

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.

1 7. Resolution '17-15

2 **Medical Aid in Dying**

3 **The Committee recommends that the resolution be adopted as amended.**

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5 8. Late Resolution '17 -16

6 **Reclaim PCMH**

7 **The Committee recommends that the resolution not be adopted.**

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

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12 Mr. Speaker, the Committee considered Resolution '17-01.

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14 Subject: Support Paid Sick Leave for Employees
15 Submitted by: Public Health Commission

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17 RESOLVED, that the New York State Academy of Family Physicians (NYSAFP) should
18 advocate for a paid sick leave law in New York state.

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20 The preponderance of evidence was in favor. Some speakers mentioned cost but there was no
21 opposition.

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23 Mr. Speaker, the Committee recommends Resolution '17-01 be adopted.

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26 Mr. Speaker, the Committee considered Resolution '17-03.

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28 SUBJECT: Resolution to Recognize Health Care as a Human Right
29 SUBMITTED BY: New York County Chapter

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31 RESOLVED, that the New York State Academy of Family Physicians (NYSAFP) recognizes that
32 healthcare is a human right, not a privilege, for every person and be it further

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34 RESOLVED that the NYSAFP will bring a resolution to the American Academy of Family
35 Physicians (AAFP) Congress of Delegates to recognize healthcare as a human right, not a
36 privilege, for every person.

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39 The preponderance of the evidence was in favor of this resolution. The Reference Committee is
40 aware that a similar resolution will be presented to the AAFP COD by the Colorado chapter.

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42 Mr. Speaker, the Committee recommends that Resolution '17-03 be adopted.

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45 Mr. Speaker, the Committee considered Resolution '17-06.

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1 SUBJECT: Proposal for New Search Options for Specific Residency Characteristics
2 in the Residency Directory on the AAFP Website
3 SUBMITTED BY: Public Health Commission
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5 RESOLVED: that the New York State Academy of Family Physicians (NYSAFP) delegation to the
6 American Academy of Family Physicians (AAFP) COD present a resolution directing the AAFP to
7 solicit input from each Member Interest Group about at least one searchable feature to add to
8 "Find Residency Programs" on the AAFP website (1).

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

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

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

25
26 RESOLVED: that the New York State Academy of Family Physicians (NYSAFP) delegates to
27 the AAFP COD will introduce a resolution at the AAFP COD to direct AAFP staff to identify a
28 feasible process for adding searchable topics to the AAFP residency directory.

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

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33 Mr. Speaker, the Committee considered Resolution '17 – 08.

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35 SUBJECT: Increasing Diversity in Family Medicine
36 SUBMITTED BY: New York County & Public Health Commission
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38 RESOLVED that the New York State Academy of Family Physicians (NYSAFP) delegates to the
39 AAFP COD will submit a resolution directing the AAFP to make a recommendation in writing to
40 ACGME that, in the interest of broadening racial and class diversity in family medicine, board
41 pass rates no longer be used as a criterion for issuing a citation or area of concern to residency
42 programs.

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1 There was discussion regarding whether there was a definitive relationship between board pass
2 rates and diversity in family medicine. The Committee concluded that this resolution should be
3 amended and expanded to achieve both the objectives of the maker and to address additional
4 issues discovered by the Reference Committee. The Reference Committee determined that
5 ACGME has different citation standards for residency programs in different specialties. The pass
6 rate for family medicine is 90%. The pass rate for internal medicine is 80%, and the pass rate for
7 pediatrics is 60%.

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

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

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

18
19 RESOLVED that the NYSAFP will submit a resolution to the AAFP to review the board pass
20 rate citation levels for various specialties and to determine whether it is equitable.

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22 Mr. Speaker, the Committee recommends that substitute Resolution '17-08 be adopted.
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25 Mr. Speaker, the Committee considered Resolution '17 – 10

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27 SUBJECT: Physician Remuneration for Processing Prior Authorizations
28 SUBMITTED BY: Wayne Strouse, MD
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30 RESOLVED, that the NYSAFP work with the New York State Insurance Commissioner, the New
31 York Department of Health, as well as New York State Legislators to require fair remuneration
32 for the work doctors perform for the benefit of health insurance companies, and be it further

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

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

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42 There was significant testimony in support of this resolution. The committee determined that the
43 requirement that patients be protected against bearing the cost of physician remuneration was
44 unrealistic.
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2 The Reference Committee recommends a substitute resolution to read as follows:
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4 RESOLVED that the NYSAFP advocate for statutes or regulations to require insurance plans to
5 provide reasonable compensation for physicians for the time required to obtain prior
6 authorization.
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8 Mr. Speaker, the Committee recommends that substitute Resolution '17-10 be adopted.
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11 Mr. Speaker, the Committee considered Resolution '17-11.
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13 SUBJECT: Eliminate Prior Authorizations for Generic Medications
14 SUBMITTED BY: Wayne Strouse, MD
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16 RESOLVED, that the NYSAFP work with the New York State Insurance Commissioner, the
17 New York State Department of Health, and with New York State Legislators to ban the use of
18 prior authorizations for prescriptions for generic medications.
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20 There was testimony in favor of this resolution with discussion that generics should not require
21 prior authorization even though they are not always the most cost effective choice. The
22 Committee determined that this issue is complicated in terms of individual and plan costs and
23 overall costs to the health care system. The issue also involves use of formularies and physician
24 judgement regarding effectiveness.
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26 Mr. Speaker, the Committee recommends that Resolution '17-11 not be adopted.
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29 Mr. Speaker, the Committee considered Resolution '17-15.
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31 SUBJECT: Medical Aid in Dying
32 SUBMITTED BY: Robert Morrow, MD
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34 RESOLVED, that the NYSAFP support pending legislation in the NYS Legislature to expand
35 options at end-of-life to include medical aid-in-dying by means of a patient-directed,
36 patient administered prescription medication, and be it further
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38 RESOLVED, that the NYSAFP prepare educational materials for members regarding
39 medical aid-in-dying, including data and findings from states where medical aid in dying
40 is currently permitted, and inform its members of pending legislation pertaining to the
41 issue.
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44 There was discussion in support of the concept of expanding end-of life options but some
45 concern about the first resolve clause which appears to apply only to currently pending

1 legislation. The reference committee determined that the intent was to make permanent policy in
2 support of expanding end-of-life options for patients.

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

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

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

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

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16 SUBJECT: Reclaim PCMH

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18 SUBMITTED BY: Marc Price, DO

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

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

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

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

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

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43 CHAIR: Jose Tiburcio, MD

44 VICE-CHAIR: Scott Hartman, MD

45 ADVISOR: Mark Krotowski, MD

46 MEMBER: Venis Wilder, MD

- 1 MEMBER: Anita Ravi, MD
- 2 MEMBER: Chris Murphy, MD