

## **2019 ROAM HOD ACTIONS**

### **200 – Reconsidering the Need for an Increased Physician Workforce**

*Introduced by Michael H. Brisman, MD, Delegate, Nassau County*

#### **NOT ADOPTED**

RESOLVED, that the Medical Society the State of New York reassess whether it is really in the best interests of physicians or patients to increase the supply of physicians; and be it further

RESOLVED, that the Medical Society the State of New York advocate that the AMA also reassess whether it is really in the best interests of physicians or patients to increase the supply of physicians.

### **201 -- Study of State and National Health Service Corps Needs**

*Introduced by Fifth and Sixth District Branches*

#### **REFERRED**

RESOLVED, that the Medical Society of the State of New York study the need for more capacity and use of State and National service programs for health or other public service work such as Job Corps, AmeriCorps, Peace Corps, Senior Corps, National Health Service Corps, Doctors Across NY, loan forgiveness programs and defense service in New York State; and be it further

RESOLVED, that MSSNY request the American Medical Association to study the need for more capacity and use of the National service programs for health or other public service work such as Job Corps, AmeriCorps, Peace Corps, Senior Corps, National Health Service Corps, Doctors Across NY, loan forgiveness programs and defense service; and be it further

RESOLVED, after the completion of public service work such as Job Corps, AmeriCorps, Peace Corps, Senior Corps, National Health Service Corps, Doctors Across NY, the participants would be eligible for meaningful scholarships/benefits/loan forgiveness for further training and education in healthcare, health related infrastructure, and public health.

### **202 -- Government Monies Paid to Help Train Physicians**

*Introduced by Michael H. Brisman, MD, Delegate, Nassau County*

#### **NOT ADOPTED**

RESOLVED, that the Medical Society the State of New York advocate and seek legislation for government monies, for physician education, be paid directly to physicians, both in and out of training; and be it further

RESOLVED, that the Medical Society the State of New York propose and advocate that the AMA support legislation for government monies, for physician education, be paid directly to physicians, both in and out of training.

**203 -- NYS Licensure and Registration Fees**  
*Introduced by the Eighth District Branch*  
**NOT ADOPTED**

RESOLVED, that MSSNY explore the feasibility of NYS offering a discount on the registration and licensure fee for physicians who are members of the MSSNY and its component county societies with a report back at the 2020 House of Delegates meeting.

**204-- Pardon Dr. John Natale**  
*Introduced by Medical Society of the County of Queens and  
Suffolk County Medical Society*  
**ADOPTED**

RESOLVED, that our Medical Society of the State of New York petition President Donald J Trump for the purpose of obtaining a pardon for Dr. Natale, offering some solace for the loss of his career and good name.

**205 -- Clear Disclosure of Advertisers at the House of Delegates**  
*Introduced by Michael H. Brisman, MD, Delegate, Nassau County*  
**NOT ADOPTED**

RESOLVED, that the Medical Society the State of New York, develop a policy that prior to any presentation by a paid vendor at the House of Delegates, that is, an advertiser, that it be clearly announced to the delegates that the following is a paid advertisement.

**206 -- Clear Disclosure of Potential Board Membership Conflicts at the House of Delegates**  
*Introduced by Michael H. Brisman, MD, Delegate, Nassau County*  
**REAFFIRMED MSSNY POSITION STATEMENT 207.977, Conflict of Interest:**

Section 4.1(b) of MSSNY's Conflict of Interest Disclosure Form and Explanatory Statement: A director, officer, councilor, committee member or key person shall disclose the facts concerning a Related Party Transaction or a Material Conflict of Interest to the Board of Trustees, the Board of Trustees Audit Committee, (if any), or to the Committee involved in any deliberation pertaining to any transaction, agreement or other matter that may give rise to a Related Party Transaction or Material Conflict of Interest.

**207 -- State Societies and the AMA Litigation Center**  
*Introduced by the Suffolk County Medical Society*  
**SUBSTITUTE AMENDMENT ADOPTED**

RESOLVED, That the MSSNY submit a resolution to the AMA House of Delegates, stating that when seeking a state medical society's support of an amicus brief on a legal matter, especially one pertaining to an issue in that state, that the AMA Litigation Center consider the state medical society's point of view in developing the argument, and maintain full disclosure during the drafting of the amicus or change in strategy.

**208 -- Getting JAMA to Support the Interests of Physicians**

*Introduced by Michael H. Brisman, MD, Delegate, Nassau County*

**NOT ADOPTED**

RESOLVED, that the Medical Society the State of New York take the position and urge that the AMA either modify the orientation of JAMA so that it is clearly supportive of physicians, or start a new national journal that will be, and should take this position.

**209 -- Initial Certification of Medical Competence**

*Introduced by the New York County Medical Society and the NYS Society of Plastic Surgeons*

**NOT ADOPTED**

RESOLVED, That the Medical Society of the State of New York (MSSNY) adopt the position that physicians being credentialed in New York State by hospitals and insurance companies should have initial board certification by a member board of one of the three federally-recognized medical specialty board groupings — the American Board of Medical Specialties (ABMS), the American Osteopathic Association (AOA), or the American Board of Physician Specialties (ABPS), following successful completion of a postgraduate medical education program approved by the Accreditation Council on Graduate Medicine Education (ACGME); and be it further

RESOLVED, That the Medical Society of the State of New York (MSSNY) adopt the position that Board eligibility is an acceptable alternative in the case of graduates of postgraduate medical education programs approved by the Accreditation Council on Graduate Medical Education (ACGME), provided that the appropriate board certification is achieved within five years of successful completion of such approved postgraduate medical education programs.

**210 -- Initial Certification or Maintenance of Certification as Restraint of Trade**

*Introduced by Alan Diaz MD, Delegate, Bronx County and Realba Rodriguez Iglesias MD, Delegate, Bronx County*

**REAFFIRMED MSSNY POSITION STATEMENT 235.989:**

The Medical Society of the State of New York will advocate, and seek legislation if necessary, to ensure that health insurers and hospitals do not limit network participation, staff privileges, employment, or payments solely as a result of not having specialty board certification and any measure that would require specialty board certification as a condition of licensure will be opposed. (HOD 2014-54)

**211 -- Continuing Certification of Medical Competence**

*Introduced by New York County Medical Society*

**ADOPTED**

RESOLVED, That the Medical Society of the State of New York (MSSNY) adopt the position that verifiable demonstration of currency and competence in medical practice should include as an acceptable alternative to continuing board certification by the appropriate medical specialty board(s) written attestation of good professional standing

in the appropriate community(s) of practice by a minimum of two (2) peers also in good professional standing with the same community(s) of practice; and be it further

RESOLVED, That the Medical Society of the State of New York (MSSNY) adopt the position that verifiable demonstration of currency and competence in medical practice should include as an acceptable alternative to continuing board certification by the appropriate medical specialty board(s) satisfactory completion of a minimum of fifty (50) hours every two (2) years of continuing medical education experiences related to the specialty(s) of medicine in which one currently practices, in accordance with the current practices of the appropriate medical specialty(s); and be it further

RESOLVED, That the Medical Society of the State of New York (MSSNY) adopt the position that verifiable demonstration of currency and competence in medical practice should include as an acceptable alternative to continuing board certification by the appropriate medical specialty board(s) Validated self-assessment of current cognitive knowledge following no fewer than twenty (20) hours every two (2) years from the above cited continuing medical education experiences.

212 -- Notification of Certification of Medical Competence

*Introduced by New York County Medical Society and the NYS Society of Plastic Surgeons*

**NOT ADOPTED**

RESOLVED, That the Medical Society of the State of New York (MSSNY) advocate the practice of reporting only those board certification(s) a physician currently holds when such information is requested by third parties.

213 -- MOC Moratorium

*Introduced by the Medical Society of the County of Queens and the Suffolk County Medical Society*

**ADOPTED AS AMENDED**

Resolved, That the Medical Society of the State of New York call for an immediate end to the high stakes examination components as well as an end to the Quality Initiative (QI)/Practice Improvement (PI) components of MOC; and be it further

Resolved, That the Medical Society of the State of New York call for retention of CME and Professionalism Components (how physicians carry out their responsibilities safely and ethically) of MOC only; and be it further

Resolved, That the Medical Society of the State of New York petition the ABMS for the restoration of certification status for all diplomates who have lost certification status solely because they have not complied with MOC requirements; and be it further

Resolved, that Medical Society of the State of New York bring this matter to our AMA for final resolution of this matter for the benefit of ALL physicians.

214 -- Continued Grandfather Status for Taking Board Exams

*Introduced by Clarisse Clemons-Ferrara, MD, Delegate, Kings County Medical Society of the County of Kings*

**ADOPTED**

RESOLVED, that the duly licensed physician should be the only requirement for practice of medicine; and be it further

RESOLVED, that the American Board of Medical Specialties (ABMS) keep the promise of their “grandfather” clause; and be it further

RESOLVED, the Medical Society feels there should be more than one pathway to participation in insurance companies, hospital privileges and other organizations (e.g. ambulatory surgery centers). We encourage the ABMS to work with the other societies to find what pathways ensure physician competency and pursuit of lifelong learning.

215 -- The Term Physician

*Introduced by Richmond County Medical Society*

**ADOPTED**

RESOLVED That the Medical Society of the State of New York seek the passage of state regulation and/or legislation that mandates that the term physician be limited to those people trained in accordance with ACGME guidelines and have an MD, DO or a recognized equivalent physician degree and that term not be used by any other organization or person involved in or representing a group that provides patient care by allied health professionals and be it further

RESOLVED, That the Medical Society of the State of New York send a resolution to American Medical Association to seek the passage of federal regulation and/or legislation that mandates that the term physician be limited to those people trained in accordance with ACGME guidelines and have an MD, DO or a recognized equivalent physician degree and that the term not be used by any other organization or person involved in healthcare.

216 -- Advancing Gender Equity in Medicine

*Introduced by the Women Physicians Committee*

**ADOPTED**

RESOLVED: That MSSNY promote pay structures based on objective, gender-neutral criteria; and be it further

RESOLVED: That MSSNY promote and/or develop educational programs to help empower physicians of all genders to negotiate equitable compensation; and be it further

RESOLVED: That MSSNY advocate for training to identify and mitigate implicit bias in compensation decision making for those in positions to determine salary and bonuses, with a focus on how subtle differences in the evaluation of physicians of different genders may impede compensation and career advancement; and be it further

RESOLVED: That MSSNY collect and analyze comprehensive demographic data and produce a report on gender equity, including, but not limited to, membership; representation in the House of Delegates; reference committee makeup; and leadership positions within MSSNY, and disseminate this report to the House of Delegates and the MSSNY membership beginning with the Annual Meeting in 2020 and continuing yearly thereafter, with recommendations to support ongoing gender equity efforts.

217 -- MSSNY Policy on Gender Equity in Medicine

*Introduced by the Women Physicians Committee of MSSNY, Suffolk County Medical Society, and the Eighth District Branch*

**ADOPTED**

RESOLVED: That MSSNY support institutional, departmental and practice policies that promote transparency in defining the criteria for initial and subsequent physician compensation; advocate for pay structures based on objective, gender-neutral criteria; and be it further

RESOLVED: That MSSNY encourage a specified approach, sufficient to identify gender disparity, to oversight of compensation models, metrics, and actual total compensation for all employed physicians; promote training to identify and mitigate implicit bias in compensation determination; recommend elimination of the question of prior salary information from job applications for physician recruitment in academic and private practice; and be it further

RESOLVED: That MSSNY create an awareness campaign to inform physicians about their rights under the Lilly Ledbetter Fair Pay Act and Equal Pay Act, which took effect in 2009, restoring protection against pay discrimination<sup>7</sup>, establish educational programs to help empower all genders to negotiate equitable compensation.

218 -- Membership Expansion and Representation of Diverse Physician Organizations

*Introduced by Medical Society of the County of Queens and Medical Society of the County of Kings*

**ADOPTED**

RESOLVED, That MSSNY study the issue of representation of diverse and/or ethnic physician not-for-profit organizations at its HOD along with outreach and membership incentives and submit appropriate policy recommendations to the MSSNY Bylaws Committee.

219 -- Supporting NYS Medical Students, Residents, Fellows and Membership Expansion

*Introduced by Sandhya Malhotra, MD, Delegate, Queens County*

**NOT ADOPTED**

RESOLVED, That MSSNY offer complimentary membership to all New York State residents who are medical students, residents, and fellows studying and/or training in New York State for the duration of their training; and be it further

RESOLVED, That MSSNY offer complimentary application fee for its Research Poster Symposium to all medical students, residents, and fellows who are MSSNY members.

220 -- Representation of County Operative Functions at Council

*Introduced by Suffolk County Medical Society, Medical Society of the County of Erie, Medical Society of the County of Kings, Bronx County Medical Society, New York County Medical Society, Oneida County Medical Society, Herkimer County Medical Society, Madison County Medical Society, Chenango County Medical Society, Oswego County Medical Society, Cayuga County Medical Society, Eighth District Branch, Richmond County Medical Society*

**ADOPTED AS AMENDED**

RESOLVED, that MSSNY grant the County Medical Societies a Federation Representative to voice the unique operational challenges faced by the counties at MSSNY Council; and be it further

RESOLVED, that MSSNY grant the selected Federation Representative a term limit of three years as nominated and chosen by the majority vote cast by the County Executives that partner with MSSNY.

221 -- Physician Competency and Age Discrimination

*Introduced by Arthur Fougner, MD, MSSNY President Elect, John Kennedy, MD, Delegate, Schenectady County, and Greg Pinto, MD, MSSNY Councilor, Fourth District Branch*

**ADOPTED**

RESOLVED, That the Medical Society of the State of New York seek guidance from legal counsel toward formulating policy on age-related issues, physician competence, and patient safety.