the providers may be required to submit if found in
48 noncompliance with any criteria). Accreditation decisions are the culmination of a year-long
49 process. Surveyors receive a \$250 stipend for performing the survey, in addition to
50 reimbursement of travel expenses. Your Reference Committee also learned that the
51 Subcommittee on Educational Activities meets via conference call once a month to review

1 applications for CME activities submitted either by MSSNY staff (for directly provided activities)
2 or by institutions that are not accredited CME providers (for jointly provided activities), perform
3 post-activity analysis of CME activities that have already taken place (to evaluate whether
4 activities succeeded in achieving the changes for which they were designed), and to review
5 changes and updates issued by the ACCME for CME providers. This process is quite labor-
6 intensive.

7
8 The ACCME charges MSSNY annual fees for both CME roles. In 2018, the Recognized
9 Accreditor fee was \$650/provider. MSSNY has not raised the annual fee for providers since
10 2014, when the fee rose from \$1200 to \$2000 for non-CMS providers. For the County Medical
11 Society Academies, the annual fee has not gone up since 2012, when it rose from \$250 to
12 \$550. In 2012, the ACCME had just raised its per-provider fee from \$250 to \$450. Since then,
13 the fee has increased four times (to \$550 in 2013, \$575 in 2016, \$600 in 2017, and \$650 in
14 2018). The majority of MSSNY CME programs are issued to physicians free of charge—despite
15 the fact that there is staff time involved in the preparation of these programs, physicians' time
16 who serve as faculty, and for continuous follow up in the forms of numbers, tests and
17 accounting purposes. Additionally, there is the cost maintaining the CME website, and ensuring
18 that it complies with the ACCME rules for enduring materials. There are also costs associated
19 with the MSSNY maintaining the webex system for use during live seminars. For all these
20 complexities, your Reference Committee recommends that the resolution be referred to the
21 MSSNY Council and to the Board of Trustees which makes the financial decision on matters
22 such as these.

23
24 **18. RESOLUTION 156 - LICENSE TO BUY ALCOHOL**

25
26 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 156 NOT BE**
27 **ADOPTED.**

28
29 Resolution 156 urges that the Medical Society of the State of New York encourage the State of
30 New York to institute an alcohol purchasing license to all citizens who wish to buy alcohol, with
31 regulations regarding safe use of alcohol as a requirement for the license to continue
32 Your Reference Committee heard limited testimony in support of this resolution and much
33 testimony against it. Your Reference Committee agrees that there already exists a system for
34 the public right to purchase alcohol and that there are consequences if there is a violation of this
35 right. Your Reference Committee also thought that there would be significant costs associated
36 with establishing this system, administering the licenses and for setting up a system for the
37 revocation of said license. The majority of testimony received indicated opposition for this
38 resolution. Therefore, your Reference Committee recommends non-adoption.

39
40 **19. RESOLUTION 165 - CHANGE THE SCHEDULE CLASSIFICATION OF**
41 **TESTOSTERONE**

42
43 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 165 NOT BE**
44 **ADOPTED.**

45
46 Resolution 165 request that the Medical Society of the State of New York urge legislative or
47 regulatory change reclassifying Testosterone to a lower schedule category.

48
49 Your Reference Committee heard testimony in support and opposition to this resolution. Under
50 New York law, anabolic steroids are classified as Schedule II controlled substances.
51 Prescription for Schedule II controlled substances may not be refilled. New York State, due to

1 significant abuses of these drugs, statutorily moved anabolic steroids from a Schedule III to a
2 Schedule II. Federal law classifies anabolic steroids as Schedule III controlled substances
3 under the Controlled Substances Act. Your Reference Committee also heard that changing the
4 schedule still does not keep testosterone from being looked up on the Prescription Monitoring
5 Program. Your Reference Committee also learned that under NY State law, a practitioner may
6 issue a prescription for up to a three month supply of a controlled substance, including chorionic
7 gonadotropin, or up to a six-month supply of an anabolic steroid by writing on the face of the
8 prescription either the diagnosis or code for the treatment of the following conditions:

9 **Code Diagnosis**

10 A Panic Disorder

11 B Attention Deficit Disorder

12 C Chronic debilitating neurological conditions characterized as a movement disorder or
13 exhibiting seizure, convulsive or spasm activity

14 D Relief of pain in patients suffering from conditions or diseases known to be chronic or
15 incurable

16 E Narcolepsy

17 F Hormone deficiency states in males; gynecologic conditions that are responsive with
18 anabolic steroids or chorionic gonadotropin; metastatic breast cancer in women; anemia and
19 angioedema.

20 Since anabolic steroids have been on the New York State Controlled Substance List as a
21 Schedule II drug since 2006, it is highly unlikely that the New York State Legislature will rescind
22 this provision and move testosterone back to a Schedule III classification. Given the ability to
23 write a prescription with a diagnosis or code, your Reference Committee recommends that this
24 resolution not be adopted.