

**2015 Congress of Delegates
NYSAFP
June 27-28, 2015**

Saturday, June 27, 2015

The Congress convened at 8:30 AM. Speaker Keber requested a vote on late resolutions '15-22 and '15-23 and '15-24. The resolutions were accepted by unanimous voice vote. Resolution '15-22 was assigned to the Reference Committee on Operations. Resolutions '15-23 and '15-24 were assigned to the Reference Committee on Policy.

Elections

Nominations from the floor:

Rachelle Brilliant, DO, nominated Sonya Sidhu-Izzo, MD, for vice speaker.

Dr. Daniel Neghassi withdrew as a candidate for director and for new physician director. He also nominated Linda Prine, MD, for director.

President-Elect:

Robert Ostrander, MD, was elected by acclimation.

Vice-President:

Sarah Nosal, MD, was elected by acclimation.

Secretary:

Barbara Keber, MD, was elected by acclimation.

Treasurer:

James Mumford, MD, was elected by acclimation.

Speaker:

Jason Matuszak, MD, was elected by acclimation.

Vice Speaker:

Drs. Samuel Arce, Louis Verardo and Sonya Sidhu-Izzo were the candidates. They each made brief remarks.

Sonya Sidhu-Izzo, MD, was elected.

Director:

There are 3 full-term positions plus one vacancy for the two years remaining on Cat London's term. Drs. Russell Perry, Thomas Molnar and Elizabeth McCrory were the candidates nominated by the Leadership Commission. Linda Prine, MD, was nominated from the floor.

The speaker explained that the three candidates with the most votes would be elected to the three-year terms and the candidate with the least votes would be elected to complete the final the two years of the seat vacated by Dr. Cat London.

The three candidates elected to three year terms are: Thomas Molnar, Linda Prine and KrisEmily McCrory. Dr. Russell Perry was elected to fill the vacancy created by Dr. London's resignation.

Delegate:

Andrew Merritt, MD, was elected by acclimation.

Alternate Delegate:

Marc Price, DO, was elected by acclimation.

New Physician:

Drs. Margarita Mosquera De Fredericis, Rachelle Brilliant, Pooja Paunikar, Kyle Leonard and Brenda Perez were nominated by the Leadership Commission.

Dr. Pooja Paunikar was elected.

Sunday, June 28, 2015

The Congress convened at 8:00 a.m. on June 28th. Vice-Speaker Sonya Sidhu-Izzo, MD presided.

Dr. Sidhu-Izzo announced that Dr. Merritt & Dr. Kaplan would serve as parliamentarians.

Dr. Sidhu-Izzo acknowledged the installation of our newly elected officers:

ELECTION OF OFFICERS:

President:	Tochi Iroku-Malize, MD
President-Elect:	Bob Ostrander, MD
Vice President:	Sarah C. Nosal, MD
Secretary:	Barbara Keber, MD
Treasurer:	Jim Mumford, MD
Speaker:	Jason Matuszak, MD
Vice Speaker:	Sonya Sidhu-Izzo, MD
Delegate to AAFP:	Andrew Merritt, MD
Alt. Del. to AAFP:	Marc Price, DO
Directors:	Thomas Molnar, MD Linda Prine, MD KrisEmily McCrory, MD Russell Perry, DO
New Physician:	Pooja Paunikar, MD

Dr. Sidhu-Izzo introduced the following guests:

Dr. Robert Wergin, AAFP President

Dr. John Bender, CO AFP

Dr. Douglas Spotts, PA AFP

Dr. Sidhu-Izzo introduced AAFP president Dr. Robert Wergin who presented the AAFP report.

Dr. Sidhu-Izzo introduced NYSAFP president Dr. Tochi Iroku-Malize for her inaugural remarks.

Report of the Reference Committee on Operations

Dr. Sidhu-Izzo introduced Dr. Andrew Symons for the report of the Reference Committee on Operations.

Dr. Symons: Madame 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

Madame Speaker, the Committee considered the following items:

- | | |
|---|---------|
| 1. Adopt Report of the President | Pgs. 29 |
| 2. Adopt Report of the Secretary | Pg. 3 |
| 3. Adopt Report of the Treasurer | Pgs. 31 |
| 4. Adopt Report of the Executive Vice President | Pgs. 32 |
| 5. Adopt Report of the Academy Operations Commission | Pgs. 48 |
| 6. Adopt Report of the Education Commission | Pgs. 51 |
| 7. Adopt Report of the Leadership Development Commission | Pgs. 55 |
| 8. Adopt Report of the Membership Commission | Pgs. 58 |
| 9. Adopt Resolution '15-02
Nuclear Disarmament | Appx. A |
| 10. Adopt Substitute Resolution '15-04
Climate Change | Appx. A |
| 11. Adopt Resolution '15-06
Health Impact of Gentrification | Appx. A |
| 12. Adopt Substitute Resolution '15-10
Increasing Limits on Buprenorphine Patients | Appx. A |
| 13. Adopt Substitute Resolution '15-11
ISTOP Exclusions | Appx. A |
| 14. Adopt Substitute Resolution '15-13
Discriminatory Policing is a Public Health Concern | Appx. A |
| 15. Adopt Substitute Resolution '15-14
Clogging the School to Prison Pipeline | Appx. A |
| 16. Adopt Resolution '15-16
Promoting Transparency in Medical Education & Access to
Training in Settings Affiliated With Religious Healthcare
Organizations | Appx. A |
| 17. Adopt Resolution '15-17
Human Trafficking Education & Training for Family
Medicine Physicians | Appx. A |
| 18. Adopt Resolution '15-18
Bylaws Amendment to Increase Resident & Student Representation
on the Board | Appx. A |
| 19. Adopt Resolution '15-21
Alessandro Bertoni, MD | Appx. A |

20. Adopt Substitute Resolution '15-22

Necessity of a Specific State Law Regarding Violence Against Physicians Appx. A

The following items were extracted from the Consent Calendar:

Item 9, Resolution '15-02

Item 10, Resolution '15-04

Item 12, Resolution '15-10

Item 13, Resolution '15-11

Item 14, Resolution '15-13

Item 15, Resolution '15-18

Madame Speaker, the Committee moves adoption of the Consent Calendar as listed. The Consent Calendar was adopted.

Madame Speaker, the Committee considered Resolution '15-02.

RESOLUTION 15-02

Subject: Resolution Nuclear Disarmament COD 2015
Submitted by: Public Health Commission
Author: Bill Klepack, MD

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 weapons.

Two speakers supported the resolution. One opposed.

Madame Speaker, the Committee recommends that Resolution '15-02 be adopted. The motion carried.

Madame Speaker, the Committee considered Resolution '15-04.

RESOLUTION 15-04

SUBJECT: Climate Change
SUBMITTED BY: Public Health Commission
AUTHOR: Bill Klepack, MD

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).

Whereas clause cites scientists who research climate change. RESOLVED clause, however, refers to all scientists. The RESOLVED clause should be limited to scientists who research climate change.

The reference committee reviewed existing AAFP policy regarding climate change and determined that the 3rd RESOLVED clause is unnecessary because the intent of this resolution is current policy.

The Committee consulted a NASA review of the literature which found that 97% of actively publishing climate scientists agree that human behavior contributes significantly to climate change.

The reference committee concurs with the recommendation that the PHC develop talking points to support this resolution.

The committee recommends adoption of a substitute resolution to read:

RESOLVED, that NYSAFP concurs with 97% of publishing climate 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.

The proposed substitute resolution was amended to read:

RESOLVED, that NYSAFP concurs with the overwhelming majority of currently published climate 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 environmental pollutants.

Madame Speaker, the Committee recommends that Substitute Resolution '15-04 be adopted. The motion carried.

RESOLUTION '15 – 10

SUBJECT: Increasing Limits on Buprenorphine Patients
SUBMITTED BY: Public Health Commission
AUTHOR: Ray Harvey, MD

Therefore, be it resolved that the NYSAFP send a resolution to the AAFP to request that the American Society of Addiction Medicine (ASAM) and the Substance Abuse and Mental Health Services Administration (SAMHSA) develop criteria whereby those

physicians with added qualifications, such as board certification or fellowship training in addiction medicine, can exceed the limit of 100 patients treated with buprenorphine.

There was testimony in support and in opposition. Several witnesses commented on the qualifications that would be appropriate for a physician to be allowed to exceed the 100 patient threshold.

The committee recommends adoption of a substitute resolution to read:

RESOLVED, that the NYSAFP send a resolution to the AAFP to request that the American Society of Addiction Medicine (ASAM) and the Substance Abuse and Mental Health Services Administration (SAMHSA) develop criteria whereby those physicians with added qualifications or appropriate experience in addiction medicine, can exceed the limit of 100 patients treated with buprenorphine.

Madame Speaker, I move that Substitute Resolution '15 – 10 be adopted. The motion was defeated.

A motion was made to refer the resolution to the board. The motion carried. Resolution '15-10 is referred to the board.

Madame Speaker, the Committee considered Resolution '15 – 11.

RESOLUTION '15 – 11

SUBJECT: ISTOP exclusions
SUBMITTED BY: Public Health Commission
AUTHOR: Ray Harvey, MD

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

The maker agreed to a substitute resolution and provided language which the committee has incorporated into the following substitute resolution:

RESOLVED, that the NYSAFP petition OASIS and the Bureau of Narcotics Enforcement to include methadone clinics among providers who are required to consult and report prescriptions to ISTOP and be it further

RESOLVED, that the NYSAFP bring a resolution to the AAFP COD to request that the VA participate in any and all state prescription monitoring programs.

Madame Speaker, the Committee recommends that Substitute Resolution '15-11 be adopted.

The substitute resolution was amended to read as follows:

RESOLVED, that the NYSAFP petition New York State officials to include methadone clinics among providers who are required to consult and report prescriptions to ISTOP and be it further

RESOLVED, that the NYSAFP bring a resolution to the AAFP COD to request that the VA participate in any and all state prescription monitoring programs.

RESOLVED, that the NYSAFP advocate that pending full participation in the state prescription monitoring program, the VA require that prescribers working in New York State be required to consult the NY Prescription Monitoring Program upon prescribing Schedule II, III, or IV medications and methadone programs monthly, and to communicate with any prescribers listed there.

The amended substitute resolution was adopted.

Madame Speaker, the Committee considered Resolution '15 – 13

RESOLUTION '15 - 13

SUBJECT: Discriminatory Policing is a Public Health Concern
SUBMITTED BY: Public Health Commission
Authors: Daniel Neghassi, MD and Venis Wilder, MD

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.

Several speakers opposed the tone and said this issue was beyond the scope of medical policy. Other speakers supported the resolution and cited their experience dealing with health related issues that were attributable to excess force used by police in minority communities.

The committee consulted a summary of the Right to Know Act and found that many elements of that legislation appeared to be consistent with the substance of this resolution. We also incorporated definitions of terms which we thought would clarify the spirit of the resolutions.

The committee recommends adoption of a substitute resolution which reads as follows:

RESOLVED, that the NYSAFP submit a resolution to the AAFP COD directing that the AAFP form a policy statement recognizing that any use of force beyond that reasonably necessary to accomplish a lawful police purpose poses a serious ongoing public health issue that disproportionately affects minority communities and be it further

RESOLVED, that the NYSAFP advocate for the abolition of discriminatory law enforcement strategies and be it further

RESOLVED, that the NYSAFP endorses community policing, which is defined by the US Department of Justice as a philosophy that promotes organizational strategies that support the systemic use of partnerships and problem-solving techniques to proactively address the immediate conditions that give rise to public safety issues such as crime, social disorder and fear of crime, and be it finally,

RESOLVED, that the NYSAFP supports promoting communication, transparency and accountability in everyday interactions between the police and public.

Madame Speaker, the Committee recommends that Substitute Resolution ‘15-13 be adopted. The substitute resolution was adopted.

Madame Speaker, the Committee considered Resolution ’15 – 18.

RESOLUTION ’15 – 18

SUBJECT: Bylaws Amendment to Increase Resident & Student Representation on the Board
SUBMITTED BY: Francesca Decker, MD, Resident Representative to the Board
AUTHOR: Francesca Decker, MD, Resident Representative to the Board

RESOLVED, that Chapter 1, section 2, paragraphs E. Resident Members and F. Student Members of the bylaws are amended to read as follows (material to be deleted is crossed out and material to be added is underscored):

E. Resident Members.

1. Eligibility. Resident members shall be:
 - a. physicians in training in:
 - (1) an ACGME-approved family medicine residency; or
 - (2) an AOA-approved rotating general or family medicine internship; or
 - (3) an AOA approved general or family medicine residency; or
 - b. graduates of ACGME-approved family medicine residencies; or AOA-approved general or family medicine residencies who extend their training immediately upon completion of residency training and who serve full time in extended, structured, supervised programs of at least one year duration to gain additional skills in research, administration and teaching or a specific clinical area of interest.
2. Application and Approval. Applications for resident membership shall be in a form prescribed by the Board. Election to resident membership shall be made by the Board or its designee.
 - a. Election to resident membership shall be for the duration of one’s residency or extended training.

b. Upon completion of their residency training, and upon verification of eligibility for active membership, resident members shall be automatically transferred to active membership.

3. Privileges.

a. Resident members may serve on national, state and chapter commissions and committees as determined by the applicable Board. Resident members who are appointed to serve on national commissions and committees have the right to vote in such bodies but are not eligible to serve as chair.

b. Two resident members shall be selected to serve on the Board pursuant to a process provided for in the Operations manual. One such representative shall be from residency programs located in upstate NY and one shall be from programs located downstate.

c. The resident members of the Board shall have full voting privileges on the Board.

d. Two resident members elected as delegates to the Congress of Delegates have the privilege of the floor and the right to vote. The two resident members elected as alternates to the Congress of Delegates have the privilege of the floor without the right to vote. Resident delegates and alternates shall be elected pursuant to the same process as resident members of the Board as provided for in paragraph (b) herein.

e. Otherwise, resident members shall not be entitled to hold office in the AAFP, but shall have voice in reference committees.

F. Student Members.

1. Eligibility. Student members shall be students enrolled in accredited schools of medicine or osteopathy. Membership shall terminate upon graduation or withdrawal from medical school.

2. Application and Approval. Applications for student membership shall be in a form prescribed by the Board. Election to student membership shall be made by the Board or its designee.

3. Requirements. Students applying for student membership must be enrolled in a school of medicine or osteopathy approved by an appropriate United States accrediting institution as defined by the AAFP Commission on Education.

4. Privileges.

a. Student members may serve on national, state and chapter commissions and committees as determined by the applicable Board. Student members who are appointed to serve on national commissions and committees have the right to vote in such bodies but are not eligible to serve as chair.

b. Two student members shall be selected to serve on the Board pursuant to a process provided for in the Operations manual. One such representative shall be from medical schools located in upstate NY and one shall be from medical schools located in downstate NY.

c. The student members of the Board shall have full voting privileges on the Board.

d. Two student members elected as delegates to the Congress of Delegates have the privilege of the floor and the right to vote. The two student members elected as alternates to the Congress of Delegates have the privilege of the floor without the right to vote. Student delegates and alternates shall be elected pursuant to the same process as resident members of the Board as provided for in paragraph (b) herein.

e. Otherwise, student members shall not be entitled to hold office in the AAFP but shall have a voice in reference committees. Be it further

RESOLVED, that Article 6 of the Bylaws shall be amended as follows:

ARTICLE 6
Board of Directors

Subject to the action of the Congress of Delegates and during the interim between meetings of the Congress of Delegates, the control and administration of the Academy shall be vested in a Board of Directors composed of nine (9) elected directors-at-large, the President, President-Elect, Vice President, Secretary, Treasurer, Speaker of the Congress of Delegates, Vice Speaker of the Congress of Delegates, the Immediate Past President, two (2) Delegates and two (2) Alternate Delegates to the Congress of Delegates of the American Academy of Family Physicians, one (1) Delegate to MSSNY one (1) Alternate Delegate to MSSNY, one (1) New Physician Delegate, two (2) Resident Representatives and two (2) Student Representatives.

and be it finally

RESOLVED, that the process articulated in the operations manual pursuant to this resolution for election of resident and student representatives to the Board and delegates to the Congress, shall be reviewed at the next Congress. If the process is determined at that time to be effective then it shall be incorporated into the Bylaws.

Testimony was substantially in favor of the intent of this resolution.

Madame Speaker, the Committee recommends that Substitute Resolution '15-18 be adopted. Resolution '15-18 was adopted by unanimous vote.

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

Madame 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 and Mr. Ron Rouse for assisting the Committee in preparing this report.

<u>CHAIR:</u>	Andrew Symons, MD
<u>VICE-CHAIR:</u>	Charles Francis, DO
<u>ADVISOR:</u>	Dr. Philip Kaplan, MD
<u>MEMBER:</u>	Rachelle Brilliant DO
<u>MEMBER:</u>	Ani Badoutchian MD
<u>MEMBER:</u>	Lalita Abhyanka MD (Resident)
<u>MEMBER:</u>	Alexa Mieses (Student)

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

Report of the Reference Committee on Policy

Dr. Sidhu-Izzo then introduced Dr. Matuszak for the report of the Reference Committee on Policy.

Reference Committee Chair: **Madame Speaker, the Reference Committee on Policy 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

Madame Speaker, the Committee wished to place on the Consent Calendar the following items:

1. **Adopt** Report of the FP Advocacy Commission Pgs. 49
2. **Adopt** Report of the Public Health Commission Pgs. 61
3. **Refer to Board** Resolution '15-01
Simplify or Eliminate MOC Appx. A
4. **Adopt Substitute** Resolution '15-03
Immunizations & Exemptions Appx. A
5. **Adopt** Resolution '15-05
Support Placement & Coverage of Long-Acting Reversible
Contraceptives (LARC) in the Early Postpartum Period Appx. A
6. **Adopt Substitute** Resolution '15-07
Legalization of Marijuana for Personal Use Appx. A
7. **Adopt** Resolution '15-08
Oppose Mandatory Drug Testing of Pregnant Women Appx. A
8. **Refer to Board** Resolution '15-09
Raising the Minimum Wage Appx. A
9. **Adopt Amended** Resolution '15-12
Safe Use of Methadone for Pain Management Appx. A
10. **Adopt Amended** Resolution '15-15
Decrease the Adverse Impact of Baby Formula Marketing on
Breastfeeding Rates Appx. A
11. **Adopt Amended** Resolution '15-19
Implementation of Non-discrimination in Healthcare Appx. A
12. **Adopt Substitute** Resolution '15-20
Family Medicine Rotation as a Medical License Requirement Appx. A
13. **Adopt Amended** Resolution '15-23
Access to All FDA- Approved Contraception Methods for
Medicare Patients Appx. A
14. **Adopt Amended Resolution '15-24L**

Establishment of Family Medicine Departments in All Private Medical Schools
Appx. A

The following item was extracted:
Item 9, Resolution '15-12.

Madame Speaker, the Committee moves adoption of the Consent Calendar as listed. The Consent Calendar was adopted.

Madame Speaker, the Committee considered Resolution '15 – 12.

RESOLUTION '15 – 12

SUBJECT: Safe Use of Methadone for Pain Management
SUBMITTED BY: Public Health Commission
AUTHOR: Ray Harvey, MD

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.

The Committee heard minimal testimony; however, upon recommendation of our counsel, we deleted the second Resolved because it is inappropriate for NYSAFP to ask the AAFP to advocate actions in other states.

RECOMMENDATION: Madame Speaker, the Committee recommends that Resolution '15-12 be amended to delete the second Resolved. The amendment carried.

Resolution '15-12 was amended to read as follows:

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.

After further discussion the resolution was amended again to read as follows:

Be it RESOLVED that NYSAFP advocate that the Medicaid formulary be amended to require prior authorization for methadone when prescribed for pain;
RESOLVE: Not Approved

Finally it be RESOLVED that the NYSAFP send a resolution to the AAFP to advocate that the FDA develop a REMS to establish minimal competency for those who elect to prescribe methadone for pain.
RESOLVE: Approved

The proposed amendment to add a new first RESOLVED clause was not adopted.

The proposed amendment to the remaining RESOLVED clause was adopted. The final resolution reads:

Finally it be RESOLVED that the NYSAFP send a resolution to the AAFP to advocate that the FDA develop a REMS to establish minimal competency for those who elect to prescribe methadone for pain.

Madame Speaker, the Committee recommends that Amended Resolution 15-12 be adopted. The resolution was adopted.

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

The report was accepted.

Madame 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, Mr. Ron Rouse, and Mr. Robert Reid for assisting the Committee in preparing this report.

<u>CHAIR:</u>	Christine Doucet, MD
<u>VICE-CHAIR:</u>	Wayne Strouse, MD
<u>ADVISOR:</u>	George Dunn, MD
<u>MEMBER:</u>	Scott Hartman, MD
<u>MEMBER:</u>	Jessica King, DO (Resident)
<u>MEMBER:</u>	Elizabeth McIntosh (Student)
<u>MEMBER:</u>	Gloria Mtomboti, MD
<u>MEMBER:</u>	Russell Perry, DO

The speaker acknowledged and thanked the Academy staff for all their contributions and work on behalf of the Academy.

The Congress adjourned at 11:00 a.m.

Recorded By,

Vito Grasso, MPA, CAE
Executive Vice President