

**NEW YORK STATE ACADEMY
OF FAMILY PHYSICIANS
POLICY MANUAL ON KEY HEALTH ISSUES**

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ADDICTION

CAP ON SUBOXONE PATIENTS

That the NYSAFP urge the AAFP to support amending the cap on the treatment of addiction in primary care with suboxone to 200 patients after five years of treating addiction. The DEA surveillance on site will continue to monitor practices, and send a letter to the US Drug enforcement Administration in Washington, DC to advocate for this change. (Resolution '12-14)

SAFE USE OF METHADONE FOR PAIN

The 2014 COD adopted resolution '14-11 which reads:

RESOLVED, that the NYSAFP advocate for the NYS prescription monitoring program to be amended to include a patient's participation in a methadone program, or alternatively the actual dosing of methadone to a patient who participates in a methadone program

METHADONE

The 2015 COD adopted resolution '15-12:

Be it resolved that NYSAFP recommend discouraging the use of methadone in pain management, including a requirement for prior authorization on prescriptions for Medicaid patients in New York, and

Resolved that NYSAFP bring a resolution to the AAFP Congress of Delegates requesting that the AAFP advocate for the removal of methadone as a preferred drug from all state Medicaid formularies.

MEDICALLY SUPERVISED SAFER INJECTION FACILITIES AS A HARM REDUCTION STRATEGY IN NEW YORK STATE

RESOLVED, that the New York State Academy of Family Physicians (NYSAFP) will send a letter to the Department of Health supporting a pilot of safe injection facilities in New York State.

Resolution '16-11.

ADVANCE DIRECTIVES

ADVANCED DIRECTIVES-ENCOURAGING PATIENTS TO COMPLETE

NYSAFP physicians should ask their patients in advance about their values, concerns, fears and wishes as regards all care, especially in the event of life threatening or terminal illness or

permanent vegetative states and solicit and record patients' advanced directives such as living wills, health care proxies, DNR orders, and values histories, (**Resolution 93-22**)

ADVANCED DIRECTIVES

RESOLVED, that the New York State Academy of Family Physicians actively encourages its members to discuss the issues of advanced directive with their patients so as to allow them ample opportunity to execute such documents as a Living Will or a Health Care Proxy prior to the onset of a life-threatening medical problem, and further be it

RESOLVED, that the New York State Academy of Family Physicians incorporate this recommendation into the official guidelines of the organization. (**Resolution 92-7**)

FAMILY DECISION ACT

The NYSAFP supports the implementation of the Family Decision Act, in order to allow family members and close associates to assist physician in medical decision-making when the patient lacks capacity for medical decision-making and does not have completed Health Care Proxy. (**Resolution 01-11**)

LIVING WILLS AND HEALTH CARE PROXY

The NYSAFP Congress of Delegates will reaffirm its position as indicated in Resolution 92-7 that they will encourage its members to discuss this issue of advance directives with their patients and encourage their patients periodically review and update their health care proxies. (**Resolution 93-1**)

Death with Dignity

RESOLVED, that NYSAFP will remain neutral on state or federal legislation regarding aid-in-dying by means of a patient-directed, patient-administered prescription medication, and further be it

RESOLVED, that the NYSAFP delegation to the AAFP COD bring a resolution to the AAFP urging that the AAFP remain neutral on physician aid in dying for terminally ill patients who have the capacity to make medical decisions

Resolution "16 – 05".

ADVERTISING

ADVERTISING OF PRESCRIPTION DRUGS

RESOLVED, that it is the position of the NYSAFP that federal law should prohibit product-specific direct-to-consumer advertising of prescription pharmaceuticals in all media and be it further

RESOLVED, that the NYSAFP delegation to the AAFP COD promote this position as an AAFP policy, including the rationale stated in the preamble (**Resolution '99-10**).

RESOLVED, that the New York State Academy of Family Physicians are against pharmaceutical companies directly marketing to the patient via TV commercials and be it further

RESOLVED, that we are asking the New York State Academy of Family Physicians to take action by lobbying for legislation to restrict pharmaceutical direct marketing to consumers on TV.

(**Resolution '09-9**)

BANNING OF ALCOHOL ADVERTISING

RESOLVED, that the NYSAFP adopt the position that all alcohol advertising be banned from any media which are viewed by a majority of young people, most particularly from television, and be it further

RESOLVED, that this action be taken similar to the initiative which banned tobacco advertising from such media, also be it

RESOLVED, that the NYSAFP take this issue to the American Academy of Family Physicians so that a National effort can be made by that body to seek the enactment by the U.S. Congress of appropriate legislation to secure this end, and be it

RESOLVED, that the AAFP seek support from other national organizations favoring a similar ban on alcohol advertising on television and that these organizations seek a voluntary effort on the behalf of radio, television and advertising industry, and be it further

RESOLVED, that a copy of this resolution be sent to the U.S. Congressional Delegates from New York State. (**Resolution 92-1**)

TELEVISION ADVERTISING OF ALCOHOL AND ALCOHOL SUBSTANCES

RESOLVED, that the 1997 NYSAFP Congress of Delegates go on record as being opposed to television advertisement of alcohol and alcoholic substances and be it further

RESOLVED, that the Congress of Delegates direct its Board to include this as part of the NYSAFP policy and be it

FINALLY RESOLVED, that this policy of the NYSAFP be forwarded to appropriate State & Federal Legislators. (**Resolution 97-3**)

BABY FORMULA

The 2015 COD adopted resolution '15-15:

RESOLVED that:

- 1) The NYSAFP advocates the elimination from all patient care areas of all advertising for formula, bottles, and nipples; and be it further RESOLVED
- 2) The NYSAFP advocates that if a hospital provides discharge packs, they will use commercial-free bags and materials free of trademarks or brand names.

AIDS – HIV

AIDS

The New York State Academy of Family Physicians will support the classification by the New York State Health Department of HIV as a communicable sexually transmissible infection and individuals who test positive for HIV should be reported to the Health Department for appropriate follow-up. (**Resolution 88-6**)

CONSENT FOR HIV TESTING

The NYSAFP advocates for change in the NY State Public Health Law that would allow HIV testing of an individual lacking capacity to consent, by instituting procedures similar to obtaining “Do Not Resuscitate” orders for patients who lack a health care proxy. (**Resolution 03-13**)

ANTIBIOTIC RESISTANCE

FOOD PRODUCTION AND HUMAN HEALTH

The NYSAFP will support and advocate for measures which:

- a. Will reduce antibiotic use in food productions
- b. Will advocate for a requirement of proof of efficacy and a positive cost/benefit analysis for any antibiotics used in food production with the analysis taking into account the ultimate costs to human health care. Such analysis to include not only economic but morbidity, and mortality costs

- c. Will support, on the Federal level, legislation intended to accomplish these measures.
(Resolution '12-02)

CHILDREN

CHILDREN AND ADEQUATE HEALTH CARE IN NYS

The New York State Academy of Family Physicians should encourage the New York State Health Department to resume supplying vaccines to family physician and pediatrician offices to help achieve the goal of improved health care for all children in New York State. Also the Academy contact key New York State legislators to urge increased funding for health care services to children in New York State, including funds to allow the Health Department to Supply vaccines directly to physicians caring for children (**Resolution 89-4**)

EQUAL RIGHTS FOR LESBIAN AND GAY MEN PERTAINING TO PARENTING AND ADOPTION

The NYSAFP supports and endorses equal rights for lesbian and gay men in issues pertaining to parenting and adoption. (**Resolution 02-2**)

SUPPORT OF POLICY ON CO-PARENT OR SECOND PARENT ADOPTION BY SAME-SEX PARENTS

The NYSAFP supports the rights of the child to the psychological and legal security of having those parents possess the same rights, responsibilities and privileges, regardless of whether that couple is same sex or heterosexual. (**Resolution 02-3**)

EXERCISE IN CHILDREN

The NYSAFP consider a public health initiative to provide/promote exercise education to the general public, and support lobbying efforts to change physical education classes in public schools to encourage the development of ongoing, active, healthy life styles. (**Resolution 00-6**)

CLIMATE CHANGE

LIMIT USE OF FOSSIL FUELS

The 2015 COD adopted the following resolution '15-04

RESOLVED, that NYSAFP concurs with the overwhelming majority of scientists that human behavior contributes significantly to climate change, and be it further

RESOLVED, that the NYSAFP support public policies in NY that limit and monitor the use of fossil fuels and the production of pollutants therefrom which contribute to climate change and be it further

RESOLVED, that similar language for federal policy be reflected in a resolution, which our delegates will introduce at the AAFP COD (appended below⁵).

CONFIDENTIALITY

CONFIDENTIALITY OF PATIENT INFORMATION

The right to privacy is a personal and fundamental right. The privacy of medical information obtained from patients by physicians should be privileged.

The disclosure of medical information given to a family physician by a patient, without authorization from the patient, might be detrimental to that patient's physical or mental health. The New York State Academy of Family Physicians makes it a policy to attempt to protect the confidentiality of information given by patients to family physicians and the New York State Academy advise Federal, State and Local law enforcement authorities, State and Federal agencies, third party payers, etc., on the need for the protection of confidential information given to a family physician by a patient (**Resolution 85-20**)

PATIENT/PHYSICIAN CONFIDENTIALITY

The NYSAFP agrees to advocate to prevent the inadvertent violations of confidentiality that occur when health insurance explanations of benefits or medical bills are sent to the homes of adolescent patients and insure that adolescents with coverage be able to use their health insurance plans to obtain confidential services without triggered reports that release sensitive medical information to their parents. (**Resolution 07-5**)

CONTRACEPTION & WOMENS' HEALTH

ABSTINENCE –ONLY-UNTIL-MARRIAGE PROGRAMS

The NYSAFP advocates for opposition of state funding for abstinence-only-until-marriage programs and encourages the NYS Senate to pass the Healthy Teens Act, which was passed by the State Assembly in May, 2007. (**Resolution '08 – 4**)

EMERGENCY CONTRACEPTIVES

The NYSAFP supports increased access to emergency contraception through routine prescription and discussion during family planning visits, along with other methods of contraception such as condoms and oral contraceptive pills and also supports over the counter labeling by the FDA. (**Resolution 02-5**)

OVER THE COUNTER EMERGENCY CONTRACEPTION

The current proposal submitted to the FDA is supported to make progesterone-only emergency contraception available over the counter and to encourage inclusion of information on safe sexual practices and contraception with any of the over the counter emergency contraceptives. **(Resolution 03-11)**

REMOVING BARRIERS PRESCRIPTION CONTRACEPTIVES

That the NYSAFP work to encourage physicians to provide prescriptions with refills for a year of contraception **(Resolution 06 – 4)**

REPRODUCTIVE HEALTH

The NYSAFP will support gender equity in prescription coverage and lobby for state legislation to require insurance plans that pay for prescription drugs to include contraceptive coverage. **(Resolution 01-1)**

OTC SALE OF CONTRACEPTION

RESOLVED, that NYSAFP write to the FDA to urge that OCPs be made available without a prescription and with coverage by Medicaid and commercial insurers, and be it further

RESOLVED, that the NYSAFP ask that the AAFP endorse making OCPs available without a prescription, with coverage by insurers and Medicaid.
(Resolution 13-13)

OPPOSE RESTRICTIONS ON PROVIDERS WHO PERFORM ABORTIONS

The 2014 COD adopted the following resolution ('14-04):

RESOLVED, that the NYSAFP will bring a resolution to the AAFP asking it to support state chapters in their efforts to oppose state level legislation that imposes non-evidenced based requirements on abortion providers which infringe on the practice of appropriate patient-centered care, and be it further,

RESOLVED, that in the interest of both patients and providers, the New York State Academy of Family Physicians opposes all legislation that imposes non-evidenced based requirements and regulation of abortion providers reducing the physician's ability to provide appropriate patient-centered care, and be if further,

RESOLVED, that the NYSAFP's delegates to the AAFP Congress of Delegates will present a resolution for the AAFP to oppose national legislation that imposes non-evidenced based requirements on abortion providers, reducing the physician's ability to provide appropriate patient-centered care.

WOMEN'S HEALTH PROTECTION ACT

The 2014 COD approved resolution '14-20 which reads:

Resolved, that the NYSAFP publicly support legislation that would protect a woman's right to determine whether and when to bear a child or end a pregnancy by opposing non-evidence-based restrictions on the provision of abortion services, and be it further

Resolved, that the NYSAFP's delegates to the AAFP Congress of Delegates will present a resolution for the AAFP to support legislation such as the Women's Health Protection Act (S.1696/H.R. 3471) that would protect a woman's right to determine whether and when to bear a child or end a pregnancy by opposing non-evidence-based restrictions on the provision of abortion services.

LONG ACTING REVERSIBLE CONTRACEPTIVES (LARC)

The 2015 COD adopted resolution '15-05:

RESOLVED, that the New York State Academy of Family Physicians (NYSAFP) support a policy that LARC methods be a recommended option for postpartum women prior to hospital discharge, and be it further

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RESOLVED, that the NYSAFP support a policy assuring coverage of LARC device and placement prior to hospital discharge, separate from the global fee, for all women who select these methods, and be it further

RESOLVED, that the NYSAFP submit a resolution asking the AAFP to support a policy that LARC methods be a recommended option for postpartum women prior to hospital discharge, and be it further

RESOLVED, that this resolution also ask the AAFP to support a policy assuring coverage of LARC device and placement, separate from the global fee, prior to hospital discharge for all women who select these methods.

MANDATORY DRUG TESTING OF PREGNANT WOMEN

The 2015 COD adopted resolution '15-08:

RESOLVED that in the interest of both patients and providers, the New York State Academy of Family Physicians opposes the creation of legislation that requires physicians do mandatory drug testing on pregnant women and be it further, be it

RESOLVED that the NYSAFP's delegates to the AAFP Congress of Delegates will present a resolution for the AAFP to oppose the practice of mandatory drug testing women during pregnancy.

ACCESS TO FDA APPROVED CONTRACEPTIVES

The 2015 COD adopted resolution '15-23:

RESOLVED that the New York State Academy of Family Physicians supports Medicare coverage for all FDA-approved methods of contraception, and be it further,

RESOLVED that the NYSAFP's delegates to the AAFP Congress of Delegates will present a resolution for the AAFP to write a letter to the Center for Medicare and Medicaid Services advocating for full coverage of all contraceptive options for men and women of reproductive age.

CREDENTIALING

CREDENTIALING OF PHYSICIANS

RESOLVED, that the New York State Academy of Family Physicians shall work to promote credentialing of physicians by health maintenance and managed care organizations which is based upon physician's training, current competence and judgment, and be it further

RESOLVED, that this will be accomplished via educational efforts to insure that medical directors and others responsible for credentialing will be aware of the scope of practice of family medicine and its benefits to patients. **(Resolution 92-3)**

OPPOSITION TO RESTRICTING SCOPE OF PRACTICE OF FAMILY PHYSICIANS

The NYSAFP shall incorporate into all of its applicable policies and positions, the concept and philosophy that family physicians should be allowed to provide services and perform procedures for their patients up to the limits of the individual physician's training. And credentialing should not be limited by hospitals, managed care organizations or governmental agencies solely on the basis of specialty. The NYSAFP will seek to inform and educate all whom it may concern, about the need to allow and encourage family physicians to so practice and the positive effects this will bestow upon the physical health of patients and the financial health of the hospital, managed care organization, or publicly funded agency involved. **(Resolution 93-7)**

DRUGS – VACCINES

DRUG TREATMENT FOR ALL CONVICTED OF CRIMES RELATED TO DRUG ABUSE

The NYSAFP advocates for appropriate substance abuse treatment for all those convicted of non-violent crimes that result from substance abuse, especially for first time offenders. **(Resolution 03-7)**

DRUG PRESCRIBING

It should be the policy of the New York State Academy of Family Physicians that any generic prescription legislation created by New York State must include at least three features:

- a) The physician must remain free to specify a brand name drug that would be in the patient's best interest;
- b) The brand name specification must be able to be done in a simple manner, such as writing DAW (Dispensed as Written);
- c) The physician should be free of any legal liability arising out of the substitution of generic drugs, if not so ordered by the physician (**Resolution 85-18**)

CHRONIC NONMALIGNANT PAIN TREATMENT WITH NARCOTICS

The NYSAFP urges the NIH and other funding agencies to provide funding for the study of narcotic treatment in nonmalignant chronic pain, especially chronic back pain, fibromyalgia and chronic pain without any known etiology. (**Resolution 02 – 8**)

SMALLPOX VACCINE IN PRIMARY CARE PYS. OFFICES

In addition to public health venues, except for emergency responses, the offices of primary care physicians should be utilized for the administration of smallpox vaccine and that there should be appropriate reimbursement for screening and administration of smallpox vaccine. The current public health supplies should be made available to primary care physicians at such time as mass immunization is recommended by the Centers for Disease Control and legal immunity shall be at the same level as public health clinics. (**Resolution 03-4**)

APPROPRIATE MEDICAL USE OF TETROHYDROCANAVINAL

RESOLVED, that the NYSAFP go on records as being in favor of the appropriate clinical use of purified Tetrohydrocanavinal for medicinal purposes to prevent nausea, vomiting and anorexia in patients who are receiving chemotherapeutic agents and be it

FURTHER RESOLVED, that the Congress of Delegates directs its Board to include this position in a policy statement of the NYSAFP and be it

FINALLY RESOLVED, that the Congress of Delegates direct its Board to send appropriate correspondence to both the state and federal governments as proponents of this appropriate medical use of Tetrohydrocanavinal. (**Resolution 97-2**)

VACCINE DISTRIBUTION

The NYSAFP oppose economic strategies by vaccine manufacturers which result in limited availability to the public. (**Resolution 01-8**)

FLU VACCINE

The NYSAFP advocates for legislative or regulatory action to make state or federal government the purchaser and distributor of flu vaccine. (**Resolution '08 – 7**)

INFLUENZA SUPPLY AND DELIVERY

The NYSAFP hereby endorses the concept of the national purchase of influenza vaccine by the appropriate public health body with the intent of said vaccine being distributed using sound public health principles so as to achieve the maximum good (**Resolution 06 – 18**)

IMMUNIZATION EXEMPTIONS

The 2015 COD adopted resolution '15-03 which reads:

RESOLVED that the NYSAFP advocates that only medical exemptions be allowed for ACIP recommended childhood vaccines.

SHINGLES VACCINE COVERAGE BY CMS

RESOLVED, the NYSAFP delegates to the AAFP should bring a resolution to the next Congress of Delegates advocating that Zoster vaccine and all other ACIP recommended vaccines be paid under Medicare Part B.

Resolution '14 – 07.

EXPANDING VACCINE COVERAGE ACCESS FOR ADULTS

RESOLVED, That the New York State Academy of Family Physicians (NYSAFP) advocate expansion of current state-funded adult vaccine programs to include coverage of all Advisory Committee on Immunization Practices recommended vaccines given within the office of the primary care clinician, specifically for patients who are uninsured or whose insurance plans do not offer full vaccine coverage.

Resolution '16-13.

MANDATED NYSIIS REPORTING FOR ADULT VACCINE DOSES

RESOLVED, New York State Academy of Family Physicians (NYSAFP) shall advocate for mandated reporting of adult vaccine doses by all vaccinators in NYS to the NYSIIS or the NYC CIR, which are administered after the effective date of such amendment to law or regulation. DISCUSSION: We acknowledge that in clinical practice it would be useful to know an adult's immunization status. The current reporting is voluntary and therefore does not always occur; thus, it should be mandatory.

Resolution '16-16.

SCHOOL BASED INFLUENZA IMMUNIZATION

RESOLVED, New York State Academy of Family Physicians (NYSAFP) shall advocate for availability of school based influenza immunization in NYS.

Resolution '16-17.

REQUIRE INFLUENZA IMMUNIZATION FOR PRESCHOOL ATTENDANCE

RESOLVED, NYSAFP shall advocate for mandated influenza immunization as a criterion for attendance at licensed daycare centers throughout New York State, similar to the requirement currently existing in New York City, New Jersey and Connecticut.

Resolution '16-18.

INCARCERATED PATIENTS

ACCESS TO PRESCRIBED MEDICATIONS IN COUNTY JAILS

The NYSAFP write a letter to the NYS Corrections Commissioner, and NYS County Jail Administrator, so persons who are incarcerated in county jails with opiate addiction be given access to medications to help their addiction such as methadone or suboxone when they are prescribed by a physician, and further that the NYSAFP endorse Assembly Bill 250, that will allow all incarcerated persons in all county jails and correctional facilities have access to their prescribed medications in a timely manner. (Resolution '12-9)

INCREASE ACCESS TO COMPREHENSIVE REPRODUCTIVE HEALTH CARE SERVICES FOR INCARCERATED WOMEN

RESOLVED, that the New York State Academy of Family Physicians (NYSAFP) advocate that the standards and recommendations created by the National Commission on Correctional Health Care on health care for women in jails, prisons, and juvenile detention and confinement facilities be honored in New York State and where their recommendations differ from the United States Preventive Services Task Force guidelines, we support the task force guidelines, and be it further

RESOLVED, that the NYSAFP's delegates to the AAFP Congress of Delegates present a resolution to the AAFP to support comprehensive and appropriate health care to incarcerated women including but not limited to reproductive health.

Resolution '16-02.

HEALTH INSURANCE

HEALTH INSURANCE POLICY

The New York State Academy of Family Physicians has called upon the New York State Superintendent of Insurance to promulgate a regulation requiring that insurance company procedures and practices recognize and reimburse various standard methods of care necessitated by hospital size and locality. It is also recommended that this regulation be extended to apply to open panel HMO's, a primary source of health insurance in New York.

The New York State Academy of Family Physicians will encourage the Superintendent of Insurance to establish a mechanism whereby a physician or patient could appeal an insurance

company procedure which was thought to be discriminatory; and that the availability and mechanism of this procedure be widely disseminated. (**Resolution 91-3**)

HEALTH INSURANCE POLICY – TRAUMA

The New York State Academy of Family Physicians supports measures, which would ensure that the cost of care of all victims of trauma in New York State is reimbursed, regardless of the etiology of the trauma. (**Resolution 91-4**)

HEALTH INSURANCE FOR UNINSURED AND UNDERINSURED

Appropriate committees of the New York State Assembly and Senate be encouraged to formulate a program to ensure financial resources are available for basic and necessary health care for all citizens, and that legislators be encouraged to consult closely with physicians, professional associations, hospital associations and the State Department of Health in its deliberations.

The legislature should also be encouraged to consider the diversity of patient populations as well as physicians and other providers' diverse practice arrangements in developing a regionalized and flexible approach, and that it is the position of the Academy that control of health care reimbursement should be separated from regulatory and disciplinary authority, (**Resolution 90-3**)

UNIVERSAL HEALTH INSURANCE

RESOLVED, that New York State should enact a single payer health care system to replace the current multiple-payer approach; and be it further

RESOLVED, that a tax-based system be used to finance the entire health care system; and be it further

RESOLVED, that adequate reimbursement should be paid to health care providers to ensure they are financially stable and therefore able to deliver quality health care and that such reimbursement levels should be determined through bi-lateral negotiations between provider groups and the single payer, and be it further

RESOLVED, that a streamlined, uniform administrative system should be established that standardizes the many different rules and systems currently in place, and be it further

RESOLVED, that the single payer system recognize the necessity of reasonable limits on services, and be it further

RESOLVED, that a universal health care system promote public health issues by improving surveillance of public health status and early identification of emerging health problems, and be it further

RESOLVED, that the universal health care system assist patients in assuming a more active role towards maintaining health lifestyles, and be it further

RESOLVED, that such system promotes the delivery of quality health care, and be it further

RESOLVED, that NYSAFP promote, through its lobbyists and through member contact with state and national legislators, a single payer health insurance system in New York and nationally.
(Resolution '06-10)

BINDING ARBITRATION

RESOLVED, that the NYSAFP investigate the formation of a process where health insurance companies offer premium, co-pay and deductible discounts to patients who choose to accept binding arbitration in lieu of litigation to resolve differences with physicians concerning the outcome of medical treatment. The investigation should include all stakeholders.
(Resolution '13-05)

DISCLOSURE OF CRITERIA FOR ESTABLISHING PHYSICIAN AND OUT-OF-NETWORK FEES

RESOLVED, that the NYSAFP supports legislation to require the superintendent of financial services to require health insurance plans to disclose how reimbursement rates are established and how fees for out-of-network services are established
(Resolution 13-06)

COVER THE COST OF SHINGLES VACCINE

The 2014 COD adopted resolution '14-07 which reads:

RESOLVED, the NYSAFP delegates to the AAFP should bring a resolution to the next Congress of Delegates advocating that Zoster vaccine and all other ACIP approved vaccines be paid under Medicare Part B.

COMPLIMENTARY THERAPIES

The 2015 COD adopted resolution '15-19:

RESOLVED, that the NYSAFP support the initiative to proactively promote the awareness of Section 2706 through state-wide information exchange of digital and printed media for providers and patients alike, and be it

RESOLVED, that the NYSAFP lobby in New York State for broader healthcare coverage by insurance providers in compliance with Section 2706, and be it further

RESOLVED, that the NYSAFP send a resolution to the AAFP to requesting that AAFP lobby for broader healthcare coverage of complementary therapies at the national level.

HOSPITAL PRIVILEGES

HOSPITAL PRIVILEGES

The New York State Academy of Family Physicians deplores the denial of teaching and hospital privileges to qualified family physicians and general practitioners and will undertake to accord moral and possible financial support according to existing protocols to the New York State county chapters and individual family physicians and general practitioners in their efforts to obtain such privileges. This support includes but is not limited to media, legislative programs, legal action and other organized medical bodies. (**Resolution 84-3**)

HOSPITAL PRIVILEGES AND PEER REVIEW

RESOLVED, that the New York State Academy of Family Physicians (NYSAFP) strongly recommend that all hospitals with four or more Family Physicians establish an independent Department of Family Practice, and be it further

RESOLVED, that the New York State Academy of Family Physicians (NYSAFP) provide assistance to those Family Physicians attempting to establish an independent Department of Family Practice, including resources of the AAFP and assistance from other currently established independent departments of Family Practice. (**Resolution 99-1**)

FINANCIAL SUPPORT FOR MEMBERS IN LEGAL CASES INVOLVING HOSPITAL PRIVILEGES

Funding may be provided by the New York State Academy of Family Physicians to support a member's expenses for legal counsel for hospital privilege cases under the following conditions:

- a) A member's request for support for the expenses of legal counsel involves a generic credentialing concern affecting all practicing family physicians;
- b) A member has meticulously followed all normal appeals processes as described in his/her medical staff bylaws and in AAFP Reprint 202 (Protocol for Handling Hospital Privilege Problems);
- c) The member has obtained the advice and consent of the Committee on Hospital Privileges prior to the expenditure of requested funds;
- d) A member's request for funding support will be reserved for cases presented at the level of the Board of Trustees of the involved hospital;
- e) The Board of Directors of the New York State Academy of Family Physicians will make the final decision as to whether the member will receive financial funding in support of legal counsel, and will also decide on the amount of financial support. (**Resolution 88-1**)

HOSPITAL PRIVILEGES FOR GRADUATES OF FAMILY PRACTICE RESIDENCIES IN SPONSORING HOSPITALS

At the request of the Congress of Delegates of the NYSAFP that the AAFP consider the problem of graduates of family practice residencies in New York State who are unable to obtain hospital privileges at the hospitals at which they took their residency training. The NYSAFP recommends the AAFP approach the appropriate accrediting bodies for hospitals to request that the hospitals that sponsor family practice residencies offer fair and equal opportunity to their graduates for hospital privileges. **(Resolution 90-15)**

HOSPITAL PRIVILEGES LEGAL COUNSEL FOR NYSAFP MEMBERS IN CASES OF PROBLEMS

The Subcommittee on Hospital Privileges of the NYSAFP will work with consulting counsel to create suitable letters to support member's request for obtaining, retaining, or restoring hospital privileges and when deemed appropriate by the Subcommittee, a letter from a consulting lawyer in support of a request for hospital privileges be offered as a benefit to members of the NYSAFP. **(Resolution 90-4)**

HOSPITAL PRIVILEGES FUNDS

The Hospital Privileges Committee of the NYSAFP will select hospital privilege cases, which, if successfully challenged, are likely to make significant inroads in dealing with the issue generally in other hospitals. The NYSAFP will request a voluntary contribution to a special fund earmarked to support legal expenses associated with hospital privilege problems of generic importance.

The NYSAFP requests constituent chapters to contribute a portion of their surplus funds to support these legal challenges and the Board of Directors of the NSYAFP will continue their funding of the challenges at the current funding level **(Resolution 90-2)**

HOSPITAL PRIVILEGES POLICY

The New York State Academy of Family Physicians will support efforts to amend the Public Health Law, in order to prevent improper practices and discrimination in hospital staff appointments by having hospital privileges granted on appropriate training experience and demonstrated ability, and in the extension of professional and clinical privileges. **(Resolution 91-11)**

INSURANCE

ACADEMY ENDORSEMENT OF HEALTH CARE PRODUCTS AND SERVICES

The New York State Academy of Family Physicians does not endorse insurance plans and other health related products and services (**Resolution 94-7**)

PHYSICIAN RANKING BY INSURANCE COMPANIES

The NYSAFP opposes family physician ranking by the insurance industry. (**Resolution '08 – 2 & '08 – 3**)

SECOND OPINIONS

The President of the New York State Academy of Family Physicians will write a letter to insurance companies in the State of New York who have mandatory second opinion programs in surgery requesting that they allow family physicians to provide second opinions, and that a copy of the American Academy of Family Physicians' "Second Opinion Consultation" be enclosed as well. (**Resolution 87-19**)

VBAC-VAGINAL BIRTHS AFTER CESAREAN SECTIONS

The Board of Directors of the New York State Academy of Family Physicians will request that MLMIC obstetrical claim committee and other pertinent insurers include VBAC for implementation at the earliest possible date (**Resolution 89-17**)

VBAC OBSTETRICS IN FAMILY PRACTICE POLICY

It is the position of the New York State Academy of Family Physicians that vaginal birth after cesarean section privileges and professional liability coverage should be made available with consultation from a physicians credentialed to perform cesarean sections, similar to regulations currently in effect for Pitocin infusion and the Academy will work with the New York State Department of Health and Insurance companies providing professional liability coverage in the State of New York toward achieving those ends. (**Resolution 91-6**)

PRIOR APPROVALS FOR CONTRACEPTIVE DEVICES

RESOLVED, that the NYSAFP will advocate to end all requirements for health insurer prior approval of FDA-approved contraceptive devices, and be it further

RESOLVED, that the NYSAFP will instruct its delegates to bring this resolution forward to the AAFP Congress of Delegates
(Resolution 13-04)

UNIVERSAL HEALTH INSURANCE

RESOLVED, that New York State should enact a single payer health care system to replace the current multiple-payer approach; and be it further

RESOLVED, that a tax-based system be used to finance the entire health care system; and be it further

RESOLVED, that adequate reimbursement should be paid to health care providers to ensure they are financially stable and therefore able to deliver quality health care and that such reimbursement levels should be determined through bi-lateral negotiations between provider groups and the single payer, and be it further

RESOLVED, that a streamlined, uniform administrative system should be established that standardizes the many different rules and systems currently in place, and be it further

RESOLVED, that the single payer system recognize the necessity of reasonable limits on services, and be it further

RESOLVED, that a universal health care system promote public health issues by improving surveillance of public health status and early identification of emerging health problems, and be it further

RESOLVED, that the universal health care system assist patients in assuming a more active role towards maintaining health lifestyles, and be it further

RESOLVED, that such system promotes the delivery of quality health care, and be it further

RESOLVED, that NYSAFP promote, through its lobbyists and through member contact with state and national legislators, a single payer health insurance system in New York and nationally.

RESOLUTION '06 - 10

PHYSICIAN PROTECTION UNDER SINGLE PAYER

RESOLVED, that NYSAFP only support single payer models in this state that include protections for practicing physicians from unilateral decisions by the payer, and be it further

RESOLVED, that NYSAFP delegates to AAFP COD seek to incorporate protections for practicing physicians from unilateral decisions by the payer in resolutions regarding single payer brought to AAFP COD.

Resolution '16-09.

LICENSURE

TRAVELING PHYSICIANS PRACTICING MEDICINE

Resolved, that NYSAFP advocate for license reciprocity for fleeting instances of practicing medicine in New York State, and be it further

Resolved, that NYSAFP work toward introducing legislation to support license reciprocity for fleeting instances of practicing medicine, and be it further

Resolved, that AAFP delegates bring forth a similar resolution to the AAFP COD to work toward national reform on this issue.

(Resolution 13-14)

FAMILY MEDICINE ROTATION

The 2015 COD adopted resolution '15-20:

RESOLVED, that the New York State Academy of Family Physicians enlist and collaborate with a New York State Assembly Member & a New York State State Senator to introduce a bill in their respective legislative bodies that would require a minimum 4 week Family Medicine rotation as a requirement for medical licensure and be modeled after the California Business and Professions Code, Division 2. Chapter 5. Article 4. Sec 2089.5. Be it further

RESOLVED, that the requirement go into effect a maximum of 4 years from the time of passage of the bill.

MEDICAL EDUCATION

COUNCIL ON GRADUATE EDUCATION

The New York State Academy of Family Physicians should utilize its resources as possible and appropriate to encourage the development of legislation and/or regulation to implement these recommendations:

- a) A majority of the residency positions within each consortium, should be in the primary care specialties, and
- b) State methodology for funding graduate medical education should be modified to encourage and increase the percentage of resident training in primary care specialties, and to make it possible to meet the added costs of primary care training, and
- c) The legislature should increase the capitation subsidy of Family Practice residencies, and
- d) Medicaid rates for primary care services should be appropriately increased, and
- e) Medical schools should create programs to encourage career paths in primary care.

(Resolution 89-19)

ESTABLISHMENT OF DEPARTMENTS OF FAMILY PRACTICE AT ALL NEW YORK STATE MEDICAL SCHOOLS

The New York State Academy of Family Physicians encourages the introduction of legislation providing State funding or capitation only to medical schools with established departments of family practice.

The New York State Academy of Family Physicians should participate in the development of and support legislation which fosters the development of departments of Family Practice in New York State Medical Schools. (**Resolution 90-17**)

MEDICAL EDUCATION AND RURAL HEALTH POLICY

The New York State Academy of Family Physicians designates the implementation of extended clinical medical preceptorships in rural settings as a matter of major priority. (**Resolution 91-5**)

MEDICAL SCHOOL ADMISSIONS POLICIES

RESOLVED, that the New York State Academy of Family Physicians should encourage all New York State medical schools to develop admissions policies that will facilitate the admission of New York State students from all rural and urban underserved areas to New York State medical schools. (**Resolution 92-5**)

MEDICAL SCHOOL ADMISSIONS AND PHYSICIAN SHORTAGE

RESOLVED, that the New York State Academy of Family Physician will advocate with the NY State Legislature and Executive to use the taxpayers' financial contributions to medical education as a tool to make Medical Schools responsible for graduating physicians that meet the needs of the people of the state, and be it further

RESOLVED, that the New York State Academy of family Physicians will approach the Legislature with a proposal for a state sponsored summit of Medical School Admissions Deans and other stake holders to evaluate the current and medical school admissions processes and alternative approaches as they relate to promoting a more appropriate Right-sized and Right-shaped" physician workforce. (Resolution '12-5)

REQUIRING A FAMILY MEDICINE ROTATION

RESOLVED, that the NYSAFP recommend to the New York State Board of Education, Office of Professions, to require all new applicants for Licensure in Medicine & Surgery in the State of New York, to complete a minimum of a four (4) week block rotation in Family Medicine or twelve (12) weeks of longitudinal rotation (including outpatient experience) (Resolution '12-8)

STUDENT LOAN PAYMENT POLICY

The New York State Academy of Family Physicians supports HR4690 and S2796, and other bills, which would allow physicians in specialty training to defer payment on their student loans until the end of training. **(Resolution 91-8)**

REQUIRED CLERKSHIP IN FM EDUCATION

RESOLVED, that the NYSAFP write to the American Association of Medical Colleges and the Liaison Committee on Medical Education to encourage that all medical schools should be required to provide a clerkship in Family Medicine as a condition of accreditation.
(Resolution 13-07)

MISCARRIAGE MANAGEMENT TRAINING IN FM RESIDENCY PROGRAMS

The 2014 COD adopted Resolution '14-05 which reads:

RESOLVED, that the New York State Academy of Family Physicians include miscarriage management within their Continuing Medical Education meetings

RESOLVED, that the New York State Academy of Family Physicians supports the overall integration of comprehensive miscarriage management training into family medicine residencies in NYS, and be it further

RESOLVED, that the NYSAP's delegates to the AAFP Congress of Delegates will present a resolution for the AAFP to support the integration of comprehensive miscarriage management training into family medicine residencies.

RELIGIOUS HEALTHCARE ORGANIZATIONS

The 2015 COD adopted resolution '15-16:

RESOLVED, that the NYSAFP strongly encourages medical schools and graduate medical education training programs in New York state to communicate with current and prospective medical students, residents and fellows how affiliations and mergers among health care organizations may impact health care delivery, medical education and training opportunities at their respective institutions; and be it further

RESOLVED, that the NYSAFP MSSNY delegate introduce a resolution to have information on religious affiliation listed in the Freida database and be it further

RESOLVED, that the NYSAFP will ask the AAFP to include information on the religious affiliation of residency programs on the AAFP Family Medicine Residency Directory (<https://nf.aafp.org/Directories/Residency/Search>) (Directive to take action), and be it further

RESOLVED, that the NYSAFP asks the AAFP to work with the ACGME and other appropriate stakeholders to support transparency within medical education, recommending that medical schools and graduate medical education training programs communicate with current and prospective medical students, residents, fellows and faculty about how affiliations and mergers

among health care organizations may impact health care delivery, medical education and training opportunities.

HUMAN TRAFFICKING

The 2015 COD adopted resolution '15-17:

RESOLVED, that the NYSAFP provide human trafficking-related healthcare education, including identification and management information, in at least one NYSAFP conference workshop, and be it further

RESOLVED, that the NYSAFP write a letter to the Society of Teachers of Family Medicine encouraging the integration of the subject of human trafficking into the education of medical students, residents and fellows, and be it further

RESOLVED, that the NYSAFP will instruct its delegates to bring this resolution forward to the American Academy of Family Physicians (AAFP) Congress of Delegates (COD) to request that the AAFP investigate the feasibility of human trafficking related CME, including but not limited to live presentations at the Family Medicine Experience and the National Conference of Students and Residents, and be it further

RESOLVED, that the NYSAFP will instruct its delegates to bring this resolution forward to the AAFP COD to request that the AAFP develop a position statement on human trafficking

INCREASE POINT OF CARE ULTRASOUND (POCUS) EDUCATION IN FAMILY MEDICINE

RESOLVED, that the New York State Academy of Family Physicians (NYSAFP) encourage every New York STATE family medicine residency program to include Point of Care Ultrasound (POCUS) training, and BE IT FURTHER

RESOLVED, that the NYSAFP offer POCUS at the NYSAFP CME courses and BE IT FURTHER

RESOLVED, that the NYSAFP brings a resolution to the AAFP COD that directs it to work with credentialing organizations on a POCUS for primary care credentialing framework and BE IT FURTHER

RESOLVED, that the NYSAFP bring a resolution to the American Academy of Family Physicians (AAFP) to direct it to increase continuing professional development opportunities and faculty development programs regarding POCUS ultrasound (for, at example, its scientific meetings and CME courses).

Resolution '16-15.

NATIONAL HEALTH SERVICE CORPS SCHOLARSHIPS

RESOLVED, that the NYSAFP Delegates to the AAFP shall bring a resolution to the AAFP COD in September 2010, instructing the AAFP to advocate that the Federal Government review the NHSC Scholarship program to identify opportunities that would encourage individuals to choose a career in primary care and allow the issuance of a larger number of such scholarships.

Resolution '10-6.

MEDICARE/MEDICAID

MEDICARE

The Academy is to develop a program to educate the patients of its members in regard to the risks and benefits of the proposed New York State legislation mandating physicians to accept assignment under the Medicare program and that we affirm our concerns that this legislation will limit access to care. The New York State Academy of Family Physicians opposes mandatory Medicare assignment and opposes required acceptance of assignment as a condition of licensure.

The Academy opposes sanctions against physicians who do not accept assignment.
(Resolution 85-5/10)

MEDICAID POLICY

The New York State Academy of Family Physicians is to encourage the New York State Department of Social Services to rescind the present Medicaid utilization threshold regulations.
(Resolution 90-8)

MEDICAID FUNDING

It is the position of the NYSAFP that the current funding mechanism for Medicaid is inherently unfair, and that the current funding mechanism for Medicaid inappropriately shields the elected officials in the State Legislature from the responsibility of providing funding for programs they enact and that the cost of funding Medicaid for the citizens of New York State should be borne equitably by the taxpayers of New York, regardless of where in New York the beneficiaries or the taxpayers reside and that the leadership and lobbyists of the NYSAFP, in collaboration with MSSNY, will actively promote these positions at the annual Lobby Day and in other contacts with the Legislature, Governor and other appropriate state administrative agencies and departments. **(Resolution 05 – 01)**

MEDICAL HOME

That the NYSAFP will advocate for multiple pathways to enhance reimbursement as Medical Homes for New York Medicaid. (Resolutions '12-04)

MEDICARE DRUG PRICE SAVINGS

RESOLVED, that the New York State Academy of Family Physicians (NYSAFP) will submit a resolution to the AAFP COD that directs the AAFP to advocate for seniors and the disabled by supporting legislation that empowers Medicare to directly negotiate drug prices with manufacturers with the intent of producing lower drug prices for patients.

Resolution '16-12.

MEDICAL MARIJUANA

RESOLVED, that the NYSAFP reaffirms the fact that medication preparation needs to be strictly regulated by the FDA and not by legislatures to assure safety, purity and effectiveness; and be it further

RESOLVED, that the NYSAFP opposes state approval of smoked medical marijuana which does not conform to the FDA regulatory process, and finally be it

RESOLVED, that this resolution will be submitted to the AAFP Congress of delegates for consideration in 2013.

(Resolution 13-08)

LEGALIZATION OF MARIJUANA FOR PERSONAL USE

The 2015 COD adopted resolution '15-07:

RESOLVED that the NYSAFP support laws to legalize possession and cultivation of marijuana for personal use for people over age 21 in New York state, and

RESOLVED, that the NYSAFP introduce a resolution to the AAFP COD to support removal of marijuana from the federal Drug Enforcement Agency's List of Schedule 1 Controlled Substances.

RESOLVED, that if future NY state laws are passed regarding the taxation of marijuana that the NYSAFP advocate for a percentage of those funds to be used for substance abuse treatment.

MISCELLANEOUS

FEES FOR SERVICE

The New York State Academy of Family Physicians affirms that all fee schedules should be on the basis of equal fees for equal service, which it feels imperative in negotiations with third parties. (**Resolution 83-6**)

FREE STANDING EPISODIC HEALTH CENTERS

The New York State Academy of Family Physicians will not support any health care delivery concept, which fails to foster continuity of care through a primary care family physician.

(Resolution 83-6)

HOSPITAL STAFFS

The New York State Academy of Family Physicians opposes the institution of mandatory medical directors as overseers of hospital medical staffs.

The Academy will act to maintain self-management by hospital medical staffs and urge all members to participate actively in their hospital departments in order to maintain self-management by medical staffs. **(Resolution 88-11)**

LICENSURE FEE REDUCTION FOR RESIDENTS

RESOLVED, that the New York State Academy of Family Physicians propose to the New York State Department of Education a significant reduction in the licensure and registration fee of any physician who is participating in full-time approved residency program, and be it further

RESOLVED, that the New York State Academy of Family Physicians suggest and support a decrease in this licensure and registration fee for residents to a \$100 fee. **(Resolution 93-2)**

MEDICAL ASSISTANTS

The New York State Academy of Family Physicians will work with the New York State Society of Medical Assistants to gain recognition as professionals who have the legal authority to perform medical procedures for which they have been trained and while doing so under the direction of a physician **(Resolution 90-16)**

MIDWIFERY

RESOLVED, that the New York State Academy of Family Physicians supports the development of a bill in the New York State Assembly and in the New York State Senate to regulate midwifery, and be it further

RESOLVED, that any such bill will be considered for support by the NYSAFP only if it meets all of the following requirements:

- 1) includes specific educational requirements for certification of midwives,
- 2) specified supervisory requirements,
- 3) allows family physicians as well as other qualified physicians to supervise midwives,
- 4) specifies certification for low-risk obstetrics only

(Resolution 92-16)

SCHOOL NURSE-VOLUNTEER TRAINING ADVOCATE

RESOLVED, that the NYSAFP support and advocate for efforts to increase the availability of school nurses in every school
(Resolution 13-12)

INCLUDE VASECTOMIES IN ACA

The 2014 COD adopted the following resolution:

RESOLVED, that the NYSAFP bring a resolution to the AAFP to advocate that the Department of Health and Human Services (DHHS) amend the list of preventive services to include all contraceptive services, including vasectomy and condoms.

RESOLVED, that the NYSAFP lobby in NY State that male sterilization procedures are preventive care and should be included within our the NY State of Health Essential Health Benefits, as some states have done with their own health exchange

ELIMINATE NON-NUTRITIOUS FOODS FROM SNAP

The 2014 COD adopted resolution '14-09 which reads:

RESOLVED, that the NYSAFP urges the AAFP to lobby the US Congress that elimination of non-nutritious foods and beverages from SNAP purchases should not reduce overall SNAP funding, but shift those funds to provide more resources for the purchase of healthy foods and beverages.

RESCIND FDA APPROVAL OF ZOHYDRO

The 2014 COD adopted resolution '14-17 which reads:

Be it RESOLVED that:

- 1) The NYS AFP send a letter to the head of the FDA requesting the immediate rescinding of approval of Zohydro.
- 2) The NYS AFP request that future decisions on approval of medications give proper consideration to the unintended consequences of approval of a particular medication.

POLICE PRACTICES

The 2015 COD adopted resolution '15-13:

RESOLVED, that *the NYSAFP write a resolution asking the AAFP to form a policy statement recognizing police brutality against minority communities as a serious, ongoing public health issue that requires nationwide medical and legal investigation and action, and be it further*

RESOLVED, that the NYSAFP write a letter encouraging the national AAFP body to recognize police brutality as a form of collective violence in its current position paper on violence, and be it further

RESOLVED, the NYSAFP advocate for the abolition of discriminatory law enforcement strategies such as racial profiling (e.g. supporting the End Racial Profiling Act of 2013 or similar legislation) by lobbying our state representatives and senators, and by submitting a resolution to the AAFP to lobby Congress, and be it further

RESOLVED, that the NYSAFP support efforts to enact community policing in the New York Police Department and other police departments throughout the State, and be it further

RESOLVED, that the NYSAFP lobby for the Right to Know Act before the New York City Council and support similar legislation throughout the State.

SCHOOL DISCIPLINE AND ZERO TOLERANCE

The 2015 COD adopted resolution '15-14:

RESOLVED that the NYSAFP lobby for elimination of zero-tolerance policies in schools in New York State, for decreasing police presence in schools, and for implementation of evidence-based alternatives to discipline such as school-wide positive behavior support, and be it further

RESOLVED that the NYSAFP submit a resolution to the AAFP requesting that it endorse the American Academy of Pediatrics 2013 Policy Statement on Out-of-School Suspension and Expulsion.

VIOLENCE AGAINST PHYSICIANS

The 2015 COD adopted resolution '15-22:

RESOLVED, that the NYSAFP Commission on Advocacy recommend and influence legislation to have a law protecting physicians on duty, which should state that it be considered a felony to assault a physician on duty.

MAKE THE MINIMUM WAGE A LIVING WAGE

RESOLVED, that the NYSAFP supports indexing the minimum wage in NYS to the Federal Poverty Level as a means of decreasing health disparities, and be it further

RESOLVED, that the NYSAFP supports providing tax relief or other forms of relief for small businesses to reduce their cost of implementing the minimum wage requirement

RESOLVED, the NYSAFP send a resolution to the American Academy of Family Physicians (AAFP) COD directing the AAFP to support legislation to raise the federal minimum wage by

indexing to the Federal Poverty level in order to decrease health disparities while also providing financial relief for small businesses.

The amended resolution '16-10 was approved.

NARCOTICS

ISTOP EXCLUSIONS

The 2015 COD adopted resolution '15-11:

RESOLVED that the NYS AFP petition OASAS and the Bureau of Narcotics Enforcement, as well as the Veterans Administration to correct this omission.

NEW YORK STATE ACADEMY OF FAMILY PHYSICIANS

MISSION STATEMENT

The NYSAFP strives to improve the health of patients, families and communities by serving members of the Academy through education and advocacy (**As approved by NYSAFP Board July, 2009**)

FAMILY PHYSICIAN DEFINITION

Only physicians who are members of the American Academy of Family Physicians or Board Certified in Family Practice should be listed by third parties as family physicians. (**Resolution 87-18**)

PRIMARY CARE DEFINITIONS (Adopted with requested preamble clarification)

RESOLVED, that the New York State Academy of Family Physicians adopt the following preamble and definitions and place these statements into the Academy's policy and procedure manual:

Definitions Related to Primary Care Preamble

In defining primary care, it is necessary to describe the nature of services provided to patients, as well as to identify who are the primary care providers. The domain of primary care includes the primary care physician, other physicians who include some primary care services in their practices, and some non-physician providers. However, central to the concept of primary care is the patient. Therefore, such definitions are incomplete without including a description of the primary care practice.

The following four definitions relating to primary care should be taken together. They describe the care provided to the patient, the system of providing such care, the types of physicians whose

role in the system is to provide primary care, and the role of other physicians, and non-physicians, in providing such care. Taken together they form a framework within which patients will have access to efficient and effective primary care services of the highest quality.

Definition # 1 - Primary Care

Primary care is that care provided by physicians specifically trained for and skilled in comprehensive first contact and continuing care for persons with any undiagnosed sign, symptom, or health concern (the “undifferentiated” patient) not limited by problem origin (biological, behavioral, or social), organ system, gender, or diagnosis.

Primary care includes health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses in a variety of health care settings (e.g., office, inpatient, critical care, long-term care, home care, day care, etc.). Primary care is performed and managed by a personal physician, utilizing other health professionals, consultation and/or referral as appropriate.

Primary care provides patient advocacy in the health care system to accomplish cost effective care by coordination of health care services. Primary care promotes effective doctor patient communication and encourages the role of the patient as a partner in health care.

Definition #2 - Primary Care Practice

A primary care practice serves as the patient’s first point of entry into the health care system and as the continuing focal point for all needed health care services. Primary care practices provide patients with ready access to their own personal physician, or to an established back-up physician when the primary physician is not available.

Primary care practices provide health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses in a variety of health care settings (e.g., office, inpatient, critical care, long-term care, home care, day care, etc.).

Primary care practices are organized to meet the needs of patients with undifferentiated problems, with the vast majority of patient concerns and needs being cared for in the primary care practice itself. Primary care practices are generally located in the community of the patients, thereby facilitating access to health care while maintaining a wide variety of specialty and institutional consultative and referral relationships for specific care needs. The structure of the primary care practices may include a team of physicians and non-physician health professionals.

Definition #3 - Primary Care Physician

A primary care physician is a generalist physician who provides definitive care to the undifferentiated patient at the point of first contact and takes continuing responsibility for providing the patient’s care. Such a physician must be specifically trained to provide primary care services.

Primary care physicians devote the majority of their practice to providing primary care services to a defined population of patients. The style of primary care practice is such that the personal

primary care physician serves as the entry point for substantially all of the patient's medical and health care needs - not limited by problem origin, organ system, gender or diagnosis. Primary care physicians are advocates for the patient in coordinating the use of the entire health care system to benefit the patient.

Definition #4 - Limited Primary Care Providers

Individuals who are not trained in the primary care specialties of family medicine, general internal medicine, or general pediatrics will sometimes provide limited patient care services within the domain of primary care. These limited primary care providers may be physicians from non-primary care specialties. Such providers may also include nurse practitioners, physician assistants, or other health care providers. Limited care providers may focus on specific patient care needs related to prevention, health maintenance, acute care, chronic care or rehabilitation.

The contributions of limited primary care providers may be important to specific patient needs. However, the absence of a full scope of training in primary care requires that these individuals work in close consultation with fully trained primary care physicians. An effective system of primary care may use limited primary care providers as members

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of the health care team with a primary care physician maintaining responsibility for the function of the health care team and the comprehensive health care of each patient. (**Resolution 94-6**)

NOMINATIONS TO THE BOARD OF DIRECTORS

To the best of its ability, the Nominating Committee should select candidates for the Board of Directors to closely mirror the characteristics of practice modality of physicians in the general membership. (**Resolution 86-11**)

QUALIFICATIONS OF CANDIDATES FOR ACADEMY OFFICERS

RESOLVED, that the recommendations of the Nominating Committee of the NYSAFP for its slate of officers be made based upon appropriate credentials/service to the Academy, and be it further

RESOLVED, that geographic determinants be considered only and not a deciding factor for nomination and possible election to such important positions. (**Resolution 92-12**)

DETERMINING LEGISLATIVE POLICY

RESOLVED, that between meetings of the COD the following process shall determine the response and policy of NYSAFP to such legislative proposal:

- The advocacy commission, through its interval consideration of proposed legislation by email conferences shall determine whether a new position by NYSAFP is required.

- Upon endorsement by the Advocacy Commission, the proposed position of NYSAFP shall be posted on the Academy website and its presence announced to the membership, allowing adequate time for the membership to comment upon the proposed position of the NYSAFP
- Absent opposition by a majority of members commenting on the proposed position, this position shall become the policy of NYSAFP relative to the proposed legislation. Actions thus taken by the Board and the membership shall be included in the annual advocacy report to the COD. (**Resolution '07-7**)

PATIENTS

PATIENTS' RIGHTS

RESOLVED, that the patients' rights to any legal choice in health care is recognized, and be it further

RESOLVED, that the physicians' right to refuse to participate in any action against his or her personal code of ethics is essential, and be it further

RESOLVED, that it is the Family Physicians' responsibility to inform the patient when decisions are in conflict, and be it further

RESOLVED, that it is unethical for a physician to force a patient to accept the physician's position, and be it further

RESOLVED, that in such a conflict the Family Physician should offer options of referral, care by another health care provider, or acceptance of the physician's views. (**Resolution 94-20**)

PATIENTS' ACCESS TO PRESCRIPTION MEDICATIONS

The NYSAFP goes on record to oppose measures that interfere with prompt dispensing of emergency contraception, which must be taken quickly to optimize efficacy. (**Resolution 05-13**)

CONSULTATION OR CARE REFERRING PATIENTS

The New York State Academy of Family Physicians and its constituent chapters encourage its members to utilize medical center consultants and other specialties who communicate within a timely and effective manner and who return patients to their primary care physicians and that county chapters be encouraged to communicate with consultants and referral centers the needs of primary care physicians with respect to consultation, communication and return of patients to their primary care physician. They also should encourage their members to better communicate with consultants to improve their referral process. (**Resolution 89-2**)

POTENTIAL LIMITATION ON FAMILY PHYSICIANS PRESCRIBING

The New York State Academy of Family Physicians opposes any action that limits our patients' access to physicians' prescribed pharmaceuticals or any restrictions by pharmaceutical companies, the FDA, or any other agency which would limit the use of any pharmaceutical product by specialty. (**Resolution 88-18**)

ENSURE COMPEHENSIVE AND CONFIDENTIAL HEALTH CARE FOR MINORS AND ADULTS INSURED AS DEPENDENTS

Advocate for policies that expand protections for minors accessing confidential care to include preventative reproductive health care, such as the HPV and hepatitis vaccines and support policies that prohibit billing procedures from breaching confidentiality for minors and adults insured as dependents seeking contraceptive care, abortion care, mental health care or services related to STI prevention, testing, and treatment. (Resolution '12-11)

END HEALTH CARE DISCRIMINATION FOR TRANSGENDER PEOPLE

The NYSAFP Supports public and private insurance coverage for treatment of gender identity disorder/gender dysphoria and recognizes that care of transgender individuals, including providing or referring for cross-gender hormone treatment, is within the scope of family medicine. Also the NYSAFP recommends that all medical students and family medicine residents receive training that will enable them to meet the basic primary care needs of transgender individuals in a competent and respectful manner. (Resolution '12-10)

CONSENT OF MINORS TO HPV TREATMENT

The 2014 COD adopted resolution '14-10 which reads:

RESOLVED, that the NYSAFP should support New York state legislation to include HPV vaccine in treatment that is considered confidential and to which a minor can consent and be it further

RESOLVED, that members be advised that informed consent for the HPV vaccine should include notification that all vaccines are reportable to a New York State registry, and be it further

RESOLVED, that the NYSAFP should support coverage of the HPV vaccine by the Family Planning Benefit Fund in NY State which is used by many teens to access reproductive health services.

DESIGNATING PATIENT PUMPING STATIONS

The 2014 COD adopted resolution '14-14 which reads:

RESOLVED, that the NYSAFP will lobby the State Legislature to require Nursing pumping rooms at commercial transportation hubs as defined by the US Department of Transportation in

a non-bathroom space with a minimum of chairs, counter, sink and power for its use, and be it further

RESOLVED, that the NYSAFP delegates to the AAFP should introduce a similar resolution to the AAFP Congress of Delegates

PUBLIC HEALTH

DIRECT TO CONSUMER SCREENING PROGRAMS

Direct to consumer screening programs should be monitored and licensed by the State Department of Health based on science and evidence based guidelines and standards. The cost of any regulatory action shall be borne by a licensing fee on such consumer screening programs.

The advertising and/or performance of consumer screening programs absent such license shall be subject to fines and appropriate penalties (**Resolution 07 – 1**)

OPPOSING DISCRIMINATION

The New York State Academy of Family Physicians opposes discrimination based on race, creed, sex, age, national origin or sexual preference in issues related to cross coverage and other professional relations.

GUN CONTROL EDUCATION

The NYSAFP will stress educational efforts to help reduce gun violence and will educate its members in the risk factors concerning gun violence such as safe firearm storage, firearm safety, contributions of alcohol and substance abuse, media violence and gang membership and provide CME programs which will show how a physician can make interventions to reduce these risk factors. (**Resolution 01-6**)

REGULATION OF HERBALS

RESOLVED, that it is the position of the NYSAFP that product-specific, direct-to-consumer advertising of biologically active herbal and animal derived substances should be prohibited in all media by federal law and be it further

RESOLVED, that the NYSAFP delegation to the AAFP Congress of Delegates will promote this position for inclusion as national policy. (**Resolution 99-9B**)

HOSPITAL CLOSINGS

The New York State Academy of Family Physicians supports the work of the New York State Legislative Commission on Rural Resources, and joins with them in calling for a moratorium on involuntary hospital closure until January 1, 1990 (except in cases of clearly documented patterns of inadequate care). (**Resolution 87-16**)

IMPROVING ACCESS TO LIMITED ENGLISH PROFICIENT PATIENT

The NYSAFP believes that when required for quality health care, patients ideally should have access to translators' services but opposes any unfounded mandates of translator services. If medical translation services are required, the NYSAFP encourages legislative action to require public and private payers of health care services to reimburse. (**Resolution 02-6**)

NUCLEAR WARFARE

The New York State Academy of Family Physicians will educate the public that there is no effective medical response to the casualties of nuclear war. (**Resolution 83-9**)

NUCLEAR DISARMAMENT

The 2015 COD adopted the resolution below:

RESOLVED, that the NYSAFP supports the elimination of nuclear weapons, and be it further

RESOLVED, that the NYSAFP will communicate its support in favor of the elimination of nuclear weapons to the New York Chapter of Physicians for Social Responsibility, and be it further

RESOLVED, that the NYSAFP delegation to the next AAFP Congress of Delegates introduce a resolution that the AAFP support the elimination of nuclear we

OBESITY

RESOLVED, that the NYSAFP should advocate that the NYS Dept. of Health launch a massive anti-obesity campaign allocating annually at least \$85 million to the State Dept. of Health for a range of activities and programs including conducting counter-advertising; funding county-based coalitions to promote policy and environmental changes at the local level to facilitate peoples' desire to exercise and eat nutritiously (e.g., building more cycling and pedestrian lanes, creating more exercise and nutrition programs at worksites, schools and other sites, and offering healthier restaurant menu choices, etc.); supporting research to test various approaches to achieving and maintaining healthy weight, including weight loss methods; and, disseminating evidence-based best practices, and be it

RESOLVED, that the NYSAFP should advocate the creation of unique reimbursement codes, as we now have for tobacco, that are specific to obesity to improve clinical management of people

who are overweight, and that Medicaid and all commercial insurers in the State be required to reimburse for such codes.

(Resolution '09-6)

RACIAL AND ETHNIC DISPARITIES IN HEALTH

That the NYSAFP engage in activities including but not limited to educating members on Healthy People 2010, partnership with other organizations to provide CME events on cultural competency with the goal of eliminating disparities in health on the basis of race and ethnicity.

(Resolution #00-7)

SUPPORT OF DOMESTIC PARTNERSHIP BENEFITS

The NYSAFP supports domestic partner benefits for same gender couples including health and life insurance policies. **(Resolution 02-04)**

URBAN FAMILY PRACTICE POLICY

The New York State Academy of Family Physicians acknowledges the special nature and needs of inner-city populations and the medical care of these populations, and the New York State Academy advocates for urban family practice in any and all promotional literature and presentations, and the New York State Academy of Family Physicians will continue to work towards the establishment of Departments of Family Practice at all New York City medical schools **(Resolution 91-10)**

ENCOURAGE CREATION OF WALKABLE AND BIKEABLE COMMUNITIES

NYSAFP encourage local officials to incorporate walking and cycling strategies into their master plans as they update and implement them, and advocate that the State provide consultation services to communities on creating walkable/bike able communities, including audits of walkability/bike ability, and development and review of plans and encourage local law enforcement officials ensure compliance with pedestrian and cycling safety laws and finally advocate for increased State financial support to create more “walkable” and “bike able” communities. **(Resolution '12-01)**

SUPPORT SPEED CAMERAS IN NY STATE

That the NYSAFP supports legislation to authorize the City of New York to establish a five year demonstration program of using speed cameras for speed limit enforcement. **(Resolution '12-03)**

PROHIBITING USING POSSESSION OF CONDOMS AS EVIDENCE IN A TRIAL, HEARING OR PROCEEDING IN ARREST FOR PROSTITUTION OR PATRONIZING A PROSTITUTE

RESOLVED, that the NYSAFP advocate for legislation that would prohibit using possession of condoms as evidence in a trial, hearing or proceeding in arrest for prostitution or patronizing a prostitute.

(Resolution 13-02)

STIMULANT DRINKS

RESOLVED, That the NYSAFP support a law that no person shall provide free samples of stimulant drinks or coupons for free or discounted stimulant drinks to any individual under the age of sixteen (16) in the State of New York and that the NYSAFP work in conjunction with a reputable and credible organization with expertise in nutrition to establish specific definitions of stimulant drinks and be it also

RESOLVED, that the NYSAFP support legislation to prohibit the sale of stimulant drinks to children under the age of sixteen (16).

(Resolution 13-09)

HEALTH IMPACT OF GENTRIFICATION

The 2015 COD adopted resolution '15-06:

RESOLVED, The NYSAFP introduce a resolution to the American Academy of Family Physicians requesting that the Robert Graham Center for Policy Studies in Family Medicine and Primary Care investigate how the process of gentrification impacts health outcomes and create potential policy recommendations that could improve the health of the most vulnerable.

PROMOTING NUTRITIOUS FOOD PURCHASES IN THE FEDERAL SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

RESOLVED, that the NYSAFP urge the AAFP to lobby the US Congress to direct the USDA to approve pilot projects with SNAP that would restrict the purchase of soda and unhealthy foods to provide data to USDA on how to enhance SNAP purchases of healthy foods and beverages and that Congress also appropriate funds for this purpose; and be it further

Resolution '14 – 09.

SMOKING – TOBACCO

SMOKING

The New York State Academy of Family Physicians strongly urges the American Academy to encourage each of its physicians to make smoking cessation the high priority in Family Practice;

and that the American Academy, together with the U.S. Surgeon General, set a goal of a smoke-free society by the year 2000. (**Resolution 86-2**)

Members of the New York State Academy of Family Physicians who care for patients in hospitals in which cigarettes are sold are encouraged to approach the administration of these hospitals, asking them to end the sale of cigarettes in these hospitals (**Resolution 87-8**)

TOBACCO PREVENTION AND CESSATION

The NYSAFP be a leading advocate of State policy and legislative actions to reduce by one million the number of smokers in New York by 2010 and advocate an increase in the State tobacco tax from its current level of \$1.50 per pack to \$2.50 per pack. In addition the NYSAFP should advocate increasing State expenditures for tobacco prevention and cessation from \$85 million to \$150 million. (**Resolution 07-6**)

TOBACCO SALES IN PHARMACIES

Resolution '14-02 adopted at the 2014 COD provides:

RESOLVED, the NYSAFP supports ending the sale of tobacco products in all pharmacies and stores that contain a pharmacy department, and

AGE TO PURCHASE TOBACCO PRODUCTS

The 2014 COD adopted resolution '14-12 which reads:

RESOLVED, that the NYSAFP should support legislation in New York State to increase the legal age limit to purchase tobacco to 21.

E-CIGARETTES

The 2014 COD adopted resolution '14-21 which reads:

Resolved, that the New York State Academy of Family Physicians lobby the State Legislature to treat e-cigarettes the same as tobacco products; and be it further

Resolved, that the New York State Academy of Family Physicians lobby the State Legislature for the State Department of Health to conduct research into the possible risks associated with the use of e-cigarettes on a long term basis; and be it further

Resolved, that the New York State Academy of Family Physicians lobby the State Legislature for the strict quality control and oversight as to the actual ingredients, i.e., nicotine, by-products, etc. which are being inhaled and that these ingredients be printed on each e-cigarette package; and be it further

Resolved, that the New York State Academy of Family Physicians lobby the State Legislature to include appropriate warning labels on e-cigarette packages that “vaping for an extended period of time may ultimately prove to be harmful” and be it finally

Resolved, that the NYSAFP delegates submit an appropriate resolution to the AAFP.

Updated 8/13/16