

## Report of the Reference Committee on Operations

Reference Committee Chair: 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

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| 15. | Discriminatory Policing is a Public Health Concern<br>Adopt Substitute Resolution '15-14   | Appx. A |
| 16. | Clogging the School to Prison Pipeline<br>Adopt Resolution '15-16  | Appx. A |
| 17. | Promoting Transparency in Medical Education & Access to<br>Training in Settings Affiliated With Religious Healthcare<br>Organizations<br>Adopt Resolution '15-17 | Appx. A |
| 18. | Human Trafficking Education & Training for Family<br>Medicine Physicians<br>Adopt Resolution '15-21  | Appx. A |
| 19. | Alessandro Bertoni, MD<br>Adopt Substitute Resolution '15-22   | Appx. A |
|     | Necessity of a Specific State Law Regarding Violence Against Physicians  | Appx. A |

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

Reference Committee Chair: Madame Speaker, the Reference Committee on Operations has considered the following Bylaws amendment and recommends adoption.

Speaker: A bylaws change requires a 2/3 vote. This resolution is therefore considered separately and will now be voted on. Is there any testimony regarding this bylaws change?

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| 1. | Adopt Resolution '15–18<br>Bylaws Amendment to Increase Resident & Student Representation<br>on the Board | Appx. A |
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### 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.**

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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.**

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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 below<sup>5</sup>).

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 3<sup>rd</sup> 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.

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

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Madame Speaker, the Committee considered Resolution '15-06.

#### **RESOLUTION 15-06**

**SUBJECT: Health Impact of Gentrification**  
**SUBMITTED BY: Public Health Commission**  
**AUTHOR: Venis Wilder, MD**

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.

Testimony supported the spirit of this resolution.

**Madame Speaker, the Committee recommends that Resolution '15-06 be adopted.**

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#### **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.**

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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.**

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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.**

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Madame Speaker, the Committee considered Resolution '15-14.

**RESOLUTION  
15-14**

**SUBJECT: Clogging the School-to-Prison Pipeline**  
**SUBMITTED BY: Public Health Commission**  
**AUTHOR: Daniel Neghassi, MD**

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.

The committee recommends adoption of the following substitute resolution:

RESOLVED, that the NYSAFP advocate for the elimination of inappropriate application of zero tolerance policies and support periodic review of current disciplinary policies in schools in NYS consistent with the American Academy of Pediatrics 2013 Policy Statement on Out-of-School Suspension and Expulsion.

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

**Madame Speaker, the Committee recommends that Substitute Resolution '15-14 be adopted.**

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

**RESOLUTION '15 – 16**

**SUBJECT: Promoting Transparency in Medical Education and Access to Training in Settings Affiliated with Religious Healthcare Organizations**

**SUBMITTED BY: Public Health Commission**

**AUTHOR: Linda Prine, MD**

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.

There was substantial testimony in support of this resolution.

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

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Madame Speaker, the Committee considered Resolution '15 – 17.

**RESOLUTION '15 – 17**

**SUBJECT: Human Trafficking Education and Training for Family Medicine Physicians**

**SUBMITTED BY: Anita Ravi, MD**

**AUTHOR: Anita Ravi, MD**

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

There was substantial testimony in support.

Madame Speaker, the Reference Committee recommends that Resolution '15-17 be **adopted**.

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Madame Speaker, the Committee considered Resolution '15-21.

#### **RESOLUTION 15-21**

**SUBJECT:** Alessandro Bertoni, MD  
**PRESENTED BY:** NYS Academy of Family Physicians  
**AUTHOR:** Vito Grasso, MPA, CAE

RESOLVED, that the New York State Academy of Family Physicians hereby acknowledges and acclaims Dr. Bertoni's numerous contributions to Family Medicine and to the Academy and be it further

RESOLVED, that copies of this resolution be sent to the American Academy of Family Physicians for recognition at their 2015 Congress of Delegates and to Dr. Bertoni's family as an expression of condolences from his friends and colleagues with the Academy.

**Madame Speaker, the Committee recommends that Resolution '15-21 be adopted.**

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Madame Speaker, the Committee considered Resolution '15-22.

#### **RESOLUTION 15-22L**

**SUBJECT: Necessity of a Specific State Law Regarding Violence Against Physicians**

**SUBMITTED BY: Public Health Commission**

**AUTHOR: Sneha Chacko, MD**

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.

There was substantial testimony in support of this resolution. The consensus appeared to be that physicians should have the same protection as afforded to nurses.

The committee recommends adoption of a substitute resolution to read as follows:

RESOLVED, that the NYSAFP support legislation to establish the same legal consequences for assaulting a physician, resident or medical student that is provided for assaulting nurses in NYS Penal Law Article 120.5.

**Madame Speaker, the Committee recommends that Substitute Resolution '15-22 be adopted.**

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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.

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

## 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
4. ADOPT SUBSTITUTE Resolution '15-03  
Immunizations & Exemptions
5. ADOPT Resolution '15-05  
Support Placement & Coverage of Long-Acting Reversible  
Contraceptives (LARC) in the Early Postpartum Period
6. ADOPT SUBSTITUTE Resolution '15-07  
Legalization of Marijuana for Personal Use
7. ADOPT Resolution '15-08  
Oppose Mandatory Drug Testing of Pregnant Women
8. REFER TO BOARD Resolution '15-09  
Raising the Minimum Wage
9. ADOPT AMENDED Resolution '15-12  
Safe Use of Methadone for Pain Management
10. ADOPT AMENDED Resolution '15-15  
Decrease the Adverse Impact of Baby Formula Marketing on  
Breastfeeding Rates
11. ADOPT AMENDED Resolution '15-19  
Implementation of Non-discrimination in Healthcare
12. ADOPT SUBSTITUTE Resolution '15-20  
Family Medicine Rotation as a Medical License Requirement
13. ADOPT AMENDED Resolution '15-23  
Access to All FDA- Approved Contraception Methods for

Medicare Patients  
14. ADOPT AMENDED Resolution '15-24L  
Establishment of Family Medicine Departments  
in all Private Medical Schools

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

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Madame Speaker, the Committee considered Resolution '15-01

**RESOLUTION '15-01**

**SUBJECT: Simplify or Eliminate MOC**  
**SUBMITTED BY: Gabriel R. Guardarramas MD**

RESOLVED that the New York State Academy of Family Physicians delegation to the American Academy of Family Physicians Congress of Delegates is instructed to introduce a resolution to compel the AAFP to introduce or, if such resolution is introduced by someone else, to support a resolution at the American Medical Association House of Delegates to reduce maintenance of specialty board certification requirements to a) a simple open book examination that demonstrates ability to retrieve and apply medical knowledge, OR b) demonstrated continued medical education or meeting equivalent mandated quality improvement requirements, OR c) none.

The Committee heard testimony both for and against this resolution.

RECOMMENDATION: Madame Speaker, given the nature and importance of this difficult subject, and the absence of a clear consensus, the Committee recommends that Resolution '15-01 be referred to the Board for further consideration.

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Madame Speaker, the Committee considered Resolution '15-03.

**RESOLUTION '15-03**

**SUBJECT: Immunization Exemptions**  
**SUBMITTED BY: Public Health Commission**  
**AUTHOR: Bill Klepack, MD & Linda Prine, MD**

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

The Committee heard testimony in favor of the resolution since it would promote child health and we have a commitment to protect the public while others expressed concern about religious and parental choices.

RECOMMENDATION: The Committee recommends Substitute Resolution '15-03 be adopted in lieu of Resolution "15-03 to read as follows:

RESOLVED, that the NYSAFP advocates that only medical exemptions be allowed for ACIP recommended childhood vaccines for children participating in any program where vaccination status is required as a condition of participation.

Madame Speaker, the Committee recommends that the Substitute Resolution '15-03 be adopted.

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Madame Speaker, the Committee considered Resolution '15-05.

#### **RESOLUTION '15 - 05**

**SUBJECT: Support Placement and Coverage of Long-Acting Reversible Contraceptives (LARC) in the Early Postpartum Period**  
**SUBMITTED BY: Public Health Commission**  
**AUTHOR: Linda Prine, MD**

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

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.

The Committee heard testimony from only the author in support of this resolution.

RECOMMENDATION: Madame Speaker, the Committee recommends that Resolution '15-05 be adopted.

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Madame Speaker, the Committee considered Resolution '15-07.

## RESOLUTION '15-07

**SUBJECT:** Legalization of Marijuana for Personal Use  
**SUBMITTED BY:** Public Health Commission  
**AUTHOR:** Heather Paladine, MD

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.

We heard testimony both for and against this resolution. After much discussion regarding the impact of legalization vs decriminalization, the Author agreed to change the terminology to "decriminalization" therefore nullifying the need for the third Resolved. The Committee also realized that the second Resolved had already been achieved.

RECOMMENDATION: The Committee proposes a substitute Resolution as follows:  
change the title to: "Decriminalization of Marijuana for Personal Use"

RESOLVED, that the NYSAFP support laws to further decriminalize possession and cultivation of marijuana for personal use for people over age 21 in New York State.

Madame Speaker, we recommend that Substitute Resolution '15-07 be adopted.

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Madame Speaker, the Committee considered Resolution '15-08.

## RESOLUTION '15 – 08

**SUBJECT:** Resolution to Oppose the Mandatory Drug Testing of Pregnant Women  
**SUBMITTED BY:** Public Health Commission  
**AUTHOR:** Linda Prine, MD

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.

The majority of those testifying spoke in favor of this Resolution.

RECOMMENDATION: Madame Speaker, the Committee recommends that Resolution '15-08 be adopted.

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Madame Speaker, the Committee considered Resolution '15-09.

### **RESOLUTION '15 – 09**

**SUBJECT: Raising the Minimum Wage**  
**SUBMITTED BY: Public Health Commission**  
**AUTHOR: Venis Wilder, MD**

RESOLVED, the NYSAFP lobby the New York state legislature to increase the state minimum wage as a means of decreasing health disparities, and be it further,

RESOLVED, the NYSAFP introduce a resolution to the American Academy of Family Physicians to advocate for Congress to pass legislation to raise the federal minimum wage to keep up with inflation in order to decrease health disparities, and be it further

RESOLVED, that this resolution be referred to the AAFP Congress of Delegates.

The Committee found that discussion during the Congress was evenly split, lacking consensus; likewise, the Reference Committee discussion reflected a similar split.

RECOMMENDATION: Madame Speaker, the Committee considered Resolution '15-09 and recommends the Resolution be referred to the Board for further consideration.

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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 advocate that the Medicaid formulary be amended to require prior authorization for methadone when prescribed for pain;

Be it further RESOLVED that the NYSAFP send a resolution to the AAFP to advocate that states remove methadone from their preferred medication list and require prior authorization; and

Finally it be RESOLVED that 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.

The Committee heard minimal testimony; however, upon recommendation of our counsel, we deleted the second Resolved because it is inappropriate for NYS AFP 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.

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

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Madame Speaker, the Committee considered Resolution '15-15

#### **RESOLUTION '15-15**

**SUBJECT:                Decrease the Adverse Impact of Baby Formula Marketing on Breastfeeding Rates**  
**SUBMITTED BY:        Public Health Commission**  
**AUTHOR:                Emily Holt, DO**

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

The Committee heard very little testimony; one person stated that this resolution should be directed to hospital settings only.

RECOMMENDATION: Madame Speaker, the Committee recommends that the first Resolved be amended to include "hospital" to read as follows:

RESOLVED, the NYSAFP advocates the elimination from all hospital patient care areas of all advertising for formula, bottles, and nipples; and be it further

RESOLVED, that the NYSAFP advocates that if a hospital provides discharge packs, they will use commercial-free bags and materials free of trademarks or brand names

Madame Speaker, the Committee recommends Amended Resolution 15-15 be adopted.

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Madame Speaker, the Committee considered Resolution '15 – 19.

### **RESOLUTION '15 – 19**

**SUBJECT: Implementation of Non-discrimination in Healthcare**  
**SUBMITTED BY: Sylvia H. Chudy MD**  
**AUTHOR: Sylvia H. Chudy MD**

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 requesting that AAFP lobby for broader healthcare coverage of complementary therapies at the national level.

The Committee heard testimony primarily in support of the resolution. The Committee addressed the concerns of the Congress regarding the phrase “evidenced-based complementary therapies.”

RECOMMENDATION: Madame Speaker, the Committee recommends that Resolution '15 – 19 be amended to insert into the first and second Resolved clauses the phrase “for evidenced based complementary therapies,” to read as follows:

RESOLVED, that the NYSAFP support an initiative to proactively promote the awareness of Section 2706 of the ACA (payment for services provided by licensed practitioners including complimentary therapies) for evidenced based complementary therapies through state-wide information exchange of digital and printed media for providers and patients alike(4), and be it

RESOLVED, that the NYSAFP lobby in New York State for broader healthcare coverage by insurance providers in compliance with Section 2706 of the ACA (payment for services provided by licensed practitioners including complimentary therapies) for evidenced based complementary therapies, and be it further

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

Madame Speaker, the Committee recommends that the Resolution 15-19 be adopted as amended.

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Madame Speaker, the Committee considered Resolution '15 – 20.

#### **RESOLUTION '15 – 20**

**SUBJECT: Family Medicine Rotation as a Medical License Requirement**  
**PRESENTED BY: Suffolk County Chapter**  
**AUTHOR: Raymond Ebarb, MD**

RESOLVED, that the New York State Academy of Family Physicians enlist and collaborate with a New York State Assembly Member & a New York 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 it further

RESOLVED that such bill shall be modeled after the California Business and Professions Code, Division 2. Chapter 5. Article 4. Sec 2089.5 and that the requirement go into effect a maximum of 4 years from the time of passage of the bill.

The Committee heard only support for this resolution. The Committee concluded that the second resolution could not stand alone and thus was added to the first resolution.

RECOMMENDATION: Madame Speaker, the Committee recommends that the resolved clauses of this resolution be combined to read as follows:

RESOLVED, that the New York State Academy of Family Physicians enlist and collaborate with a New York State Assembly Member & a New York 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 and that the requirement go into effect a maximum of 4 years from the time of passage of the bill.

Madame Speaker, the Committee recommends that Substitute Resolution '15 – 20 be adopted.

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Madame Speaker, the Committee considered Resolution '15-23.

#### **RESOLUTION '15-23**

**SUBJECT: Access to All FDA- Approved Contraception Methods for Medicare Patients**  
**SUBMITTED BY: Public Health Commission**  
**AUTHOR: Heather Paladine, MD**

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.

The Committee heard testimony that was supportive with a recommendation to have a future resolution that was broader in scope.

RECOMMENDATION: Madame Speaker, the Committee recommends that Resolution '15 – 23 be amended to make the first and second resolved clauses consistent regarding "FDA-approved," to read as follows:

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 FDA-approved contraceptive options for men and women of reproductive age.

Madame Speaker, the Committee recommends that Amended Resolution '15-23 be adopted.

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Madame Speaker, the Committee considered Resolution '15-24L

### **RESOLUTION 15-24L**

**SUBJECT: Resolution for the Establishment of Family Medicine Departments in all Private Medical Schools**

**SUBMITTED BY: Raymond Ebarb, MD**

Be it, RESOLVED that the New York State Academy of Family Physicians enlist and collaborate with a New York State Assembly Member and a New York State Senator to introduce a bill in their respective legislative bodies that would require all private medical schools in New York State to be held to the same standard as the public medical schools in addressing the primary care shortage.

Be it further, RESOLVED that legislation addressing the primary care shortage, shall require the formation of a full Family Medicine Department in each medical school, that negotiates a budget with the medical school in a similar fashion to other departments and chaired by a board certified Family Physician.

Be it further RESOLVED, the legislation should be introduced to require all private medical schools without a Department of Family Medicine to submit, within one year, a timeline for the establishment of such a department, and to file annual progress reports with the goal of ensuring that within five years from the time of the passage of the bill a Family Medicine department is fully operational with a Family Medicine board certified physician as Chair.

The Committee heard no testimony against this resolution.

RECOMMENDATION: Madame Speaker, the Committee recommends two grammatical changes deleting “the” in the second and third Resolved clauses in their first sentences to read as follows:

Be it RESOLVED, that the New York State Academy of Family Physicians enlist and collaborate with a New York State Assembly Member and a New York State Senator to introduce a bill in their respective legislative bodies that would require all private medical schools in New York State to be held to the same standard as the public medical schools in addressing the primary care shortage.

Be it further RESOLVED, that legislation shall require the formation of a full Family Medicine Department in each medical school, that negotiates a budget with the medical school in a similar fashion to other departments and chaired by a board certified Family Physician.

Be it further RESOLVED, that legislation should be introduced to require all private medical schools without a Department of Family Medicine to submit, within one year, a timeline for the establishment of such a department, and to file annual progress reports with the goal of ensuring that within five years from the time of the passage of the bill a Family Medicine department is fully operational with a Family Medicine board certified physician as Chair.

Madame Speaker, the Committee recommends that Amended Resolution ’15-24L be adopted.

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

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|--------------------|------------------------------|
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