

Report of the Reference Committee on Operations  
June 19, 2016

Reference Committee Chair: Mr. Speaker, the Reference Committee on Operations has considered each of the items referred to it and desires to present the following report. The Committee's recommendations on each item will be submitted on our consent calendar.

*Speaker: Should the Congress approve the consent calendar, all items on the consent calendar will be disposed of in that single action. There will not be any opportunity for discussion on any item that is included on the consent calendar after the consent calendar is adopted. It is important, therefore, to extract an item from the consent calendar at this time if you wish to discuss that item. A motion to extract something from the consent calendar does not require a second. Any delegate may extract an item from the consent calendar by so moving that the item be extracted and the item will be extracted without objection. The items on the consent calendar are listed in the report of the reference committee and are being projected on the screen. Does anyone have anything they would like to have extracted?*

A: CONSENT CALENDAR

Mr. Speaker, the Committee considered the following items:

1. Resolution '16-02  
Increase Access to Comprehensive Reproductive Health Care Services for Incarcerated Women  
**Adopt as amended.**
2. Resolution '16-09  
Physician Protection Under Single Payer  
**Adopt.**
3. Resolution '16-10  
Make the Minimum Wage a Living Wage  
**Adopt.**
4. Resolution '16-11  
The Role of Medically Supervised Safer Injection Facilities as a Harm Reduction Strategy in New York State  
**Adopt.**
5. Resolution '16-12  
Medicare Drug Price Savings  
**Adopt as amended.**
6. Resolution '16-14  
Modification of Worker's Compensation Questions  
**Defeat.**
7. Resolution '16-15  
Increase Point of Care Ultrasound (POCUS) Education in Family Medicine  
**Adopt.**
8. Resolution '16-19  
Support Paid Parental Leave in the Newborn Period  
**Refer to the board.**

9. Resolution '16-07 – WITHDRAWN  
E-Report on Congress of Delegates
10. Resolution '16-08 – WITHDRAWN  
Task Force on Advanced Primary Care and Value Based Payment

Mr. Speaker, the Committee moves adoption of the Consent Calendar as listed.

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Mr. Speaker, the Committee considered Resolution '16-02.

Subject: Increase Access to Comprehensive Reproductive Health Care Services for Incarcerated Women

Submitted by: Public Health Commission: Linda Prine, MD

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 honored in New York State, 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 reproductive health care to incarcerated women.

The committee discussed the amendment proposed by the maker, to default to standards of the US Preventive Services Task Force if the standards of the NCCHC differed from the Task Force standards. The committee felt that this amendment would create a cumbersome process and recommends against including the language offered by the maker. The committee recommends the first RESOLVED clause be amended as follows: the word "honored" be deleted and replaced with "be implemented by rule or statute."

Testimony was otherwise overwhelmingly in support.

The committee recommends adoption of the following amended resolution:

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 implemented by rule or statute* in New York State, 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 reproductive health care to incarcerated women.

Mr. Speaker, the Committee recommends that Resolution '16-02 be adopted as amended.

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Mr. Speaker, the Committee considered Resolution '16-09.

SUBJECT: Physician Protection Under Single Payer  
SUBMITTED BY: Andrew Merritt, MD

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.

The preponderance of testimony was in support of the resolution. The committee determined that the resolution is consistent with the Academy's support of physician collective bargaining and single payer. Assemblyman Gottfried, in fact, added collective bargaining for physicians to his NY Health legislation at the Academy's request.

Mr. Speaker, the Committee recommends that Resolution '16-09 be adopted.

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Mr. Speaker, the Committee considered Resolution '16-10.

SUBJECT: Make the Minimum Wage a Living Wage  
SUBMITTED BY: Public Health Commission: Venis Wilder, MD

RESOLVED, the New York State Academy of Family Physicians (NYSAFP) supports the graduated increase in the minimum wage in NYS and supports indexing the minimum wage in NYS to the Federal Poverty Level as a means of decreasing health disparities, and be it further,

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.

There was conflicting testimony regarding this resolution. Many witnesses testified that the effects of poverty and inadequate income harms families and impairs health. Others noted that small businesses including medical practices would have great difficulty meeting the standards contemplated by this resolution and might have to lay off employees as a result.

The committee could not resolve the differences articulated by witnesses and recommends, instead, a substitute resolution to read:

*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.

Mr. Speaker, I move that Substitute Resolution '16 – 10 be adopted.

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Mr. Speaker, the Committee considered Resolution '16 – 11.

SUBJECT: The Role of Medically Supervised Safer Injection Facilities as a Harm Reduction Strategy in New York State

SUBMITTED BY: Public Health Commission: Ray Harvey, MD & Scott Hartman, MD

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.

There was only testimony in support of this resolution.

Mr. Speaker, the Committee recommends that Resolution '16-11 be adopted.

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Mr. Speaker, the Committee considered Resolution '16 – 12

SUBJECT: Medicare Drug Price Savings

SUBMITTED BY: Public Health Commission: Heather Paladine, MD

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 and lowers drug prices for patients.

There was only testimony in support of this resolution. The committee felt the reference to lowering drug prices, while intended, was not necessarily something that would naturally occur as a result of negotiation. The intent to reduce drug prices for patients should be preserved. Consequently, the committee recommends rephrasing that language that reads “and lowers drug prices for patients.”

The amended resolution reads:

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.

Mr. Speaker, the Committee recommends that Resolution '16-12 be adopted as amended.

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Mr. Speaker, the Committee considered Resolution '16-14.

SUBJECT: Modification of Worker's Compensation Questions  
SUBMITTED BY: Public Health Commission: Margarita De Federicis, MD

RESOLVED that the New York State Academy of Family Physicians (NYSAFP) advocate with the Workers' Compensation Board to request adding the option of "Unknown" to the following three questions of the C4 form or initial report of injury/illness and to the C4.2 form or progress reports instead of only Yes or No options as they currently are:

1. In your opinion, was the incident that the patient described the competent medical cause of the injury?
2. Are the patient's complaints consistent with his/her history of the injury/illness?
3. Is the patient's history of the illness/injury consistent with your objective findings?\*

The testimony was predominantly opposed. In particular, the sentiment was that indicating "unknown" for these questions, particularly the one regarding whether the patient's description of the injury was reasonable, could result in denial of medical coverage.

Mr. Speaker, the Committee recommends that Resolution '16-14 be defeated.

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Mr. Speaker, the Committee considered Resolution '16 – 15.

SUBJECT: Increase Point of Care Ultrasound (POCUS) Education in Family  
Medicine  
SUBMITTED BY: New York County Chapter: Linda Prine, MD

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).

Testimony was entirely in support.

Mr. Speaker, the Committee recommends that Resolution '16-15 be adopted.

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Mr. Speaker, the Committee considered Resolution '16 – 19.

**SUBJECT:** Support Paid Parental Leave in the Newborn Period

**SUBMITTED BY:** New York County Chapter: Linda Prine, MD

RESOLVED, that the New York State Academy of Family Physicians (NYSAFP) will adopt a policy that supports a minimum of 12 weeks of publically funded paid leave for the primary caregiver for a newborn, including family physicians and residents, and support an optional extension of this leave as unpaid time off and, be it further

RESOLVED, that the NYSAFP will write a resolution calling on the AAFP to advocate that the Family Medicine ACGME Review Committee develop a standardized parental leave policy for the primary caregiver of a newborn that provides them with the option of 12 weeks of publically funded paid leave, be it further

RESOLVED, the NYSAFP will include in the resolution that the AAFP support legislation that provides for 12 weeks of publically funded paid caregiver leave for newborns that our delegates will bring to the COD in 2016.

Testimony was predominantly in support. Many comments included information and perspective that expanded the issue and added complexity. The committee does not feel this issue can or should be addressed without further discussion, research and deliberation particularly with regard to which entities have jurisdiction to establish policy for programs. It was also clear that there are many financial implications for programs and small practices that require clarification. The committee feels the issue and the resolution deserve further attention.

Mr. Speaker, the Reference Committee recommends that Resolution '16-19 be referred to the board.

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Mr. Speaker, I move the adoption of the Committee's report as a whole.

Mr. Speaker, I would like to thank the members of my Reference Committee. I would also like to thank the members of the Academy who testified at the Reference Committee for their insight and their cooperation. I would like to thank Mr. Vito Grasso for assisting the Committee in preparing this report.

CHAIR: Jose Tiburcio, MD

VICE-CHAIR: Sam Sandowski, MD

ADVISOR: Phil Kaplan, MD

MEMBER: Elizabeth McIntosh

MEMBER: Jocelyn Young, MD

MEMBER: Wesley Ho, MD