

1 MEDICAL SOCIETY OF THE STATE OF NEW YORK 2014 HOUSE OF DELEGATES

2

3 Report of: Reference Committee on Public Health and Education

4

5 Presented by: Joshua Cohen, MD, Chair

6

7

8 Mister Speaker and Members of the House of Delegates:

9 Your Reference Committee recommends the following consent calendar for acceptance:

10 **FILE FOR INFORMATION**

11 (1) Informational Report - Protecting NYS Children in the 21st Century

12

13 **RECOMMENDED FOR ADOPTION**

14 (2) Resolution 153-DVT and Air Travel

15 (3) Resolution 154-Protecting Public Health from Elevated Radon Exposure

16 (4) 2014 Public Health & Education Sunset Report

17

18 **RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED**

19 (5) Resolution 150- Availability of Self-Inject able Epinephrine Devices in New York State Schools

20 (6) Resolution 151- Dangers of Youth Football

21 (7) Resolution 152- Support Athletic Trainer Legislation

22 (8) Resolution 156- A Resolution on Gun Violence

23

And

24 Resolution 167-Gun Violence

25 (9) Resolution 157- Use of CT Scans for Early Detection of Lung Cancer

26 (10) Resolution 158- Raising the Purchase Age of All Tobacco Products in New York State

27

And

28 Resolution 159- Raising the Legal Age to Purchase Cigarettes, Cigars and Electronic

29 Cigarettes to Age 21 in New York State

30 (11) Resolution 160- e-Cigarettes to Be Treated the Same as Tobacco Products

31 (12) Resolution 161 – Medical Cannabis for Seriously Ill Patients

32 (13) Resolution 163- Maintaining and Developing High Quality Hospice and Palliative Care

33 Physician Workforce in the New Millennium

34

And

35 Resolution 164- Proposal and Plan for Developing and Maintaining High Quality Healthcare⁴

36 For our Older Patients in the New Millennium

37 (14) Resolution 165- Long Term Care-Scope of Problem

38

39 **RECOMMENDED NOT FOR ADOPTION**

40 (15) Resolution 162- Regulation of Legislation of Marijuana

41

42 **REFERRAL FOR COUNCIL**

43 (16) Resolution 155-Protecting Public Health from Natural Gas Infrastructure

44 (17) Resolution 166-Medical Marijuana

1 **(1) Informational Report:**“Protecting New York State’s Children in the 21st Century”

2
3 RECOMMENDATION:

4
5 Mister Speaker, your Reference Committee recommends that the Report entitled
6 “*Protecting New York State’s Children in the 21st Century*” *BE ADOPTED*.

7
8 Your Reference Committee heard testimony in support of this measure. Your Reference Committee
9 learned that MSSNY has been working on violence and youth at risk through its existing Committee on
10 Preventive Medicine and Family Health. This committee brought to the 2006 House of Delegates a
11 youth-at-risk report, entitled, “*Protecting New York State’s Children in the 21st Century*” which discussed
12 violence, drug and other substance use, pregnancy, HIV and sexually transmitted infections, suicide, and
13 domestic violence. The paper also discussed interventions to help youth at risk, individual risk factors,
14 and individual protective factors. Additionally, the paper also provided a series of recommendations for
15 physicians, the NYS Legislature, various state agencies, non-governmental organizations and MSSNY to
16 implement. This report fulfils action taken at the 2013 MSSNY House of Delegates which called upon
17 MSSNY to update the paper with the revised report coming back to the MSSNY HOD as an information
18 item.

19
20 **(2) Resolution 153 DVT and Air Travel**

21
22 RECOMMENDATION:

23
24 Mr. Speaker, your Reference Committee recommends that *RESOLUTION 153 BE*
25 *ADOPTED*.

26
27 Resolution 153 urges that That the Medical Society of the State of New York (MSSNY) request that the
28 American Medical Association (AMA) encourage that the Federal Aviation Administration (FAA) and
29 the airline industry alert passengers to the flight-associated risk of deep vein thrombosis (DVT); and that
30 MSSNY request that the AMA work with the FAA and the airline industry to provide recommendations
31 to passengers to reduce their risk of developing DVT.

32
33 Your Reference Committee heard testimony in support of this resolution. Your Reference Committee
34 was made aware that the MSSNY Heart, Lung and Cancer Committee has discussed this resolution and
35 several members believe that the airline industry needs to take more aggressive action to inform
36 individuals about the risk of deep vein thrombosis. Your Reference Committee also learned that a similar
37 resolution came before the American Medical Association by the Medical student Section in 2003. That
38 resolution resulted in a Report of the Council on Scientific Affairs which called upon the AMA to
39 continue “to monitor research on developments concerning the relationship between air travel and venous
40 thromboembolism and respond appropriately when more definitive results become available.” Your
41 Reference Committee agrees with the sponsor of this resolution that more than 10 years has gone by with
42 no further action by the AMA or the FDA. Your Reference Committee agrees that it is time for the
43 AMA to research this matter again and to involve the FDA. Therefore, your Reference Committee
44 recommends adoption.

45
46 **(3) Resolution 154 Protecting Public Health From Elevated Radon Exposure**

47
48 RECOMMENDATION:

49
50 Mister Speaker, your Reference Committee recommends that *RESOLUTION 154 BE*
51 *ADOPTED*.

1
2 Resolution 154 urges that the Medical Society of the State of New York support policy that limits
3 exposure to radon and its decay products which are known to cause primary lung cancer in nonsmokers
4 and to potentiate the likelihood of lung cancer in smokers; and that the Medical Society of the State of
5 New York support legislation that protects the public health by ensuring that New York State is
6 committed to reducing sources of excess radon emissions, and monitoring radon gas exposure levels to
7 confirm that these radon gas levels do not exceed the recommended levels set by the Environmental
8 Protection Agency.

9
10 Your Reference Committee heard testimony generally in support of this resolution and agrees that
11 exposure to radon gas and its decay products can have an effect on the public's health. Therefore, since
12 the Medical Society has not developed policy on this issue, your Reference Committee agrees that is
13 important to have such a policy.

14
15 **(4) 2014 Public Health and Education Sunset Report**

16
17 RECOMMENDATION:

18
19 Mister Speaker, your Reference Committee recommends that the *2014 PUBLIC HEALTH AND*
20 *EDUCATION SUNSET REPORT BE ADOPTED.*

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

24
25 **(5) Resolution 150** Availability of Self-injectable Epinephrine Devices in New York State
26 Schools

27
28 RECOMMENDATION:

29
30 Mister Speaker, your Reference Committee recommends that the *FOLLOWING SUBSTITUTE*
31 *RESOLUTION 150 BE ADOPTED IN LIEU OF RESOLUTION 150:*

32
33 **RESOLVED, that the Medical Society of the State of New York support legislation that**
34 **requires all schools (public and private) to stock auto-injectable epinephrine devices in**
35 **standardized dosage formulations and to train personnel for the administration of this**
36 **medication; and be it further**

37
38 **RESOLVED, That the Medical Society of the State of New York urge the State Education**
39 **Department (SED) to provide information to public and private schools about the ability for**
40 **nurses and other trained individuals, to administer auto-injectable epinephrine devices to**
41 **children or adults that have a severe allergic reaction; and be it further**

42
43 **RESOLVED, That the Medical Society of the State of New York that such notification by**
44 **SED includes information that these trained individuals are covered by the New York**
45 **State "Good Samaritan" statute; and be further**

46
47 **RESOLVED, That the Medical Society of the State of New York educate its members about**
48 **physicians being authorized to issue a non-patient specific regimen to a registered**
49 **professional nurse under the provisions of Article 6527 (6) of the NYS Education Law.**
50

1 Resolution 150 asks that the Medical Society of the State of New York work to support and develop
2 legislation that requires all schools (public and private) to stock auto-injectable epinephrine devices in
3 standardized dosage formulations and to train personnel for the administration of this medication and that
4 auto-injectable epinephrine devices be used on children or adults that have severe allergic reactions
5 regardless of whether or not there is a patient specific prescription; and that the treating individuals be
6 covered by New York State "Good Samaritan" statutes as regards legal liability.

7
8 Your Reference Committee heard testimony in strong support of this resolution and agrees with the intent
9 of this resolution. Your Reference Committee has learned that Article 6527 (6) of the Education Law
10 already authorizes a licensed physician to prescribe and order a non-patient specific regimen to a
11 registered professional nurse for the emergency treatment of anaphylaxis. Your Reference Committee
12 also learned the State Education Department issued a memo on "*Use of Epinephrine –Auto Injector*
13 *Devices in the School Setting*" that allows school employees, who have volunteered to be trained by a
14 licensed health care provider, to administer epinephrine to a student in a life threatening anaphylactic
15 reaction when the school nurse is not immediately available. Additionally, non-licensed individuals who
16 are responding to an emergency situation are already covered under the Good Samaritan Law (PHL,
17 Article 30-Section 3000-a). Passage of a new law is not needed since Article 6257 (6) already allows for
18 a non-patient specific script to be issued for auto-injectors. Your Reference Committee believes that
19 general education is needed about this statute. Your Reference Committee agrees, however that school
20 districts should be required to stock these devices, and offer up a substitute resolution to address what is
21 in the current law. Your Reference Committee did hear about expansion of these devices in different
22 places within New York State, similar to AED placements, however, your Reference Committee felt that
23 this was best addressed in a future resolution. Your Reference Committee agrees that many physicians,
24 other health care providers, school districts and administrators are unaware of the provisions of the
25 current law and that they should be made fully aware of law. Therefore, your Reference Committee
26 offers the substitute resolution for approval.

27
28 **(6) Resolution 151** Dangers of Youth Football

29
30 RECOMMENDATION:

31
32 Mister Speaker, your Reference Committee recommends that *FOLLOWING SUBSTITUTE*
33 *RESOLUTION 151 BE ADOPTED IN LIEU OF RESOLUTION 151:*

34
35 **RESOLVED, That the Medical Society of the State of New York reaffirm MSSNY Policy**
36 **87.993; and be it further**

37
38 **RESOLVED, that the Medical Society of the State of New York promote to its members the**
39 **New York State Department of Health's "When in Doubt...Take Them Out!" sports related**
40 **concussion prevention campaign and the Sports Concussion Tool Kit developed by the**
41 **American Academy of Neurology.**

42
43 Resolution 151 ask that the Medical Society of the State of New York (MSSNY) adopt a policy that
44 supports the American Academy of Neurology's extensive research on youth football including its Sports
45 Concussion Tool Kit and that the Medical Society of the State of New York (MSSNY) adopt a policy of
46 encouraging parental awareness of football's dangers and careful deliberation about authorizing
47 permission for children to play.

48
49 Your Reference Committee heard testimony in support of this resolution. Your Reference Committee
50 agrees that sports related head injury has become a health issue. Your Reference Committee recalled that
51 a similar resolution came before the MSSNY House of Delegates in 2011 which resulted in the adoption

1 by the House of MSSNY Policy 87.933. Your Reference Committee also learned that Chapter 496, Laws
 2 of 2011 was approved by the New York State Legislature and this law called for the establishment of
 3 regulations for treatment and management of concussions (traumatic brain injury) within school districts.
 4 “Guidelines for Concussion Management in the School Setting” were completed in June 2012 and were
 5 updated in January 2014. These guidelines for return to school and certain school activities apply to all
 6 public school students who have sustained a concussion regardless of where the concussion occurred. The
 7 law also requires that school coaches, physical education teachers, nurses, and certified athletic trainers
 8 complete a New York State Education Department (NYSED) approved course on concussions and
 9 concussion management every two years. Finally, the law requires that students who sustained, or are
 10 suspected to have sustained, a concussion during athletic activities are to be immediately removed from
 11 such activities. Students may not return to athletic activities until they have been symptom-free for a
 12 minimum of 24 hours and have been evaluated by, and receive written and signed authorization to return
 13 to activities from a licensed physician. The Medical Society supported the original bill calling for
 14 guideline development and has worked with the New York State Department of Health in its prevention
 15 efforts. Therefore, your Reference Committee believes that the principles espoused in this resolution are
 16 already captured in MSSNY Policy 87.993 and that promotion of both prevention aspects from the DOH
 17 and the American Academy of Neurology are important. Therefore, your Reference Committee offers up
 18 the substitute resolution.

19
 20 ***MSSNY POLICY 87.993 Concussion and Traumatic Brain Injuries in Youth: MSSNY to advocate for the***
 21 ***immediate removal from play/practice of any youth suspected of having a concussion or Traumatic Brain Injury***
 22 ***(TBI) and also that any youth suspected of sustaining a concussion or traumatic brain injury need written approval***
 23 ***by a physician before they can return to play or practice. In addition, MSSNY will promote adoption of this policy***
 24 ***within school settings and organized youth sports programs and support educational efforts to improve***
 25 ***understanding of concussion and traumatic brain injuries in youth among coaches, trainers, athletes, school***
 26 ***officials, parents and legal guardians. (HOD 11-153)***

27
 28 **(7) Resolution 152 Support of Athletic Trainer Legislation**

29
 30 **RECOMMENDATION:**

31
 32 **Mr. Speaker, your Reference Committee recommends that *FOLLOWING***
 33 ***SUBSTITUTE RESOLUTION 152 BE ADOPTED IN LIEU OF RESOLUTION 152:***

34
 35 **RESOLVED, That the Medical Society of the State of New York support efforts to**
 36 **encourage athletic trainers to obtain continuing educational development.**

37
 38 Resolution 152 urges that the Medical Society of the State of New York support legislation requiring
 39 Athletic Trainers (AT’s) to obtain mandatory CME acquisition and update their medical competencies
 40 commensurate with their skill and training, all while under the supervision of physicians.

41
 42 Your Reference Committee heard testimony for and against Resolution 152. Concerns were expressed
 43 regarding whether continuing medical education credits would be applicable to athletic trainers. Your
 44 Reference Committee was also concerned about the implications of licensure and the possibility of
 45 associated expansion of scope of practice for athletic trainers. The Reference Committee acknowledges
 46 that there is pending legislation that would provide licensure and expand scope of practice that MSSNY
 47 DGA staff is closely watching. Your Reference Committee was apprised that the current scope of
 48 practice is defined in education law as “the application of principles, methods and procedures for
 49 managing athletic injuries, which shall include the preconditioning, conditioning and reconditioning of an
 50 individual who has suffered an athletic injury through the use of appropriate preventive and supportive
 51 devices, under the supervision of a physician and recognizing illness and referring to the appropriate

1 medical professional with implementation of treatment pursuant to physician's orders". Your Reference
 2 Committee notes that an athletic trainer's scope of practice already requires that it be done under the
 3 supervision of a physician. This resolution, however, spoke solely about the need to obtain mandatory
 4 CME credits and your Reference Committee notes that CME credits are solely obtained by physicians and
 5 was also concerned about mandating requirements for other professionals. Your Reference Committee
 6 also noted that MSSNY traditionally does not support educational mandates upon physicians and your
 7 Reference Committee believes that every profession should be able to articulate their own educational
 8 needs. Therefore, your Reference Committee offered up the substitute resolution.

9
 10 **(8) Resolution 156** A Resolution on Gun Violence

11
 12 And

13
 14 **Resolution 167** Gun Violence

15
 16 RECOMMENDATION:

17
 18 Mister Speaker, your Reference Committee recommends that *FOLLOWING*
 19 *SUBSTITUTE RESOLUTION 156 BE ADOPTED IN LIEU OF RESOLUTION 156 AND*
 20 *RESOLUTION 167:*

21
 22 **RESOLVED, That the Medical Society of the State of New York continue its efforts**
 23 **to seek amendments to the New York SAFE Act that would assure that only those**
 24 **who present a "serious and imminent danger to self or others" are reported under**
 25 **the act.**

26
 27 Resolution 156 urges that MSSNY advocate for tighter regulations on gun sales, increasing background
 28 checks which would specifically screen for mental illness, and which would include verifiable character
 29 references making it more difficult to obtain certain types of firearms, and also for requiring permit
 30 holders to be educated and required to safely and securely store their guns; and that MSSNY encourage
 31 physicians to add "gun ownership/ possession" to the social history in order to intervene and counsel gun
 32 owners on proper safety, security, and prevention of theft.

33
 34 Resolution 167 urges the Medical Society of the State of New York work with the legislature to
 35 establish mandatory liability insurance for owners of all types of guns, just as there is mandatory
 36 insurance for automobile owners, with minimum coverage of \$1 million/\$3 million to compensate the
 37 victims.

38
 39 Your Reference Committee heard testimony in support of and opposition to these resolutions. Your
 40 Reference Committee also learned that the Medical Society and the NYS Psychiatric Association have
 41 been working closely together to seek changes to the New York Secure Ammunition and Firearms
 42 Enforcement (SAFE) Act of 2013 which is a gun control law in the state of New York. Your Reference
 43 Committee also learned that MSSNY has articulated a position through its 2014 Legislative Program on
 44 the mental health issue. The law currently requires certain health care professionals including physicians
 45 to make a report to the local director of community services when the health care professional concludes
 46 "in their reasonable professional judgment" that a patient "is likely to engage in conduct that would result
 47 in serious harm to self or others." This standard differs from the existing standard (MHL 33.13(c)(6))
 48 currently used to allow the report to be made when a patient is receiving treatment in an OMH or
 49 OPWDD licensed or operated facility. In such instances a physician or psychologist may report to law
 50 enforcement or the individual threatened if a patient presents a serious and imminent threat to health and
 51 safety of self or others. The Medical Society has indicated that the mandate in the SAFE Act is so broad

1 as to result in the reporting of many patients who would not be subject to reporting under the MHL
2 33.13(c)(6) standard. This over-reporting includes many patients whose mental illness would never
3 require hospitalization. MSSNY is concerned that the existence of two standards will cause significant
4 confusion among health care professionals and could result in the reporting of persons who do not pose a
5 serious and imminent threat to society, furthering the stigmatization of individuals with mental illness.
6 MSSNY supports an amendment to the SAFE Act which would assure that only those who present a
7 “serious and imminent danger to self or others” are reported. Moreover, MSSNY supports an amendment
8 to the act which would clearly do away with the private right of action which will result in litigation over
9 the question of whether the reporter exercised reasonable professional judgment in the exercise of their
10 duty. MSSNY seeks an amendment which would assure that the decision of a mental health professional
11 to disclose or not to disclose, if exercised without malice or intentional misconduct, shall not be the basis
12 for any civil or criminal liability. Your Reference Committee listened to testimony that recommended
13 requiring physicians to ask patients about gun ownership and safety as part of the patients’ social history
14 was beyond the physicians scope. In regards to Resolution 167 your Reference Committee heard strong
15 testimony against carrying liability insurance and concerns were expressed that such insurance would
16 make an individual liable if their legally owned gun is stolen and used in the commission of a crime. It
17 was noted by several individuals that testified that individuals who use guns to harm people would not
18 care about nor purchase liability insurance. Your Reference Committee agrees a substitute resolution is in
19 order that articulates the principles of the 2014 MSSNY Legislative Program.

20
21 **(9) Resolution 157** Use of CT Scans for Early Detection of Lung Cancer

22
23 **RECOMMENDATION:**

24
25 Mister Speaker, your Reference Committee recommends that the *FOLLOWING*
26 *SUBSTITUTE RESOLUTION 157 BE ADOPTED IN LIEU OF RESOLUTION 157:*

27
28 **RESOLVED, that the Medical Society of the State of New York support**
29 **annual screening for lung cancer with low dose computed tomography for**
30 **patients between 55 and 80 years old who have a 30 pack year smoking history and**
31 **currently smoke or have quit smoking within the past 15 years.**

32
33 Resolution 157 urges that the Medical Society of the State of New York (MSSNY) support the United
34 States Preventives Services Task Force Grade B recommendation to offer low dose helical CT screening
35 for lung cancer to patients between 55 and 80 years old who have a 30 pack year smoking history and
36 currently smoke or have quit smoking within the past 15 years.

37
38 Your Reference Committee heard support for this resolution Your Reference Committee did hear
39 testimony that indicated that 30 pack years was debatable and that 20 pack years was more appropriate
40 and that there are various specialty societies that have different guidelines. Your Reference Committee
41 notes that no one that testified submitted or referenced documentation demonstrating that 20 pack years
42 would be appropriate and thus your Reference Committee relied on the data that was contained in a
43 review of the USPSTF recommendations. Your Reference Committee was also made aware that the use
44 of CT scans for early detection of lung cancer has long been advocated by the MSSNY Heart, Lung and
45 Cancer Committee and that there have been previous resolutions have been brought to the House of
46 Delegates. Now with the US Preventive Services Task Force (USPSTF) giving a Grade B
47 recommendation to offer low dose helical CT screening for lung cancer, your Reference Committee
48 believes it is timely for MSSNY to have policy on this issue. Your Reference Committee also learned
49 that the recommendations by the US Preventive Service Task Force are the first step in getting
50 reimbursement by insurance companies for the low dose CT scans and believes that the recommendation
51 by the task force is based on science.

1
2 **(10) Resolution 158** Purchase Age of All Tobacco Products in New York State

3
4 And

5
6 **Resolution 159** Raising the Legal Age to Purchase Cigarettes to Age 21 in New York
7 State

8
9 Mister Speaker, your Reference Committee recommends that the *FOLLOWING SUBSTITUTE*
10 *RESOLUTION 158 BE ADOPTED IN LIEU OF RESOLUTIONS 158 AND 159:*

11
12 RECOMMENDATION A:

13
14 RESOLVED, That the Medical Society of the State of New York amend its existing *POLICY*
15 *300.951 BE AMENDED BY ADDITIONS AND DELETIONS:*

16
17 **That the Medical Society of the State of New York support legislation to:**

18 **(a) limit the promotion of tobacco and cigar products, smokeless tobacco products,**
19 **electronic cigarettes or other unregulated nicotine delivery devices in the state by all**
20 **tobacco companies;**

21 **(b) prohibit the sale of tobacco and cigar products, smokeless tobacco products, electronic**
22 **cigarettes or other unregulated nicotine delivery devices to anyone under 21 years of age;**

23 **(c) increase the penalties for the sale of ~~tobacco~~ any of these products to persons under 21**
24 **years of age; and be it further**

25
26 RECOMMENDATION B:

27
28 Mister Speaker, your Reference Committee recommends the *ADDITION OF A SECOND*
29 *RESOLVED THAT READS AS FOLLOWS:*

30
31 **RESOLVED, That a similar resolution be forwarded to the American Medical**
32 **Association for consideration at its next meeting of the House of Delegates.**

33
34 RECOMMENDATION C:

35
36 Mister Speaker, your Reference Committee recommends that *RESOLUTION 158 BE*
37 *ADOPTED.*

38
39 Resolution 158 urges that the Medical Society of the State of New York seek legislation to raise the
40 purchase age in New York State to 21 years for all tobacco products as well as e-cigarettes and other
41 unregulated nicotine delivery devices.

42
43 Resolution 159 urges that in recognizing the potentially lifesaving results that can be derived from the
44 landmark legislation signed on November 19, 2013 by Mayor Michael Bloomberg, raising the age from
45 19 to 21 to be able to purchase tobacco products, cigars and electronic cigarettes in New York City, and
46 similar legislation introduced in Suffolk County by Suffolk County Medical Society Vice President and
47 Suffolk County Legislator William Spencer, MD, that the Medical Society of the State of New York seek
48 similar legislation/regulation on a state-wide basis; and that a similar resolution be forwarded to the
49 American Medical Association (AMA) for consideration at its annual 2014 meeting for implementation
50 on a national level.

51

1 Your Reference Committee heard testimony in support of these two resolutions. New York City, as well
 2 as Suffolk County has passed legislation/regulation that would impose the age limit of 21 years for
 3 purchasing all tobacco products, cigars and electronic cigarettes. The Medical Society of the State of
 4 New York has long advocated for increasing the purchase age for tobacco products. MSSNY Policy
 5 **300.951 New Legislative Proposals Against the Promotion of Tobacco to Children in New York**
 6 **State: MSSNY will support legislation (a) to limit the promotion of tobacco products in the state by all**
 7 **tobacco companies; (b) to prohibit the sale of tobacco products to anyone under 21 years of age; (c) to**
 8 **increase penalties for the sale of tobacco to persons under 21 years of age.** Suffolk County, under the
 9 direction of a local law proposed by Dr. William Spencer, follows action by New York City Council
 10 members to increase the legal age to purchase tobacco products from 18 to 21. Both these municipalities
 11 now have the strictest limit currently in any major United States municipality. MSSNY also supports
 12 localities creating stronger laws, and believes New York State law should serve as the “floor” for
 13 legislation. It was due to NY City local law on comprehensive smoking prohibitions regarding indoor
 14 spaces, that New York State was able to achieve enactment of the Clean Indoor Air Act. Your
 15 Reference Committee has also learned that Assemblywoman Sandra Galef has legislation calling for an
 16 increase in the purchase age from 18 to 19; however, she recently met with physicians from Westchester
 17 County, to discuss expanding her legislation to age 21. Assemblywoman Galef has since amended her
 18 legislation to this effect. MSSNY has issued a memo in support of this statewide legislative initiative.
 19 Since there is already pending legislation in the New York State Legislature that will achieve the
 20 objectives of these resolutions, your Reference Committee recommends that the MSSNY Policy 300.951
 21 be amended to reflect smokeless and cigar tobacco products and e-cigarettes and other types of
 22 unregulated nicotine delivery systems. Your Reference Committee is also recommending the addition of
 23 a second resolved for purposes of sending this policy on to the AMA for implementation at the national
 24 level.

25
 26 **(11) Resolution 160** e-Cigarettes To Be Treated the Same as Tobacco Products

27
 28 RECOMMENDATION:

29
 30 Mister Speaker, your Reference Committee recommends that the *FOLLOWING*
 31 *SUBSTITUTE RESOLUTION 160 BE ADOPTED IN LIEU OF RESOLUTION 160:*

32
 33 **RESOLVED, that the Medical Society of the State of New York urge the American**
 34 **Medical Association to seek federal legislation that would place “e-cigarettes” and**
 35 **all nicotine delivery devices under the purview of the US Food and Drug**
 36 **Administration; and be it further**

37
 38 **RESOLVED, that a copy of this resolution be transmitted to the American Medical**
 39 **Association for consideration at its next House of Delegates.**

40
 41 Resolution 160 urges that with electronic cigarettes only being on the market for about 10 years with no
 42 firm data showing possible long term effects they may have when used on a regular basis, and since they
 43 do not contain any actual tobacco and as such are not currently subject to U.S. tobacco laws, that the
 44 Medical Society of the State of New York urge that e-cigarettes be treated the same as tobacco products
 45 and that the State Health Department, or other appropriate entities, conduct research into the possible
 46 risks associated with the use of e-cigarettes on a long term basis; and that there be strict quality
 47 control/oversight as to the actual ingredients, i.e., nicotine, by products, etc., which are being inhaled and
 48 that these ingredients be printed on each e-cigarette package; and that appropriate warning labels also be
 49 included such that “vaping” for an extended period of time may ultimately prove to harmful.
 50

1 Your Reference Committee heard no testimony on this resolution. However, your Reference Committee
 2 learned that e-cigarettes are battery operated devices filled with liquid nicotine (a highly addictive
 3 chemical) that heats up and turns into a vapor when inhaled. It is estimated that tens of millions of people
 4 worldwide are now using e-cigarettes on a regular basis. As a means of appealing to, and increasing the
 5 addiction rate of young people, many e-cigarettes are now available in different flavors. E-cigarettes are
 6 not currently regulated by the FDA and the marketing techniques used are also not regulated. In fact, the
 7 FDA attempted to put some parameters around e-cigarettes, but in 2010, a US judge ruled that FDA did
 8 not have the authority to regulate electronic cigarettes since they don't contain tobacco. The FDA
 9 website states that e-cigarettes may contain ingredients that are known to be toxic and unsafe, although
 10 much is still unknown about long-term health risks. There is much concern by organizations such as the
 11 World Health Organization about the addictiveness of e-cigarettes. Research published in the *American*
 12 *Journal of Public Health* indicated that 53% of young adults in the U.S. who have heard of e-cigarettes
 13 believe they are healthier than traditional cigarettes and 45% believe that they could help them quit
 14 smoking. There is little, if any, evidence to support either of these claims. Since there has already been a
 15 federal ruling that e-cigarettes are not a "tobacco product" the state Health Department or any other entity
 16 would not have any jurisdiction to regulate or conduct research. Therefore, your Reference Committee
 17 believes that it is important for the American Medical Association to seek federal legislation to bring e-
 18 cigarettes under the jurisdiction of any government entity such as the FDA. Your Reference Committee
 19 recommends adoption of the substitute resolution.

20
 21 **(12) Resolution 161** Medical Cannabis for Seriously Ill Patients

22
 23 RECOMMENDATION A:

24
 25 Mister Speaker, your Reference Committee recommends that *FOLLOWING*
 26 *SUBSTITUTE RESOLUTION 161 BE ADOPTED IN LIEU OF RESOLUTION 161:*

27
 28 **RESOLVED, That the Medical Society of the State of New York (MSSNY) adopt as**
 29 **policy the following principles:**

30
 31 **1) That the use of cannabis may have a role in treating patients who have**
 32 **been diagnosed with serious, debilitating illnesses, when all other treatments have**
 33 **failed; or when clinical trials have shown to demonstrate comparable efficacy to**
 34 **currently accepted treatments; and**

35
 36 **2) That the Medical Society of the State of New York recognizes the risk of smoking**
 37 **cannabis and encourages the use of alternate delivery systems, and**

38
 39 **3) That physicians who recommend cannabis for patient use, subject to the**
 40 **conditions set forth above, shall not be held criminally, civilly or professionally**
 41 **liable; and be it further**

42
 43 **RESOLVED, that the Medical Society of the State of New York support continued**
 44 **high quality clinical trials on the use of cannabis for medical purposes.**

45
 46 RECOMMENDATION B:

47
 48 Mister Speaker, your Reference Committee recommends that *A TITLE CHANGE BE MADE TO*
 49 *RESOLUTION 161 TO READ AS FOLLOWS:*

50
 51 **Cannabis for Seriously Ill Patients**

1
2 Resolution 161 urges that the Medical Society of the State of New York (MSSNY) adopt as policy 1)
3 That the use of medical marijuana may be appropriate when certified by licensed physicians for use in
4 alleviating pain, nausea, spasticity, or seizures in patients diagnosed with serious, debilitating illnesses;
5 and 2) That physicians who recommend marijuana for patient use, subject to the conditions set forth
6 above, shall not be held criminally, civilly or professionally liable; and 3) That the diseases and medical
7 conditions to be treated with cannabis be determined by the New York State Department of Health; and
8 the Medical Society of the State of New York support continued clinical trials on the use of marijuana for
9 medical purposes.

10
11 There was lengthy and significant debate on this issue. Your Reference Committee listened closely to
12 this discussion and believes that the Medical Society needs to articulate principals that may arise during
13 the legislative process on pending legislation that would go further than what Governor Cuomo has
14 proposed under Article 33A of the Public Health Law that relates to the use of marijuana for medical
15 purposes under a research model. Your Reference Committee is aware that there have been numerous
16 resolutions throughout the years on the concept of medical marijuana. In 2004, MSSNY House of
17 Delegates had adopted a version of MSSNY Policy 75.987, but this policy was amended in 2010 by the
18 MSSNY Council. Your Reference Committee was also apprised that in 2010, the MSSNY Council
19 convened a subcommittee of the Addiction and Psychiatric Medicine Committee and the Preventive
20 Medicine and Family Health Committee to review the policy and to make changes to the policy. The
21 subcommittee was also charged with a review of pending legislation. MSSNY policy 75.987 states that:
22 **75.987 Medical Marijuana:** *MSSNY adopts as policy that the use of marijuana may be appropriate when*
23 *prescribed or certified by a licensed physician solely for use in alleviating pain and/or nausea in patients*
24 *who have been diagnosed as chronically ill with life threatening disease when all other treatments have*
25 *failed, that the physicians who prescribe marijuana for patient use, subject to the conditions set forth*
26 *above, shall not be held criminally, civilly or professionally liable and that it supports continued clinical*
27 *trials on the use of marijuana for medical purposes. Also, MSSNY to (1) recommend to sponsors of*
28 *legislation that the use of medical marijuana should not be utilized in patients who suffer solely from*
29 *psychiatric conditions; and (2) continue to work with members of the State Legislature and the New York*
30 *State Department of Health to ensure that any legislation that is passed contains limits on certification*
31 *time frames and provides a sunset to the law. However, in 2013 the MSSNY House of Delegates rejected*
32 *reaffirmation of Policy 75.987 and endorsed a new policy which states: **2013 Resolution 157 Oppose***
33 ***Legislature Approval of Smoked Medical Marijuana:** MSSNY reaffirms the process in which*
34 *medications are regulated and approved by the FDA in the United States of America and not by state*
35 *legislative action. MSSNY opposes any process that entrusts the state legislature with the function of*
36 *approving medications and reaffirms the fact that medication preparation needs to be strictly regulated*
37 *by the FDA to assure safety, purity and effectiveness. MSSNY opposes any smoking formulation for*
38 *medical marijuana as a delivery system for a medication except for terminally ill unless the FDA should*
39 *approve that delivery system. However, your Reference Committee does agree that there is legislation*
40 *before the Legislature, and believes it is vitally important that MSSNY articulate principles based on*
41 *current available literature.*

42
43 **(13) Resolution 163** Maintaining and Developing High Quality Hospice and Palliative Care
44 Physician Workforce in the New Millennium

45
46 And

47
48 **Resolution 164** Maintaining and Developing High Quality Healthcare for Our Older
49 Patients in the New Millennium

50
51 **RECOMMENDATION:**

1
2 Mister Speaker, your Reference Committee recommends that *FOLLOWING*
3 *SUBSTITUTE RESOLUTION 163 BE ADOPTED IN LIEU OF RESOLUTION 163 AND*
4 *164:*

5
6 **RESOLVED, That the Medical Society of the State of New York recognize that there is a**
7 **shortage of physicians in geriatrics, hospice and palliative care; and be it further**

8
9 **RESOLVED, That the Medical Society of the State of New York urge the American**
10 **Medical Association to work with the various national medical specialty organizations to**
11 **petition the American Board of Medical Specialties to develop alternative pathways to**
12 **board certification for physicians with high quality experience and additional**
13 **education to sit for the boards in hospice, palliative care, and in geriatric medicine; and be**
14 **it further**

15
16 **RESOLVED, that a copy of this resolution be transmitted to the American Medical**
17 **Association for consideration at its House of Delegates.**

18
19 Resolution 163 urges that the Medical Society of the State of New York work with the American Medical
20 Association, the American College of Physicians, the American Academy of Family Physicians, the
21 American Geriatrics Society and the American Academy of Hospice and Palliative Medicine to petition
22 the American Board of Medical Specialties, to definitely re-open the boards for physicians with high
23 quality training experience and additional education without fellowship to sit for the boards in hospice
24 and palliative care.

25
26 Resolution 164 urges that the Medical Society of the State of New York work with the American Medical
27 Association, the American College of Physicians, the American Academy of Family Physicians, the
28 American Geriatrics Society and the American Academy of Hospice and Palliative Medicine to petition
29 the American Board of Medical Specialties, to definitely re-open the boards for physicians with high
30 quality training experience and additional education without fellowship to sit for the boards in geriatrics.

31
32 Your Reference Committee learned that hospice and palliative care and geriatrics are considered sub-
33 specialties by the American Board of Medical Specialties. These subspecialties fall under the general
34 specialties of anesthesiology, emergency medicine, family medicine, internal medicine, obstetrics and
35 gynecology, pediatrics, physical medicine and rehabilitation, radiology, and surgery. The requirement
36 for a fellowship in order to be board certified in hospice and palliative care or geriatrics, is to ensure that
37 someone board certified in one of those sub-specialties has been specifically trained in that field and has
38 the specific knowledge required to treat patients. However, given the current shortage of physicians in
39 these fields, your Reference Committee agreed with the author that other educational pathways to
40 certification would help increase the number of practitioners in these fields. This issue is best addressed
41 by the American Board of Medical Specialties. Therefore, your Reference Committee believes that a
42 resolution to the American Medical Association is in order and offers up the substitute.

43
44 **(14) Resolution 165** Long Term Care- Scope of the Problem

45
46 RECOMMENDATION:

47
48 Mister Speaker, your Reference Committee recommends that *FOLLOWING SUBSTITUTE*
49 *RESOLUTION 165 BE ADOPTED IN LIEU OF RESOLUTION 165*

50

1 **RESOLVED, That the Medical Society of the State of New York (MSSNY) urge the New**
 2 **York State Department of Financial Services to develop an educational program on long**
 3 **term health care financing; and be it further**

4
 5 **RESOLVED, That MSSNY request that the New York State Department of Financial**
 6 **Services promote and make this program available to all New Yorkers.**

7
 8 Resolution 165 urges that the Medical Society of the State of New York devise and disseminate an
 9 educational program for all New Yorkers on the looming health care crisis in long term health care
 10 financing, a crisis which was not addressed by the enactment of the Affordable Care Act (ACA).

11
 12 Your Reference Committee did not heard testimony on this resolution, but understood that the MSSNY
 13 Long-term Care subcommittee and Quality Improvement and Patient Safety Committee have looked at
 14 the issue of long term care. The intent of the maker of this resolution is to inform the citizens of New
 15 York State of the costs involved, both in receiving long term care and in paying for long term care
 16 insurance to cover those costs. However, this resolution calls upon MSSNY to create and distribute a
 17 program for all New Yorkers to educate them about this issue. Your Reference Committee believes that
 18 the financing of long term care insurance and the overall education of all New Yorkers is really not the
 19 mission of the Medical Society of the State of New York. Your Reference Committee does agree that
 20 such a program would be helpful to all New Yorkers and believes that such a program should be designed
 21 by the NYS Division of Financial Services. Therefore, your Reference Committee recommends the
 22 substitute resolution.

23
 24 **(15) Resolution 162 Regulation of Marijuana Sale and Use in New York State**

25
 26 RECOMMENDATION:

27
 28 Mister Speaker, your Reference Committee recommends that *RESOLUTION 162 NOT*
 29 *BE ADOPTED.*

30
 31 Resolution 162 urges that the Medical Society of the State of New York oppose sale or use of marijuana
 32 except by the State of New York at State Addictive Drug Centers (SAD Centers), and that marijuana will
 33 be sold at SAD Centers by drug counselors, and that buying marijuana will require a SAD license, a
 34 picture ID similar to a driver's license, and that there be three requirements for a SAD license: • At least
 35 18 years of age with • Completion of a four hour course that teaches the effects of marijuana use. The
 36 course explains the difference between recreational and addictive use of marijuana. The course describes
 37 changes caused by chronic use: changes in the SEEKING system of the brain, intellectual deterioration,
 38 lung disease, and risk of lung cancer. The candidate for a SAD license must pass a written test showing
 39 that they understand the risks of use. • Participation in a one hour motivational interview. The goal of the
 40 counselor administering the interview is not to dissuade use, but rather to be sure that the candidate for a
 41 SAD license has considered the risks (undercut idealization), and understands that treatment is available
 42 should they become addicted. Furthermore, the resolution urges that NYS law be changed so that the
 43 only infraction regarding marijuana that is punishable by law is to make marijuana available to an
 44 unlicensed user, or to sell it outside of a SAD Center.

45
 46 Your Reference Committee heard testimony from the sponsor and also overwhelming opposition to this
 47 resolution. Your Reference Committee also learned that 20 states and the District of Columbia have
 48 legalized medical marijuana, and many of them — including our nation's capital regulating the cultivation
 49 and sale of medical marijuana. Colorado and Washington have successfully implemented laws approved
 50 by voters in 2012 that regulate marijuana similarly to alcohol. At least 17 states have seen bills introduced
 51 or initiatives begun to legalize the drug for adult use along the lines of alcohol, the same approach used in

1 Colorado and Washington in an effort to generate tax revenues. Colorado has obtained revenues from
2 legal marijuana sales of \$134 million. The sponsor of the resolution indicated that setting up centers to
3 allow patients to legally obtained marijuana, and to require education before purchasing marijuana, would
4 be beneficial to the patient. There was other testimony asking the committee to reject the resolution as it
5 vilified the patient and testimony that society does not ask that a patient be educated prior to smoking or
6 drinking. Your Reference Committee believes that there were overwhelming objections to this
7 resolution and your Reference Committee believes adoption of this resolution is not warranted at the
8 present time.

9
10 **(16) Resolution 155** Protecting Public Health From Natural Gas Infrastructure

11
12 RECOMMENDATION:

13
14 Mister Speaker, your Reference Committee recommends that *RESOLUTION 155 BE*
15 *REFERRED TO COUNCIL.*

16
17 Resolution 155 urges that the Medical Society of the State of New York support a policy to delay
18 activities concerning the expansion of natural gas infrastructure components until valid information is
19 available to evaluate the process for its potential impact on human health and the environment.

20
21 There was testimony in support and in opposition to this resolution. Your Reference Committee believes
22 that the matter should be referred to MSSNY Council for further study to explore the regulatory process
23 and to develop an understanding about the environmental impacts of the construction of pipelines,
24 compressor stations, and the transportation of materials including heavy truck traffic. Certainly, more
25 information and research on this matter is need and therefore, your Reference Committee recommends
26 referral.

27
28 **(17) Resolution 166** Medical Marijuana

29
30 RECOMMENDATION:

31
32 Mister Speaker, your Reference Committee recommends that *RESOLUTION 166 BE*
33 *REFERRED TO COUNCIL.*

34
35 Resolution 166 urges that That the Medical Society of the State of New York re-affirm Policy (Resolution
36 from 2013), “Oppose Legislature Approval of Smoked Medical Marijuana”; and that MSSNY engage
37 with stakeholders including appropriate state agencies to help clarify the role of the outside physician
38 with the following principles in mind: a) That these medical marijuana dispensing centers not require a
39 referral, as a referral implies that the physician endorses that a patient may have a condition in which
40 medical marijuana will provide treatment; b) That these medical marijuana dispensing centers have a
41 duty to inform the patient’s primary care physician and relevant specialists of their evaluation and
42 recommendation, and publication of marijuana prescriptions may be placed on the iSTOP database
43 controlled substances list; c) That the medical marijuana dispensing center is responsible for taking a
44 medication history and checking for marijuana drug interaction, and the patient’s personal physician
45 should be held harmless for any reaction arising from marijuana dispensing; d) That all required
46 monitoring for both effectiveness and side effects is done by the domain of the medical marijuana
47 dispensing center, not the outside physician; e) That all medical/legal aspects of medical marijuana, such
48 as abuse, actions taken by patients under the influence (e.g. driving) or diversion of the marijuana are
49 the sole provenance of these medical marijuana dispensing centers, and that no physicians outside of these
50 centers should be held liable for issues related to medical marijuana.

51

1 Your Reference Committee heard testimony in support and opposition to this resolution. There was
2 discussion and concern about the limitation of just 20 centers for this matter and there was also discussion
3 about physicians being required to refer patients for treatment. Your Reference Committee was apprised
4 that in January 2014, Governor Andrew Cuomo called for the state Department of Health to exercise its
5 existing statutory authority under Article 33-A of the Public Health Law to establish a program which would
6 allow up to 20 hospitals to provide medical marijuana to patients. Article 33-A, known as the Oliveri
7 Controlled Substances Therapeutic Research Act, would allow up to 20 hospitals provide to medical
8 marijuana to patients who 1) have cancer, glaucoma, or other diseases approved by the Commissioner of
9 Health; 2) are in a life-threatening or limited sense-threatening situation; and 3) have been certified by a
10 physician as meeting these criteria. The medical marijuana program will allow for scientific research and
11 evaluation into whether medical marijuana can be dispensed in an effective and controlled way without being
12 abused. The New York State Department of Health will be promulgating regulations for its administration.
13 The program will be subject to stringent research protocols and eligibility requirements and strict DOH
14 oversights and monitoring, and it will be expected to fully comply with all applicable state and federal laws.
15 Your Reference Committee learned that the MSSNY Committee on Addiction and Psychiatric Medicine
16 Committee discussed and reviewed this concept in January and agreed that the Article 33A PHL concept is
17 worth exploring. On January 30, 2014, the MSSNY Council adopted a statement that indicated concern
18 regarding the need for further research to determine the potential effectiveness of marijuana in treating
19 certain medical conditions and that MSSNY will be proactively engaged with the Governor and his staff
20 to provide its clinical knowledge and expertise in the area of psychiatric and addiction disorders and
21 scientific research to advise on the essential components that will assist in ensuring the development of
22 good controlled research protocols and equitable patient access to scientifically diverse research designs.
23 Your Reference Committee believes that the MSSNY Council statement has begun to address this issue
24 with the Governor's office and believes that the matters articulated within this resolution would be more
25 appropriate to be handled by MSSNY Council and would allow MSSNY to have a role in the regulatory
26 process and discussion on this matter.

Reference Committee on Public Health & Education

1 Your Chairperson is grateful to the committee members, namely David M. Jakubowicz, MD; Sheila
2 Bushkin, MD; Brian White, DO; Lance I. Austein, MD; and Joseph Booth, MD
3 Your Reference Committee Chairman also wishes to express his appreciation to Pat Clancy, Barbara K.
4 Ellman, and Terri Holmes for their help in preparation of this report.

5 Respectfully submitted,

6 _____
7 Joshua Cohen, MD, Chair

8 _____
9 Sheila Bushkin, MD, MPH Saratoga County

10 _____
11 Lance I. Austein, MD, Kings County

Joseph Booth, MD, Oneida County