

MEDICAL SOCIETY OF THE STATE OF NEW YORK 2019 HOUSE OF DELEGATES  
Report of the Reference Committee on Public Health & Education  
Presented by: Corliss Varnum, MD, Chair

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**Madame Speaker and Members of the House of Delegates:**

Your Reference Committee recommends the following consent calendar for acceptance:

**FILED FOR INFORMATION**

1. MSSNY Interim Report of the End of Life Task Force

**RECOMMENDED FOR ADOPTION**

2. Public Health and Education 2019 Sunset Review Report
3. Resolution 150 – End the Epidemic of HIV Nationally
4. Resolution 163 – Benzodiazepine and Opioid Warning
5. Resolution 167 – Universal Reporting of Adult Immunization into NYSIS

**RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED**

6. Resolution 151 – Plastic drinking Straws
  7. Resolution 152 – Autopsies as an Educational Tool
  8. Resolution 154 – Regulating Liquid Nicotine and E-cigarettes
  9. Resolution 155 – Addressing the Vaping Crisis
  10. Resolution 157 – Availability of Testing to Diagnose Periprosthetic Joint Infections
  11. Resolution 159 – Reducing Health Disparities through Education
  12. Resolution 160 – Readily Accessible Mental Health Treatment for Adolescents
  13. Resolution 161 – Reducing Barriers to Mental Health Service Utilization in Medical Students
  14. Resolution 162 – Reducing Physician Barriers to Mental Health Care
  15. Resolution 164 – Promoting Addiction Medicine during a Time of Crisis
  16. Resolution 165 – Protecting Physicians' Freedom of Speech Regarding Firearm Safety
  17. Resolution 166 – Strategies to improve NYS Immunization Rate in Children
  18. Resolution 169 – On Call Requirements for Pharmacies Administering Vaccines
  19. Resolution 170 – Data Collection Regarding the New York State Reproductive Health Act
  20. Resolution 174 – Recreational Marijuana Taxation
- AND
- Resolution 175 – Public Health Stance Regarding Sales of Recreational Cannabis

**RECOMMENDED NOT FOR ADOPTION**

21. Resolution 156 – Complete Genomic Sequencing
22. Resolution 158 – Unduly Onerous Requirements for Comprehensive Stroke Center Designation
23. Resolution 168 – Flu Shot Rebranding
24. Resolution 171 – Clarifications on New York State Reproductive Health Act

1 1. MSSNY Interim Report of the End of Life Task Force

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**THE REFERENCE COMMITTEE RECOMMENDS THAT THE INTERIM REPORT OF THE  
END OF LIFE TASK FORCE BE FILED.**

MSSNY’s Interim Report of the End of Life Task Force is an update to the House of Delegates about the task force review of issues regarding end of life care. A full report from the task force will be forthcoming in 2020. Your Reference Committee recommends that the report be filed

2. 2019 Sunset Review Report for Public Health and Education

**THE REFERENCE COMMITTEE RECOMMENDS THAT THE 2019 SUNSET REVIEW  
REPORT FOR PUBLIC HEALTH AND EDUCATION BE ADOPTED.**

The 2019 Sunset Report contains policies that are ten years old and these policies were reviewed by MSSNY’s Public Health Committee. Your Reference Committee recommends that the report be filed.

3. RESOLUTION 150 – END THE EPIDEMIC OF HIV NATIONALLY

**THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 150 BE ADOPTED.**

Resolution 150 urges 1) that MSSNY support New York’s End the Epidemic 2020 program funding to sustain the initiative's progress to achieve the 2020 target; and be it further 2) that MSSNY urge the American Medical Association advocate that the federal budget include provisions to End the HIV epidemic and that such a plan be structured after New York State's EtE 2020 or other similar state programs.

Your Reference Committee heard no testimony about this resolution, but did learned during executive session about the success of New York’s End the Epidemic 2020 program and learned that in 2014 Governor Andrew M. Cuomo detailed a three-point plan to move us closer to the end of the AIDS epidemic in New York State. The goal is to reduce the number of new HIV infections to just 750 [from an estimated 3,000] by the end of 2020 and achieve the first ever decrease in HIV prevalence in New York State. The three-point plan: 1)Identifies persons with HIV who remain undiagnosed and links them to health care; 2) Links and retains persons diagnosed with HIV in health care to maximize virus suppression so they remain healthy and prevent further transmission; 3)Facilitates access to Pre-Exposure Prophylaxis (PrEP) for persons who engage in high-risk behaviors to keep them HIV negative. MSSNY has significant policy regarding HIV and AIDS and supporting the State in its efforts of reduce transmission is an important step. Additionally, having the federal government enact similar initiatives and funding can reduce incidents of this deadly disease. Therefore, your Reference Committee recommends adoption.

4.RESOLUTION 163 – BENZODIAZEPINE AND OPIOID WARNING

**THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 163 BE ADOPTED.**

Resolution 163 urges 1) That the Medical Society of the State of New York raise the awareness of its members of the increased use of illicit sedative/opioid combinations leading to addiction and overdose death; and be it further 2) That the Medical Society of the State of New York bring this resolution to the House of Delegates of the American Medical Association so that it may warn members and patients about this public health problem.

1 Your Reference Committee heard testimony in support of this resolution. Your Reference  
2 Committee was also apprised that the Guidelines on Chronic Pain strongly discourage  
3 physicians from co-prescribing both benzodiazepine and opioids. Your Reference Committee  
4 also learned that more than 30 percent of overdoses involving opioids also involve  
5 benzodiazepines, a type of prescription sedative commonly prescribed for anxiety or to help with  
6 insomnia. Combining opioids and benzodiazepines can be unsafe because both types of drug  
7 act in synergy to sedate users and suppress breathing—the cause of overdose fatality—in  
8 addition to impairing cognitive functions. In 2015, 23 percent of people who died of an opioid  
9 overdose also tested positive for benzodiazepines. It is important that physicians become more  
10 aware of this potentially lethal combination and that MSSNY work through its communication  
11 vehicles to provide information on this matter. It is also important that the AMA Task Force on  
12 Opioids more aggressively promote information and that is why the Reference Committee  
13 recommends adoption.  
14

#### 15 5.RESOLUTION 167 – UNIVERSAL REPORTING OF ADULT IMMUNIZATION INTO NYSIIS

##### 16 **RECOMMENDATION A:**

##### 17 **THE REFERENCE COMMITTEE RECOMMENDS ADOPTION OF RESOLUTION 167**

18  
19 Resolution 167 urges 1) that the Medical Society of the State of New York advocate for  
20 universal reporting of adult vaccine doses to the New York State Immunization Information  
21 System (NYSIIS), either directly or via health information exchanges, and be it further 2) that  
22 MSSNY advocate for removal of the requirement for patient permission to report adult vaccines,  
23 as is now the case for reporting of all patient data to health information exchanges.  
24  
25

26  
27 The Reference Committee heard testimony in support of this resolution; there were statements  
28 about an unfunded mandate. However, your Reference Committee agreed with those testifying  
29 that having adult vaccines entered into NYSIIS is beneficial to both the patient and the  
30 physician and thus recommends adoption.  
31

#### 32 6. RESOLUTION 151 - PLASTIC DRINKING STRAWS

##### 33 **RECOMMENDATION A:**

##### 34 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE ORIGINAL RESOLVE OF** 35 **RESOLUTION 151 BE AMENDED BY ADDITION AND DELETION.**

36  
37 **RESOLVED, That that the Medical Society of the State of New York ~~oppose bills~~**  
38 **support legislation banning plastic straws with exceptions made for people**  
39 **with disability for those that need them, limiting access to plastic drinking**  
40 **straws, for the sake of our patients with disabilities.**  
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##### 44 **RECOMMENDATION B:**

##### 45 **THE REFERENCE COMMITTEE RECOMMENDS RESOLUTION 151 BE AS ADOPTED AS** 46 **AMENDED.**

47  
48 Resolution 151 urges 1) that the Medical Society of the State of New York oppose bills limiting  
49 access to plastic drinking straws, for the sake of our patients with disabilities.  
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51

52 Your Reference Committee heard significant testimony in support of banning plastic straws, but  
53 also heard from the sponsors that there is a need to address the disabled community who use

1 straws. Your Reference Committee learned that the USA alone uses 390 million straws every  
2 day leading to trash that is not biodegradable. However, your Reference Committee was  
3 sympathetic to the testimony received from the sponsor and others in support of this resolution  
4 that the disable community would be adversely impacted by a complete ban. Therefore, your  
5 Reference Committee believes it has crafted a resolution that bases MSSNY support of  
6 legislation banning plastic straws as long as it contains exceptions that address the needs of the  
7 disabled. Your Reference Committee recommends adoption of this amended resolution.

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9 7. RESOLUTION 152 – AUTOPSIES AS AN EDUCATIONAL TOOL

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11 **RECOMMENDATION A:**

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13 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOLLOWING SUBSTITUTE**  
14 **AMENDMENT BE ACCEPTED INSTEAD OF ORIGINAL RESOLUTION 152:**

15  
16 RESOLVED, That the Medical Society of the State of New York support postmortem  
17 examinations, including autopsies, and that such examinations make use of all available  
18 modern technologies; and that it be further

19  
20 RESOLVED, that MSSNY advocate to the Associated Medical Schools of New York  
21 (AMSNY) that post mortem examinations, including autopsies be incorporated into the  
22 curriculum of medical schools.

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24 **RECOMMENDATION B:**

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26 **THE REFERENCE COMMITTEE RECOMENDS THAT RESOLUTION 152 BE ADOPTED AS**  
27 **AMENDED.**

28  
29 Resolution 152 urges 1) that the Medical Society of the State of New York study the current  
30 state requirements and methodologies for conducting autopsies and develop appropriate  
31 recommendations to include less invasive procedures, such as postmortem modern imaging (ie  
32 CT Scans, x-rays) to determine the cause of death, and be it further 2) that the Medical Society  
33 of the State of New York, seek legislative or regulatory changes to include medical education as  
34 a compelling public necessity for an autopsy.

35  
36 MSSNY heard limited testimony during the hearing in support of this resolution. However, your  
37 Reference Committee believes that a study of these issues is best conducted by the American  
38 Academy of Forensic Sciences. Your Reference Committee learned that MSSNY members  
39 with expertise in the field of forensic pathology and pathology are extremely limited which is why  
40 a study should be referred to AAFS which comprises a much broader group of members who  
41 are involved in the fields of forensic science. Your Reference Committee was also concerned  
42 about the fiscal costs to MSSNY to undertake this study and believes that a study would beyond  
43 current MSSNY level of expertise. However, your Reference Committee agrees that post  
44 mortem examinations and autopsies can be used as educational tools and that all medical  
45 technologies be used in the postmortem evaluation and that medical schools incorporate them  
46 into the curriculum. Therefore, the Committee put forth the substitute resolution reaffirming  
47 MSSNY policy but also requesting that MSSNY work with AMSNY to incorporate this into the  
48 medical education curriculum.

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2 8. RESOLUTION 154 – REGULATING LIQUID NICOTINE AND E-CIGARETTES

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4 **RECOMMENDATION A:**

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6 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FIRST RESOLVE OF**  
7 **RESOLUTION 154 NOT BE ADOPTED.**

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9 **RECOMMENDATION B:**

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11 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE SECOND RESOLVE OF**  
12 **RESOLUTION 154 BE AMENDED BY ADDITION.**

13  
14 RESOLVED, That MSSNY requests that the American Medical Association (AMA)  
15 seek legislation or regulation that that limit higher concentration nicotine salts (greater  
16 than 10mg) in nicotine vaping pods and restrict bulk sale of vaping products and  
17 associated paraphernalia

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19 **RECOMMENDATION C:**

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21 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE THIRD RESOLVE OF**  
22 **RESOLUTION 154 BE AMENDED BY ADDITION.**

23  
24 RESOLVED, That MSSNY continue to partner with appropriate organizations to inform  
25 and educate the community on the harms of liquid nicotine and e-cigarettes.

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27 **RECOMMENDATION D:**

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29 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 154 BE ADOPTED**  
30 **AS AMENDED.**

31  
32 Resolution 154 urges 1) that MSSNY seek legislation or regulation that mandates merchants  
33 who sell vaping products obtain a license, similar to a tobacco license and that these vapor  
34 stores to be age 21 and over establishments; and be it further 2) that MSSNY seek legislation or  
35 regulation that that limit higher concentration nicotine salts (greater than 10mg) in nicotine  
36 vaping pods and restrict bulk sale of vaping products and associated paraphernalia; and be it  
37 further 3) that MSSNY partner with appropriate organizations to inform and educate the  
38 community on the harms of liquid nicotine and e-cigarettes.

39  
40 Your Reference Committee heard testimony in support of this resolution. Your Reference  
41 Committee also learned that on March 31, 2019, the New York State Legislature passed  
42 legislation through the state budget process imposing a 20% tax on all vaping products and  
43 require that all retailers and manufacturers who intend to sell vapor products in the state to  
44 register with the state tax commissioner to receive a certificate to sell vapor products—similar to  
45 a cigarette retailer. Your Reference Committee also learned that on April 1, 2019, the New York  
46 State Senate also passed legislation requiring that anyone purchasing cigarettes, e-cigarettes,  
47 vapor products and paraphernalia to be 21 years of age. Both recent developments indicate  
48 that the first resolved is no longer needed. Your Reference Committee learned that MSSNY  
49 supported these measures. Your Reference Committee agrees with the sponsor of this  
50 legislation that placing limits on nicotine salt is a meritorious effort; however it believes that the  
51 second resolve is best addressed by the American Medical Association as it is the Food and  
52 Drug Administration that regulates e-cigarettes and vaping products. Your third resolve was  
53 amended by the Reference Committee in recognition of MSSNY continuing to work on

1 educational programs regarding tobacco, e-cigarettes, and the danger of vaping.

2 9. RESOLUTION 155 – ADDRESSING THE VAPING CRISIS

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4 **RECOMMENDATION A:**

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6 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 155 BE ADMENDED**  
7 **BY ADDITION AND DELETION**

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9 RESOLVED, that the Medical Society the State of New York urge that the American  
10 Medical Association advocate to the Food and Drug Administration ~~support a~~  
11 policy that vaping devices should be available by prescription only, for smokers who are  
12 trying to quit smoking.

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14 **RECOMMENDATION B:**

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16 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 155 BE ADOPTED**  
17 **AS AMENDED.**

18  
19 Resolution 155 urges 1) that the Medical Society the State of New York support a policy that  
20 vaping devices should be available by prescription only, for smokers who are trying to quit  
21 smoking.

22  
23 Your Reference Committee heard testimony in support and opposition to this resolution. Your  
24 Reference Committee also learned that in 2016 the US Food and Drug Administration (FDA)  
25 extended its regulatory authority to include e-cigarettes. The FDA evaluates certain issues,  
26 including ingredients, product features and how it is to be used, along with health risks.  
27 Therefore, while the Reference Committee agrees with the intent, it is better to send this  
28 resolution to the AMA for its action.

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30 10. RESOLUTION 157 – AVAILABILITY OF TESTING TO DIAGNOSE PERIPROSTHETIC  
31 JOINT INFECTIONS

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33 **RECOMMENDATION A:**

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35 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOLLOWING SUBSTITUTE**  
36 **AMENDMENT BE ACCEPTED INSTEAD OF ORIGINAL RESOLUTION 157**

37  
38 RESOLVED, that the Medical Society of the State of New York support regulatory or  
39 statutory changes to make periprosthetic joint infections testing available to patients

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41 **RECOMMENDATION B:**

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43 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 157 BE ADOPTED AS**  
44 **AMENDED.**

45  
46 Resolution 157 urges 1) the Medical Society of the State of New York, working with appropriate  
47 specialty societies, study the issue of periprosthetic joint infection; and be it further 2) the  
48 Medical Society of the State of New York communicate to regulatory agencies the importance of  
49 expediting the availability of alpha-defensin testing to patients to allow for accurate diagnosis of  
50 prosthetic joint infection, and be it further 3) the Medical Society of the State of New York seek  
51 regulatory or legislative changes to make testing for periprosthetic joint infections readily  
52 available to physicians and patients in New York State.

1 Your Reference Committee heard testimony on this issue. Your Reference Committee also  
2 learned that the Infectious Disease Society of American and the American Academy of  
3 Orthopedic Surgeons has indicated that there are limits to the diagnostic testing for detecting  
4 prosthetic joint infection and both groups have issued joint guidelines on testing procedures.  
5 Your Reference Committee learned the NYS is the only state that has not approved this test.  
6 However, your Reference Committee was concerned that for MSSNY to conduct a study on this  
7 specific problem is beyond MSSNY expertise and would be duplicative of the efforts of the  
8 Infectious Disease Society of America and the American Orthopedic Surgeons. Therefore, your  
9 Reference Committee recommends that a substitute amendment in place of the resolution be  
10 adopted as this will allow MSSNY to lend its support for regulatory or statutory efforts for the  
11 testing.  
12

13 11. RESOLUTION 159 – REDUCING HEALTH DISPARITIES THROUGH EDUCATION  
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15 **RECOMMENDATION A:**

16  
17 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FIRST RESOLVE OF**  
18 **RESOLUTION 159 NOT BE ADOPTED.**

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20 **RECOMMENDATION B:**

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22 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE SECOND RESOLVE OF**  
23 **RESOLUTION 159 BE AMENDED BY ADDITION AND DELETION**

24  
25 **RESOLVED**, that MSSNY works with ~~NYSDOH and NYSDOE~~ the **State Education**  
26 **Department (SED)** to establish a meaningful health curriculum (including nutrition) for  
27 grades kindergarten through 12 in an effort to improve health disparities outcomes.  
28 **which is required for High School graduation**  
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30 **RECOMMENDATION C:**

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32 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE THIRD RESOLVE NOT BE**  
33 **ADOPTED.**

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35 **RECOMMENDATION D:**

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37 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 159 BE ADOPTED AS**  
38 **AMENDED.**

39  
40 Resolution 159 urges 1) that the Medical Society of the State of New York (MSSNY) works with  
41 the New York State Department of Health (NYSDOH), and the New York State Department of  
42 Education (NYSDOE), to raise awareness about the health benefits of education, and be it  
43 further 2) That MSSNY works with NYSDOH and NYSDOE to establish a meaningful health  
44 curriculum (including nutrition) for grades kindergarten through 12 which is required for High  
45 School graduation; and be it further 3) that MSSNY forward this resolution to the American  
46 Medical Association to work nationally toward the same goals and strategies to reduce  
47 health disparities.  
48

49 Your Reference Committee heard testimony from the sponsors of this resolution that indicated  
50 that having completed either a high school or college education could improve outcomes, and  
51 having an education regarding good nutrition, exercise and making good choices regarding  
52 smoking, drugs, etc, could also lead to improved health disparities outcomes. Your Reference  
53 Committee agrees with the intent of the sponsor, but amended the resolution to better clarify the

1 intent of the resolution. The Reference Committee also deleted the reference to the NYS  
2 Department of Health since the State Education Department is the agency that sets the core  
3 curriculum for primary and secondary education. The Reference also deleted referral to the  
4 AMA as the AMA already has extensive policy on this issue.

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6 12. RESOLUTION 160 – READILY ACCESSIBLE MENTAL HEALTH TREATMENT FOR  
7 ADOLESCENTS

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9 **RECOMMENDATION A:**

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11 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOLLOWING SUBSTITUTE**  
12 **AMENDMENT BE ACCEPTED INSTEAD OF ORIGINAL RESOLUTION 160:**

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14       RESOLVED, That the Medical Society of the State of New York promote the national  
15 suicide hotline to children, adolescents and adults, and be it further

16  
17       RESOLVED, That MSSNY support efforts by the NYS Office of Mental Health’s Suicide  
18 Prevention Office to reduce the number of suicides by having signs and information  
19 available to all school and college campuses in New York State.

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21 **RECOMMENDATION B:**

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

25  
26 Resolution 160 urges 1) that Medical Society of the State of New York (MSSNY) work with the  
27 NYSDOH to develop an adolescent Mental Health/Suicide Prevention hot line that is accessible  
28 24/7, anonymous, free including treatment as necessary. That the availability of the hotline be  
29 posted clearly in all high schools, without the need to see the nurse or school counselor, and be  
30 it further 2) that MSSNY work in conjunction with the American Medical Association so that it  
31 can work with the American Psychiatric Association and other appropriate national  
32 organizations to develop a similar Adolescent Mental Health/Suicide Prevention hot line.

33  
34 Your Reference Committee heard testimony in support of this resolution. Your Reference  
35 Committee learned that since 2005 there has been a national suicide hotline. The National  
36 Suicide Prevention Lifeline is a leader in suicide prevention and mental health crisis care. Since  
37 its inception, the Lifeline has engaged in a variety of initiatives to improve crisis services and  
38 advance suicide prevention for all, including innovative public messaging, best practices in  
39 mental health, and groundbreaking partnerships. The U.S. Substance Abuse and Mental Health  
40 Services Administration (SAMHSA) and Vibrant Emotional Health launched the Lifeline on  
41 January 1, 2005. The number is 1-800-273-8255. This number is answered 24/7, is bilingual  
42 and also has hearing impaired services. It does connect patients with treatment centers.  
43 Additionally, your Reference Committee also learned that in 2014, the Suicide Prevention Office  
44 (SPO) was created to coordinate all of the NYS Office of Mental Health sponsored suicide  
45 prevention activities. Your Reference Committee learned that in 2014 (latest data available)  
46 1,700 New Yorkers died by suicide in 2014. Middle-aged men have the highest rate and largest  
47 burden of death and three out of four suicides are by men. Women are more likely to make an  
48 attempt/be hospitalized/ treated in the ED for attempts. Most prevalent means of suicide death:  
49 suffocation (37%), firearms (28%), and overdoses (17%). Your Reference Committee learned  
50 that the SPO has county coalitions against suicide prevention that work in school and local  
51 communities. Your Reference Committee believes that in light of the existing hotline and the  
52 OMH’s efforts to combat suicide in New York State that a substitute amendment promoting the



1 number and supporting the state's effort, was in order. This hotline is a national one, and there  
2 are already existing AMA policies on suicide prevention.  
3

4 13. RESOLUTION 161 – REDUCING BARRIERS TO MENTAL HEALTH SERVICE  
5 UTILIZATION IN MEDICAL STUDENTS  
6

7 **RECOMMENDATION A:**  
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9 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOLLOWING SUBSTITUTE**  
10 **AMENDMENT BE ACCEPTED INSTEAD OF ORIGINAL RESOLUTION 161:**  
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12       RESOLVED, That MSSNY work with the Associated Medical Schools of New York  
13       (AMSNY) to identify the stressors a medical student may occur while in school; and be it  
14       further

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16       RESOLVED, that MSSNY and AMSNY facilitate access of resources for medical  
17       students that in order for them to seek a mental health provider and inform students of  
18       insurance options available to them at the various medical school campuses, including  
19       making a hotline available.  
20

21 **RECOMMENDATION B:**  
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23 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 161 BE ADOPTED**  
24 **AS AMENDED.**  
25

26 Resolution 161 urges 1) MSSNY will encourage all medical schools of the State of New York to  
27 assign a mental health provider to every incoming medical student; and be it further 2) MSSNY  
28 will encourage all medical schools of the State of New York to provide an easy way for medical  
29 students to select a different provider at any time; and be it further 3) MSSNY will encourage all  
30 medical schools of the State of New York to require each student's mental health provider or  
31 related staff to contact the student once per semester to ask if the student would like to meet  
32 with their mental health provider, unless the student already has an appointment to do so or has  
33 asked not to be contacted with regards to mental health appointments; and be it further 4) will  
34 encourage all medical schools of the State of New York to provide an easy process for students  
35 to initiate treatment with school mental health providers at no cost to the student and without  
36 undue bureaucratic burden; and be it further 5) MSSNY immediately bring this resolution to the  
37 AMA HOD at Annual-19.  
38

39 Your Reference Committee heard impassioned testimony about the mental health stressors that  
40 occur within medical school and agrees with the merits of this resolution. However, your  
41 Reference Committee believes that there should be a collaborative effort with the Associated  
42 Medical Schools of NY (AMSNY) to inform them of the resources that are available to medical  
43 students and to partner with them to find the best availability to seek access to a mental health  
44 provider. There are 16 public and private medical schools, medical school enrollment increased  
45 by 26% (from 8,536 students in 2002 to 10,743 students in 2017). Your Reference Committee  
46 recognizes that finding enough mental health providers for every new medical student would be  
47 problematic as there are already exists a significant shortage of those involved in a mental  
48 health capacity. Therefore, your Reference Committee is offering the substitute as a means of  
49 addressing this important issue for our medical students.  
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14. RESOLUTION 162 – REDUCING PHYSICIAN BARRIERS TO MENTAL HEALTH CARE

**RECOMMENDATION A:**

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

RESOLVED, That the Medical Society of the State of New York promote the work of its Physician Wellness and Resilience Committee and the survey on physician’s stressors that are faced on a daily basis; and be it further

RESOLVED, That MSSNY design educational resources and continuing medical educational programs on physician wellness and resiliency; and be it further

RESOLVED, That MSSNY explore the possibility of establishing a physician, resident and medical student wellness program for physicians.

**RECOMMENDATION B:**

**THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 162 BE ADOPTED AS AMENDED.**

Resolution 162 urges 1) That MSSNY work with partner organizations to promote a culture where physician mental health issues can be addressed proactively, confidentially, and supportively, without fear of retribution; and be it further 2) That MSSNY collaborate with other interested organizations to encourage research into identifying and addressing modifiable risk factors for burnout, depression and suicide in the medical community; and be it further 3) That MSSNY engage with the appropriate organizations to facilitate the development of educational resources and training related to burnout, depression and suicide of physicians and medical students, using an evidence-based multidisciplinary approach.

Your Reference Committee heard testimony in support of this measure. Your Reference Committee learned that MSSNY has had a Task Force on Physician Stress and Burnout since June 2016. The task force initiated a statewide survey on physician stress and burnout in collaboration with the Federation of State Medical Boards who assisted MSSNY with the data analysis. In 2018, the task force became a standing committee of the Medical Society and was renamed the Physician Wellness and Resilience Committee. Since the implementation of this program, members of the committee have presented various programs throughout the state on physician wellness. Your Reference Committee is concerned, however, with the lack of knowledge that this resolution showed that MSSNY members are unaware of the good work that the Committee has done and believes that the study conducted by MSSNY and the work of the Committee needs to be highlighted. Furthermore, your Reference Committee learned that MSSNY has been actively seeking and considering various options for a physician wellness program for implementation at MSSNY. Thus, your Reference Committee recommends adoption of the substitute resolution for the HOD.

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15. RESOLUTION 164 – PROMOTING ADDICTION MEDICINE DURING A TIME OF CRISIS

**RECOMMENDATION A:**

**THE REFERENCE COMMITTEE RECOMMENDS THAT THE FIRST RESOLVE OF RESOLUTION 164 BE ADMENDED BY ADDITION:**

RESOLVED, that our Medical Society of the State of New York endorse and support the incorporation of addiction medicine science to medical student education and residency training; and be it further

**RECOMMENDATION B:**

**THE REFERENCE COMMITTEE RECOMMENDS THAT THE SECOND RESOLVE OF RESOLUTION 164 BE ADMENDED BY ADDITION**

RESOLVED, That this resolution be transmitted to the American Medical Association, Liaison Committee on Medical Education, Commission on Osteopathic College Accreditation, American Osteopathic Association, Accreditation Council of Graduate Medical Education

**RECOMMENDATION C:**

**THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 164 BE ADOPTED AS AMENDED.**

Resolution 164 urges 1) that our Medical Society of the State of New York endorse and support the incorporation of addiction medicine science to medical student education; and be it further 2) that this resolution be transmitted to the American Medical Association.

Your Reference Committee heard significant testimony on the fact that many medical students do not receive course work in the field of addiction medicine. Your Reference Committee agrees with the sponsors of this resolution that this information is most timely and critical for the development of a well-informed physician, but also wanted to include residents as well. Your Reference Committee also believes this resolution should also be sent to the national entities that develop medical school curriculum and residency too. Therefore, your Reference Committee recommends adoption of this resolution as amended.

16. RESOLUTION 165 – PROTECTING PHYSICIANS FREEDOM OF SPEECH REGARDING FIREARM SAFETY

**RECOMMENDATION A:**

**THE REFERENCE COMMITTEE RECOMMENDS THAT FOLLOWING SUBSTITUTE AMENDMENT BE ACCEPTED INSTEAD OF ORIGINAL RESOLUTION 165**

RESOLVED, that the Medical Society of the State of New York (MSSNY) affirm and advocate that discussions about all safety issues, including firearm safety, are within the physician’s purview

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**RECOMMENDATION B:**

**THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 165 BE ADOPTED AS AMENDED.**

Resolution 165 urges 1) that our Medical Society of the State of New York (MSSNY) affirm, declare, and promote that discussions about firearm safety are within the purview of all physicians, healthcare practitioners & workers, they are “*in our lane,*” fundamental to patient advocacy, and are voluntary, but not mandatory; and be it further 2) that our MSSNY use all methods, actions, lobbying efforts, and fora available to the Society to protect the **First Amendment** free speech right of all physicians and healthcare practitioners & workers to discuss firearm safety with our patients at any time and at any place the practitioner deems appropriate; 3), that this resolution be transmitted to the American Medical Association 2019 House of Delegates.

Your Reference Committee heard testimony in support of this resolution. Your Reference Committee learned that in 2011 a law, supported by the National Rifle Association, passed in Florida that prohibited physicians from making written inquiry or asking questions concerning the ownership of a firearm or ammunition by the patient or family member. Your Reference Committee learned that in 2012, the American Academy of Pediatrics sought an injunction and in 2017, the 11<sup>th</sup> Circuit Court of Appeals ruled that the state of Florida ignore constitutional rights by limiting the free speech necessary for the practice of medicine. Your Reference Committee also learned that American Medical Association also opposed this and joined with the AAP in an amicus brief to the US Court of Appeals for the Eleventh Circuit, along with seven other medical special societies. Your Reference Committee is recommending the adoption of the substitute to indicate that MSSNY will support and advocate for discussions about all safety issues, including firearm safety. Your Reference Committee believes that since the AMA joined in the amicus brief that it will continue to do so if there are other laws that threaten to place legislative gag orders on physicians and it already has policy on this.

**17. RESOLUTION 166 – STRATEGIES TO IMPROVE NYS IMMUNIZATION RATES IN CHILDREN**

**RECOMMENDATION A:**

**THE REFERENCE COMMITTEE RECOMMENDS THAT THE FIRST RESOLVE BE ADOPTED.**

**RECOMMENDATION B:**

**THE REFERENCE COMMITTEE RECOMMENDS THAT THE SECOND RESOLVE BE AMENDED BY ADDITION AND DELETION:**

RESOLVED, That MSSNY advocate for ~~minors under~~ **mature minors** ~~are permitted~~ to consent to vaccination without consent of a parent or guardian

**RECOMMENDATION C:**

**THE REFERENCE COMMITTEE RECOMMENDS THAT THE THIRD RESOLVED BE ADOPTED.**

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**RECOMMEDATION D:**

**THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOURTH RESOLVE BE ADOPTED.**

**RECOMMENDATION E:**

**THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 166 BE ADOPTED AS AMENDED.**

Resolution 166 urges 1) that the Medical Society of the State of New York reaffirm *MSSNY Policy 312.973 Childhood Vaccinations*; and be it further 2) that MSSNY advocate for minors under age 18 be permitted to consent to vaccination without the consent of a parent or guardian; and be it further 3) that MSSNY urge that New York State provide incentives to parents/ guardians who vaccinate their children as a strategy to improve vaccine uptake in school-aged children; and be it further 4) that MSSNY advocate that New York State develop programs to pay stipends to community health workers as a strategy to improve vaccine uptake in school-aged children.

Your Reference Committee heard testimony on this resolution and the majority of that testimony was supportive of the resolution. However, there was testimony about the age of consent and the consensus of the testimony received a mature minor concept was acceptable to those that testified. Therefore, your Reference Committee amended the second resolve of the resolution to reflect this change and the remainder of the rest of the resolution remained unchanged. Your Reference Committee also learned in executive committee that incentives have worked in various communities in the US and across the world and therefore recommends adoption of the resolution as to reflect this change.

**18. RESOLUTION 169 – ON CALL REQUIREMENTS FOR PHARMACIES ADMINISTERING VACCINES**

**RECOMMENDATION A:**

**THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOLLOWING SUBSTITUTE AMEDMENT BE ACCEPTED INSTEAD OF ORIGINAL RESOLUTION 169**

RESOLVED, That MSSNY advocate to the NYS Department and Health and the State Education Department (SED) that pharmacists be required to post information regarding a 24 hour toll free number to answer questions about the vaccine and provide information on a pharmacist’s immunization training, and post instructions to call the physician or 911 in the event of an adverse reaction to vaccine; and be it further

RESOLVED, That MSSNY advocate to DOH and SED that pharmacists also post that they are required to report either by fax or electronically the immunization to the individual’s physician and the importance of having a primary health care provider.

**RECOMMENDATION B:**

**THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 169 BE ADOPTED AS AMENDED.**

Resolution 169 urges 1) MSSNY advocate with DOH to establish requirements for pharmacies

1 administering immunizations to have 24 hour access to a pharmacist by phone or in person to  
2 address complications and/or adverse events resulting from the immunizations and that this  
3 information be conveyed to patients at the time of the vaccination.  
4

5 Your Reference Committee heard testimony in support of this resolution, however, there was  
6 some that testified that the pharmacist is not trained to treat complications and that this was  
7 better left to the physician. Many indicated that if there was an adverse reaction that the patient  
8 was better off calling their physician or going to the emergency department or even calling 911.  
9 Your Reference Committee learned that New York State Education Laws 6527, 6801, and 6909  
10 permit licensed pharmacists, who obtain an additional certification, to administer influenza  
11 vaccine to children between the ages of 2 and 18 years of age and to adults 18 years of age  
12 and older, and to administer pneumococcal, meningococcal, tetanus, diphtheria, pertussis and  
13 herpes zoster vaccinations to adults 18 years of age and older under either patient  
14 specific or non-patient specific orders. Your Reference Committee also learned that a  
15 pharmacist may not administer immunizations unless he or she has been certified by the New  
16 York State Department of Education as having completed training. Your Reference Committee  
17 also learned that when a licensed pharmacist administers an immunizing agent, he or she shall:  
18 a) report such administration by electronic transmission or facsimile to the patient's attending  
19 primary health care practitioner or practitioners, if any, and, to the extent practicable, make  
20 himself or herself available to discuss the outcome of such immunization, including any adverse  
21 reactions, with the attending primary health care practitioner, and to the statewide immunization  
22 registry or the citywide immunization registry, and b) provide information to the patient or, where  
23 applicable, the person legally responsible for the patient, on the importance of having a primary  
24 health care practitioner. Pharmacists are also required to report any immunizations reactions to  
25 the national Vaccine Adverse Event Reporting System (VAERS). Your Reference Committee  
26 did agree that having access to the pharmacist 24 hours may be useful if the patient has  
27 questions about the immunization received and decided to craft the resolution requiring  
28 notification of procedures pharmacists are supposed to follow once a person receives an  
29 immunization, and the requirements to communicate this information to the individual's  
30 physician. Your Reference Committee recommends adoption of the substitute.  
31

32 19. RESOLUTION 170 – DATA COLLECTION REGARDING THE NEW YORK STATE  
33 REPRODUCTIVE HEALTH ACT  
34

35 **RECOMMENDATION A:**  
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37 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOLLOWING SUBSTITUTE**  
38 **AMENDMENT BE ACCEPTED INSTEAD OF ORIGINAL RESOLUTION 170:**  
39

40 RESOLVED, That the Medical Society of the State of New York continue to support for  
41 the current data surveillance on abortion that includes indication for termination, clinical  
42 estimate of gestation, procedure used for termination, spontaneous fetal death which  
43 includes whether it was a result of an assault or accident.  
44

45 **RECOMMENDATION B:**  
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47 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 170 BE ADOPTED**  
48 **AS AMENDED.**  
49

50 Resolution 170 urges 1) that our MSSNY advocate for the continued collection of data for  
51 surveillance of legal abortions with the inclusion of new variables of the provider of the abortion  
52 (physician, PA, NP, mid-wife) and the maternal health condition necessitating an abortion at, or  
53 beyond, 21 weeks of gestation; and be it further 2) that our MSSNY advocate for collection of

1 data regarding unwanted fetal demise as a result of maternal assault; and be it further 3) that  
2 the MSSNY Delegation to the American Medical Association (AMA) introduce a similar  
3 resolution at the next meeting of the AMA House of Delegates in June of 2019.  
4

5 There was significant testimony supporting and opposing this resolution. Your Reference  
6 Committee learned that New York State, through DOH Office of Vital Statistics, already has data  
7 surveillance on abortion in New York State and nationwide and that this information is reported  
8 to the CDC for inclusion in its annual Abortion Surveillance Report. Your Reference Committee  
9 also learned that NY uses a standardized CDC template for collecting of this data. This template  
10 includes specific variables for reporting and includes indication for termination, clinical estimate  
11 of gestation and the procedure used for termination. Your Reference Committee also learned  
12 that a spontaneous fetal death is required to be reported in New York State and in the US  
13 utilizing a standardized form developed by the CDC and National Vital Statistics System. Part  
14 of the reporting requirement is the cause of fetal death, including if it was the result of an assault  
15 or accident. Your Reference Committee also learned that under current NY State penal law,  
16 attacking a woman, whether she is pregnant or not, would qualify as first degree assault and  
17 that under the definition loss of pregnancy constitute serious physical injury within the first  
18 degree assault definition under the state's penal law. Your Reference Committee, therefore,  
19 believes that the existing data surveillance system allows for the collection of information within  
20 the context of the resolution and therefore, recommends adoption of the substitute.  
21

22 20. RESOLUTION 174 – RECREATIONAL MARIJUANA TAXATION

23 And

24 RESOLUTION 175 – PUBLIC HEALTH STANCE REGARDING SALES OF RECREATIONAL  
25 CANNABIS  
26

27 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOLLOWING SUBSTITUTE**  
28 **RESOLUTION 174 BE ADOPTED IN LIEU OF ORIGINAL RESOLUTIONS 174 AND 175**  
29

30 RESOLVED, That the Medical Society of the State of New York reaffirm *MSSNY Policy*  
31 *65.985*; and be it further  
32

33 RESOLVED, That the Medical Society of the State of New York advocate for the  
34 following principles should legalization of recreational marijuana occur in New York  
35 State:

- 36 • Change marijuana from a Schedule I to Schedule II drug to enable resources for  
37 medical research
- 38 • Explore the issue related to disparities including, arrests and convictions of  
39 minorities that come from involvement with marijuana, penalties and fines, no jail  
40 time, treatment rather arrest with attention to expunging a minor marijuana  
41 conviction and discussion about clemency for those already convicted
- 42 • A portion of the revenues should support establishment of addiction treatment  
43 and rehabilitation of substance use disorder programs
- 44 • A portion of the revenues should be dedicated to research into marijuana on the  
45 risks and long-term effects from habitual users; the impact on young adults; and  
46 research into incidents of increased crimes, including violence, driving while  
47 under the influence, poisoning of children
- 48 • Funds should also be dedicated to a public education awareness campaign that  
49 highlights the risks of marijuana to discourage vulnerable populations, youth,  
50 individuals with a history of addiction and mental illness from using marijuana;  
51 and a prohibition of marketing and advertising to youth
- 52 • Set a level of 2 ng/ml of THC in whole blood, above which drivers are presumed  
53 to be intoxicated

- Ensure that that strong penalties are established for those individuals who divert or obtain large supplies for resale purposes; and be it further

RESOLVED, That MSSNY forward to the American Medical Association a request for them to review pertinent data from states that have legalized marijuana.

Resolution 174 urges 1) That if New York State legalizes recreational marijuana, then at least 80% of tax revenue generated from the sale of marijuana and marijuana products be earmarked for surveillance of the public health costs and benefits of cannabis use, for rigorous scientific research into the efficacy and side effects of cannabis, for the education of the population with strong evidence-based information about the pros and cons regarding short-term and long-term cannabis use and for the development of reliable screening tools to distinguish true driver impairment; and be it further 2) That medicinal and recreational cannabis products be standardized with a label that is easy for the consumer to understand the content, dose and risk of every cannabis product.

Resolution 175 urges 1) That the Medical Society of the State of New York advocate should New York State approve a recreational cannabis program that it sell cannabis as an activity of state government; allowing for the state to contain, regulate and discourage use, and provide addiction treatment at point of sale; and be it further 2) That MSSNY advocate that sites of cannabis sales be located at county public health departments; and be it further 3) That all revenues will accrue to the state so as to fully compensate citizens of New York State for the direct and indirect costs of legalizing an addictive drug; and be it further 4) The New York State should undertake publicity to educate the citizens of New York that cannabis is not a safe drug and that the State of New York will prohibit consumer advertising, as with tobacco

Your Reference Committee heard significant testimony of this matter. Your Reference Committee notes that MSSNY has been successful in its efforts to remove legalization of recreational marijuana and appreciated the testimony received in support and opposition on these two resolutions. Your Reference Committee also learned that MSSNY, and various stakeholder groups such as Smart Alternatives to Marijuana (SAM), the PTA, the New York State County Health Officials (NYSCHO), and others became united in their opposition to recreational marijuana and were successful in preventing this measure to be done within the context of the 2019-20 New York State budget. Your Reference Committee knows that MSSNY and others raised strong concerns with the lack of scientific research and study on the long-term use of marijuana on young people and adults; possible diversion to youth of this drug and its public health implications on drugged driving, increased emergency department visits and the use of the actual reviews that will be raised by legalizing marijuana. Your Reference Committee notes that there have been reports that legislators cannot agree on where the money should be used. Your Reference Committee was also informed that MSSNY and the other health groups and stakeholders are concerned that the marijuana industry has the potential to become the “Big Tobacco” of tomorrow. Your Reference Committee also agrees that New York State will not develop a recreational marijuana program whereby the state and local county health departments are sites for sale. Your Reference Committee also notes that some counties have already opted out of being able to have vendors locate within their government. Your Reference Committee believes that some of the components of each of the resolutions have some merit, along with the December 2018 white paper on recreational and medicinal marijuana drafted in cooperation with its Committees on Addiction and Psychiatric Medicine, Bioethics, and Health Disparities Committee. Based on some of the thoughts in these resolutions, along with information provided in the white paper, your Reference Committee has put forth a resolution that creates a list of principles to guide MSSNY should any legislation be forthcoming in the legislative process to legalize the use of recreational marijuana.



1 Your Reference Committee also addressed comments of those that testified that the AMA  
2 needed to update its information regarding a review of the data from those states that have  
3 legalized this and has made a referral in the substitute.

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5 MSSNY Policy 65.985 MSSNY Opposes Recreational Marijuana Legalization—The Medical Society of the State of  
6 New York opposes recreation marijuana legalization.

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8 21. RESOLUTION 156 – COMPLETE GENOMIC SEQUENCING

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10 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 156 NOT BE**  
11 **ADOPTED.**

12  
13 Resolution 156 urges 1) that Medical Society State New York participates in a prospective study  
14 that is presently performed at the Mayo Clinic in collaboration with Veritas Genetics.

15  
16 Your Reference Committee heard from the sponsor of this resolution and many that testified in  
17 opposition to the resolution. Many were concerned that this was a named commercial entity and  
18 some questioned whether this was an evidence-based research study. Your Reference  
19 Committee was also unclear as to how MSSNY was to participate in this study and whether or  
20 not it required any financial commitments from MSSNY. Therefore, at this time, your Reference  
21 Committee recommends that the house not adopt this resolution.

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23 22. RESOLUTION 158 – UNDULY ONEROUS REQUIREMENTS FOR COMPREHENSIVE  
24 STROKE CENTER DESIGNATION

25  
26 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 158 NOT BE**  
27 **ADOPTED.**

28  
29 Resolution 158 urges 1) that the Medical Society the State of New York take the following  
30 positions and try to make the stroke center requirements more lenient (from the Joint  
31 Commission and the Department of Health) and also advocate for such with the AMA:

- 32  
33 1) Stroke centers should, among other goals, pursue the highest level of care for  
34 PREVENTING strokes from happening in the first place.
- 35 2) Evaluation of stroke center function as well as consideration for ambulance diversion,  
36 should consider the outcomes of ALL patients who come to that hospital with the diagnosis of  
37 “rule out stroke”. Ambulance diversion plans should consider also the overall effects on the  
38 hospitals and communities of such plan. Furthermore, prior to diverting potential stroke patients  
39 from a nearby hospital, there should be very strong evidence for doing so.
- 40 3) There should be no training or volume requirements on stroke procedurists beyond what  
41 the hospitals themselves require (just as is the case with almost every other medical  
42 procedure).
- 43 4) Stroke procedurists should be able to take call at more than one hospital at a time (just  
44 as is the case with almost all other neurosurgery call).
- 45 5) There should be no volume requirements for hospitals to achieve various stroke center  
46 designations. Hospitals will naturally invest in “thrombectomy capable / level 2” or “brain  
47 aneurysm / neurosurgery capable / level 3” centers based on existing or projected volume of  
48 such activity.
- 49 6) Mechanical Thrombectomy, while important, will at best help a small fraction of patients  
50 who come to the hospital ER as a “rule out stroke”, and, as such, it should not be the only  
51 consideration or even the most important consideration in determining stroke center  
52 designation. A hospital that can usually provide thrombectomy, but needs to rarely transfer a  
53 patient out, should still be eligible for “Thrombectomy capable / level 2” status. Similarly, a  
54 hospital that can usually provide brain aneurysm / neurosurgery care, but needs to rarely

1 transfer a patient out, should still be eligible for “brain aneurysm / neurosurgery / level 3”  
2 designation.

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4 Your Reference Committee heard testimony in support and opposition to this resolution. Your  
5 Reference Committee learned that on October 17, 2018, the New York State Department of  
6 Health issued regulations, which established New York State criteria for stroke center  
7 designation as part of an accreditation process for certification by nationally recognized  
8 accrediting agencies. This regulation provides definitions of a “certified stroke center” and a  
9 designated stroke center—which is a center approved by the state to operate as a designated  
10 stroke center. The regulations were adopted on March 20, 2019 by the state. Essentially, the  
11 regulations establish three different stroke centers: a) Primary Stroke Centers: Capable of  
12 treating acute ischemic stroke with IVt-PA and comprehensive supportive care; b)  
13 Thrombectomy Capable Stroke Centers: Capable of treating large vessel occlusions with  
14 intracranial endovascular intervention; c) Comprehensive Stroke Centers: Capable of treating  
15 subarachnoid intracerebral hemorrhage with neurosurgical services. The regulations required  
16 that a facility achieve a certification from an approved certifying organization and that this  
17 certification must be achieved on or after March 20, 2019. These regulations were supported by  
18 the American Heart/Stroke Association and is part of a national effort on stroke care. Your  
19 Reference Committee believes that since these regulations are already in effect nationwide that  
20 this resolution not be adopted.

## 21 22 23. RESOLUTION 168 – FLU SHOT REBRANDING

### 23 24 **THE REFERENCE COMMITTEE RECOMMENDS NOT BE ADOPTED.**

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26 Resolution 168 urges 1) that the Medical Society of the State of New York discuss with Sanofi  
27 Pasteur, SCL, and GlaxoSmithKline possibly rebranding the “flu shot” with a more descriptive  
28 name to encourage greater acceptance of the vaccine.

29  
30 Your Reference Committee was unclear as to the intent of this resolution nor were there any  
31 individuals who testified on the merits of this resolution. Therefore, your Reference Committee  
32 recommends non-adoption.

## 33 34 24. RESOLUTION 171 – CLARIFICATION ON NEW YORK STATE REPRODUCTIVE 35 HEALTH ACT

### 36 37 **THE REFERENCE COMMITTEE RECOMMENDS NOT BE ADOPTED.**

38  
39 Resolution 171 urges 1) that the Medical Society of the State of New York (MSSNY) seek clarity  
40 with regard to which maternal health conditions would qualify a patient to be able to have a third-  
41 trimester abortion under the New York State Reproductive Health Act, respecting the right and  
42 health of the mother while preserving the right and health of the potentially viable fetus; and be it  
43 further 2) that MSSNY advocate through legislation and/or regulation the requirement that third  
44 trimester pregnancy terminations be performed at facilities with adult intensive care units and  
45 neonatal units in order to properly care for the mother and a medically viable infant; and be it further  
46 3) that the MSSNY Delegation to the American Medical Association (AMA) introduce a similar  
47 resolution at the next meeting of the AMA House of Delegates for federal consideration.

48  
49 Your Reference Committee heard extensive testimony on this resolution. Your Reference  
50 Committee learned in written testimony submitted by American College of Obstetricians and  
51 Gynecologists, that in 1970, the NY legislature passed legislation that carved out an exception  
52 to the crime of abortion called “justifiable abortion” which was defined as abortion 24 weeks  
53 from the commencement of pregnancy by a duly licensed physician and after that point when a

1 woman's life was at risk. In 1973, three years after New York amended its law, the Supreme  
2 Court decided *Roe v. Wade*. That decision, and the case law upholding it, stands for the  
3 principle that women have a fundamental right to abortion and that states cannot prohibit  
4 abortion throughout pregnancy when a fetus is not viable or when a woman's life or health is at  
5 risk. Your Reference Committee learned that the Reproductive Health Act, passed by the NYS  
6 Legislature and signed into law by the governor, took abortion out of New York State's penal  
7 code and put into the state's public health law. The law also "codified" the standard articulated  
8 in *Roe v. Wade*. Your Reference Committee also learned about the 1992 Supreme Court Case,  
9 *Planned Parenthood v. Casey* whereby the Supreme Court reaffirmed *Roe v. Wade*'s essential  
10 holding, which has three parts. "First is recognition of the right of the woman to choose to have  
11 an abortion before viability and to obtain it without undue interference from the State. Before  
12 viability, the state's interests are not strong enough to support a prohibition of abortion or the  
13 imposition of a substantial obstacle to the woman's effective right to elect the procedure.  
14 Second is a confirmation of the State's power to restrict abortions after fetal viability, if the law  
15 contains exceptions for pregnancies that endanger the woman's life or health. Third is the  
16 principle that the State has legitimate interests from the outset of the pregnancy in protecting the  
17 health of the woman and the life of the fetus that may become a child. These principles do not  
18 contradict one another." Your Reference Committee also learned that when the abortion  
19 provision passed in NYS in 1970, there were no nurse practitioners or physicians assistants that  
20 are now established under the law. Nurse practitioners, up to about a few years ago, operated  
21 under a collaborative agreement with a physician; and physicians' assistants continue to  
22 operate under the supervision of a physician. Early medicated abortion procedures have also  
23 evolved and now used by these providers. Surgical abortions are not within the scope of  
24 practice of these professions. Your Reference Committee acknowledges the strong opposition  
25 to this resolution from the American College of Obstetricians and Gynecologists, District II; the  
26 American Academy of Pediatrics, NYS Chapters, 1, 2, & 3; the New York State Academy of  
27 Family Physicians, and the Society for Maternal-Fetal Medicine. These organizations stressed  
28 that this decision should be made by the women, in conjunction her the physician. Your  
29 Reference Committee, in light of the testimony received about the possibility of placing  
30 limitations on women access to abortion procedures, recommends that this resolution not be  
31 adopted.

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