Report of the Reference Committee on Operations
June 25, 2017

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 ’17-01
   Support Paid Sick Leave for Employees
   The Committee recommends adoption.

2. Resolution ’17-03
   Resolution to Recognize Health Care as a Human Right
   The Committee recommends adoption.

3. Resolution ’17-06
   Proposal for New Search Options for Specific Residency Characteristics in the Residency Directory on the AAFP Website
   The Committee recommends adoption of substitute resolution ’17-06

4. Resolution ’17-08
   Increasing Diversity in Family Medicine
   The Committee recommends adoption of substitute resolution ’17 – 08.

5. Resolution ’17-10
   Physician Remuneration for Processing Prior Authorizations
   The Committee recommends adoption of substitute resolution ’17-10

6. Resolution ’17-11
   Eliminate Prior Authorizations for Generic Medications
   The Committee recommends that the resolution not be adopted.
7. Resolution ’17-15
Medical Aid in Dying
The Committee recommends that the resolution be adopted as amended.

8. Late Resolution ’17 -16
Reclaim PCMH
The Committee recommends that the resolution not be adopted.

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

Mr. Speaker, the Committee considered Resolution ’17-01.
Subject: Support Paid Sick Leave for Employees
Submitted by: Public Health Commission
RESOLVED, that the New York State Academy of Family Physicians (NYSAFP) should advocate for a paid sick leave law in New York state.
The preponderance of evidence was in favor. Some speakers mentioned cost but there was no opposition.
Mr. Speaker, the Committee recommends Resolution ’17-01 be adopted.

Mr. Speaker, the Committee considered Resolution ’17-03.
SUBJECT: Resolution to Recognize Health Care as a Human Right
SUBMITTED BY: New York County Chapter
RESOLVED, that the New York State Academy of Family Physicians (NYSAFP) recognizes that healthcare is a human right, not a privilege, for every person and be it further
RESOLVED that the NYSAFP will bring a resolution to the American Academy of Family Physicians (AAFP) Congress of Delegates to recognize healthcare as a human right, not a privilege, for every person.
The preponderance of the evidence was in favor of this resolution. The Reference Committee is aware that a similar resolution will be presented to the AAFP COD by the Colorado chapter.
Mr. Speaker, the Committee recommends that Resolution ’17-03 be adopted.

Mr. Speaker, the Committee considered Resolution ’17-06.
SUBJECT: Proposal for New Search Options for Specific Residency Characteristics in the Residency Directory on the AAFP Website

SUBMITTED BY: Public Health Commission

RESOLVED: that the New York State Academy of Family Physicians (NYSAFP) delegation to the American Academy of Family Physicians (AAFP) COD present a resolution directing the AAFP to solicit input from each Member Interest Group about at least one searchable feature to add to “Find Residency Programs” on the AAFP website (1).

Testimony was divided but most witnesses felt there was value in providing information on the AAFP website that students could use to search residency programs by category of programs. The Committee determined that there are other AAFP constituencies which should be included in any effort to solicit recommendations for searchable programs in the Residency Directory. The Committee also felt the mechanics of producing a searchable program feature is an administrative process that should be performed by AAFP staff who maintain the Residency Programs Directory.

The Reference Committee recommends a substitute resolution to read as follows:

RESOLVED: that the New York State Academy of Family Physicians (NYSAFP) delegates to the AAFP COD will present a resolution to the AAFP to direct the AAFP staff to survey various Academy constituencies including MIGs, commissions, NCCL, and the resident and student conferences to recommend searchable program characteristics that should be included in the AAFP residency directory, and be it further

RESOLVED: that the New York State Academy of Family Physicians (NYSAFP) delegates to the AAFP COD will introduce a resolution at the AAFP COD to direct AAFP staff to identify a feasible process for adding searchable topics to the AAFP residency directory.

Mr. Speaker, the Committee recommends that substitute Resolution ’17-06 be adopted.

Mr. Speaker, the Committee considered Resolution ’17 – 08.

SUBJECT: Increasing Diversity in Family Medicine

SUBMITTED BY: New York County & Public Health Commission

RESOLVED that the New York State Academy of Family Physicians (NYSAFP) delegates to the AAFP COD will submit a resolution directing the AAFP to make a recommendation in writing to ACGME that, in the interest of broadening racial and class diversity in family medicine, board pass rates no longer be used as a criterion for issuing a citation or area of concern to residency programs.
There was discussion regarding whether there was a definitive relationship between board pass rates and diversity in family medicine. The Committee concluded that this resolution should be amended and expanded to achieve both the objectives of the maker and to address additional issues discovered by the Reference Committee. The Reference Committee determined that ACGME has different citation standards for residency programs in different specialties. The pass rate for family medicine is 90%. The pass rate for internal medicine is 80%, and the pass rate for pediatrics is 60%.

The Reference Committee recommends a substitute resolution to read as follows:

RESOLVED that the New York State Academy of Family Physicians (NYSAFP) will submit a resolution to the AAFP to make a recommendation to the ACGME to study the issue of the effect of ABFM pass rates on diversity in family medicine, and be it further

RESOLVED that the NYSAFP will submit a resolution to the AAFP to direct the Center for Diversity and Health Equity to recommend policy to achieve greater rates of diversity in family medicine, and be it further

RESOLVED that the NYSAFP will submit a resolution to the AAFP to review the board pass rate citation levels for various specialties and to determine whether it is equitable.

Mr. Speaker, the Committee recommends that substitute Resolution ‘17-08 be adopted.

Mr. Speaker, the Committee considered Resolution ’17 – 10

SUBJECT: Physician Remuneration for Processing Prior Authorizations
SUBMITTED BY: Wayne Strouse, MD

RESOLVED, that the NYSAFP work with the New York State Insurance Commissioner, the New York Department of Health, as well as New York State Legislators to require fair remuneration for the work doctors perform for the benefit of health insurance companies, and be it further

RESOLVED, that NYSAFP advocate for health insurance companies to be required pay a minimum of $50 for each prior authorization request, and be it further

RESOLVED, that NYSAFP advocate that health insurance companies not be permitted to require patients to cost share or pay in any way for any costs derived from prior authorizations fees paid.

There was significant testimony in support of this resolution. The committee determined that the requirement that patients be protected against bearing the cost of physician remuneration was unrealistic.
The Reference Committee recommends a substitute resolution to read as follows:

RESOLVED that the NYSAFP advocate for statutes or regulations to require insurance plans to provide reasonable compensation for physicians for the time required to obtain prior authorization.

Mr. Speaker, the Committee recommends that substitute Resolution ‘17-10 be adopted.

Mr. Speaker, the Committee considered Resolution ’17-11.

SUBJECT: Eliminate Prior Authorizations for Generic Medications
SUBMITTED BY: Wayne Strouse, MD

RESOLVED, that the NYSAFP work with the New York State Insurance Commissioner, the New York State Department of Health, and with New York State Legislators to ban the use of prior authorizations for prescriptions for generic medications.

There was testimony in favor of this resolution with discussion that generics should not require prior authorization even though they are not always the most cost effective choice. The Committee determined that this issue is complicated in terms of individual and plan costs and overall costs to the health care system. The issue also involves use of formularies and physician judgement regarding effectiveness.

Mr. Speaker, the Committee recommends that Resolution ’17-11 not be adopted.

Mr. Speaker, the Committee considered Resolution ‘17-15.

SUBJECT: Medical Aid in Dying
SUBMITTED BY: Robert Morrow, MD

RESOLVED, that the NYSAFP support pending legislation in the NYS Legislature to expand options at end-of-life to include medical aid-in-dying by means of a patient-directed, patient administered prescription medication, and be it further

RESOLVED, that the NYSAFP prepare educational materials for members regarding medical aid-in-dying, including data and findings from states where medical aid in dying is currently permitted, and inform its members of pending legislation pertaining to the issue.

There was discussion in support of the concept of expanding end-of life options but some concern about the first resolve clause which appears to apply only to currently pending
legislation. The reference committee determined that the intent was to make permanent policy in support of expanding end-of-life options for patients.

The Reference Committee recommends amending the first resolved to read as follows:

RESOLVED, that the NYSAFP support expansion of options for end-of-life care to include medical aid in dying by means of a patient-directed, patient administered prescription medication.

Mr. Speaker, the Committee recommends that Resolution ’17-15 be adopted as amended.

Mr. Speaker, the Committee considered Resolution ‘17-16 which was submitted as a late resolution.

SUBJECT: Reclaim PCMH

SUBMITTED BY: Marc Price, DO

RESOLVED, that the NYSAFP delegates to the AAFP COD present a resolution directing the AAFP, possibly in conjunction with other primary care based organizations like the Patient-Centered Primary Care Collaborative, to develop a governing body that will become the authority on what is or is not a patient centered medical home (PCMH). The purpose of this governing body would be to certify models of PCMH developed by other organizations who would be working with the practices themselves, and either support or reject those models as being consistent with their definition of a PCMH, reclaiming the PCMH model.

There was no clear consensus from testimony. The Committee is concerned that the objective of creating an Academy PCMH model and a process of measuring PCMH programs against that standard was a large and potentially expensive process and would not produce any material benefit for members.

Mr. Speaker, the Committee recommends Resolution ’17 – 16 not be adopted.

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 Mrs. Penny Richmond Ruhm and Mr. Vito Grasso for assisting the Committee in preparing this report.

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