

**2017 Congress of Delegates  
NYSAFP  
June 24-25, 2017**

**Saturday, June 24, 2017**

The Congress convened at 8:30 AM. Speaker, Dr. Jason Matuszak announced the appointment of Dr. Ray Harvey as sergeant-at-arms. He recognized the presence of a quorum as stipulated by the secretary, and opened the Congress.

Delegates stood and recited the Pledge of Allegiance the Flag of the United States of America.

Dr. Matuszak reported that late Resolution '17 – 16 was accepted and assigned to the Reference Committee on Operations.

The speaker proceeded to the second order of business, receipt of the reports of officers and commissions. He instructed the delegates that these reports were presented as a consent calendar and invited any delegate to extract any report for discussion. An extracted report would be assigned to a reference committee for discussion during that committee's hearing. **No reports were extracted and the consent calendar of reports of officers and commissions was accepted upon unanimous approval of a motion made and seconded.**

The speaker announced the appointment of reference committees on Operations and Policy.

The reference Committee on Operations:

CHAIR:	Jose Tiburcio, MD
VICE-CHAIR:	Scott Hartman, MD
ADVISOR:	Mark Krotowski, MD
MEMBER:	Venis Wilder, MD
MEMBER:	Anita Ravi, MD
MEMBER:	Chris Murphy, MD

The reference committee on Policy:

CHAIR:	KrisEmily McCrory, MD
VICE-CHAIR:	Pooja Paunikar, MD
ADVISOR:	Mark Josefski, MD
MEMBER:	Laurel Dallmeyer, MD
MEMBER:	Keasha Guerrier, MD
MEMBER:	Wesley Ho, MD

The speaker then recessed the Congress for hearings of the reference committees.

The congress reconvened at 1:30 pm, Dr. Symons presided.

The speaker introduced Dr. Robert Ostrander who moderated a town hall discussion on MACRA and value based payment. Dr. Michael Munger, president-elect of the AAFP, and Dr. Charles

Rothberg, president of MSSNY, and Dr. William Jordon, of the New York City Department of Health Center for Health Equity.

Upon completion of the town hall session, the vice speaker recognized the presence of a quorum for the purpose of transacting the business of the congress.

The vice speaker recognized the secretary, Dr. Barbara Keber, who presented a list of names of members who passed away since the previous congress. Delegates observed a moment of silence in honor of these colleagues.

The vice speaker introduced the chairman of the Leadership Commission, Dr. Jose Tiburcio who presented the slate of candidates for office.

### **Elections**

#### *President-Elect:*

Sarah Nosal, MD, was elected by acclimation.

#### *Vice-President:*

Marc Price, DO, 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:*

Dr. Andrew Symons was elected by acclimation.

#### *Director:*

Drs. Ani Bodoutchian, Heather Paladine, MD, and Pooja Paunikar, MD, were elected.

#### *Delegate:*

Dr. Marc Price was elected.

#### *Alternate Delegate:*

Dr. Mark Josefski, MD, was elected.

#### *New Physician Director:*

Anita Ravi, MD, was elected.

#### *MSSNY Delegate:*

Jose "Jun" David, MD, was elected

*MSSNY Alternate Delegate:*  
Paul Salzberg, MD, was elected.

Upon completion of elections, the congress recessed.

**Sunday, June 25, 2017**

The Congress convened at 8:00 a.m. on June 25th. Speaker Matuszak, MD presided. He recognized the presence of a quorum.

The speaker introduced Dr. Michael Munger who present the report of the AAFP.

Dr. Matuszak introduced NYSAFP president Dr. Sarah Nosal for her inaugural remarks.

**Report of the Reference Committee on Operations**

Dr. Matuszak introduced Dr. Tiburcio for the report of the Reference Committee on Operations.

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.

---

The following items were extracted:

Item 5, Resolution '17 – 10

Item 6, Resolution 17 – 11

Item 7, Resolution 17 – 15

Item 8, Resolution 17 – 16

Item 5, Resolution '17 – 10

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.

The speaker explained that extraction automatically restores original resolution for discussion.

Dr. Strouse requested consideration of the original resolution. He explained that he included \$50 as the amount of payment because he does not want the payer to be empowered to determine what amount was "fair".

Dr. Tiburcio explained that the reference committee felt the original resolution would establish an unfeasible policy and that it was unrealistic to expect that patients could be protected against bearing the cost of paying physicians for prior authorization. There must be some way to pay for the remuneration required.

The original resolution was approved. Resolution 17-10 was approved as submitted.

---

Item 6, Resolution 17 – 11

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.

Dr. Ostrander moved referral to the board. The motion to refer was approved. Resolution 17- 11 was referred.

---

Item 7, Resolution 17 – 15

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.

Dr. Kaplan moved referral to the board and recommended a survey of obtain member opinions regarding this issue. Motion to refer was defeated.

Dr. Ostrander moved that the question be divided. The two RESOLVED clauses will be considered separately,

The first RESOLVED clause:

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.

Vote on first RESOLVED clause: Approved.

There was no discussion on the second RESOLVED clause. A motion to adopt the second RESOLVED clause was approved.

---

Item 8, Resolution 17 – 16

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.

A motion to refer was rejected.

Discussion resumed on recommendation not to adopt.

A motion to call the question was approved.

Vote taken on the committee recommendation to defeat the resolution. Passed; Resolution 17 – 16 was not 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.

CHAIR: Jose Tiburcio, MD

VICE-CHAIR: Scott Hartman, MD  
ADVISOR: Mark Krotowski, MD  
MEMBER: Venis Wilder, MD  
MEMBER: Anita Ravi, MD  
MEMBER: Chris Murphy, MD

---

### Report of the Reference Committee on Policy

Reference Committee Chair: Mr. 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

Mr. Speaker, the Committee wishes to place on the Consent Calendar the following items:

1. Resolution 17-02 "Loser Pays Tort Reform": **Adopt Resolution 17-02** as amended
2. Resolution 17-04 "Support an HPV Vaccine Mandate for School Entry in New York State": **Refer to the Board**
3. Resolution 17-05 "Screening, Intervening, and Advocating to Address Food Insecurity": **Adopt Resolution 17-05 as amended**
4. Resolution 17-07 "Oppose Non-Evidence Based Restrictions to Telemedicine Abortion": **Adopt Resolution 17-07**
5. Resolution 17-09 "Use of 'Reparative' or 'Conversion' Therapy": **Adopt Resolution 17-09 as amended**
6. Resolution 17-12 "Redefine Screening in High-Risk Populations to be Considered Preventative Screening": **Not Adopt Resolution 17-12**
7. Resolution 17-13 "Coverage of Follow-up Care for Abnormal Screening Tests": **Refer to the Board**

8. Resolution 17-14 “Reversing the Diabetes Epidemic Through Implementation of the National Diabetes Prevention Program in NYS”: **Refer to the Board**

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

---

The following items were extracted:

Item 2, Resolution ‘17 – 04

Item 7, Resolution ‘17 - 13

Item 8, Resolution 17 - 14

Mr. Speaker, the Committee considered Resolution 17 – 04.

**SUBJECT: Support an HPV Vaccine Mandate for School Entry in New York State**

**SUBMITTED BY: New York County Chapter**

RESOLVED the New York State Academy of Family Physicians (NYSAFP) supports mandating a HPV vaccine for school entry in 6th grade, just as other applicable ACIP recommended vaccines are mandated for school entry at an appropriate grade in New York State, and be it further

RESOLVED, that the NYSAFP’s delegates to the American Academy of Family Physicians (AAFP) Congress of Delegates will present a resolution directing the AAFP to work with state chapters to support state specific legislation that mandates the HPV vaccine for school entry in 6th grade, just as other applicable ACIP recommended vaccines are mandated for school entry at an appropriate grade.

While the Reference Committee heard unanimity in support of the goal of increasing HPV vaccination rates, there was passionate debate on both sides on the best strategy for achieving this goal; therefore, the Reference Committee recommends referral to the Board for further discussion on the best method for achieving this goal.

Mr. Speaker, the Committee recommends that Resolution ‘17-04 be referred to the Board.

Dr. Ostrander moved referral to the board. Motion adopted.

---

Item 7, Resolution ‘17 - 13

Mr. Speaker, the Committee considered Resolution 17 – 13.

**SUBJECT: Coverage of Follow-Up Care for Abnormal Screening Tests**

**SUBMITTED BY: Wayne Strouse, MD**

RESOLVED that the New York State Academy of Family Physicians (NYSAFP) advocate through the New York State Insurance Commissioner, the New York State Department of Health, and the New York State Legislature to require all insurance companies selling health insurance in the State of New York to cover the cost of follow-up procedures, surgery, laboratory testing and diagnostic procedures, that may be needed to further evaluate and manage an initial positive preventive health screening test, and be it further

RESOLVED that the NYSAFP advocate that the out of pocket costs for follow-up procedures, surgery, laboratory tests and diagnostic procedures, that may be needed to further evaluate and manage an initial positive preventive health screening test, be affordable, deemed as no more than the co-pay or coinsurance cost to see a specialist, and be it further

RESOLVED that the NYSAFP delegation to the American Academy of Family Physicians (AAFP) COD bring a resolution to direct the AAFP advocate with Congress to modify any federally mandated insurance coverage to limit out of pocket costs for follow-up procedures, surgery, laboratory tests, and diagnostic procedures, that may be needed to further evaluate and manage an initial positive preventive health screening test, in high risk individuals to no more than the cost of a specialist copay in order to bring this exceedingly important benefit to all of our patients nationwide.

The Reference Committee heard support for the intent of the maker, but there was also concern about the specific steps needed to advocate for such a broad concept. It was felt by the Reference Committee that this level of detail should be explored, and thus recommends referral to the Board.

Mr. Speaker, the Committee recommends that 17-13 be referred to the Board.

Dr. Skevis offered an amendment to delete “in high risk individuals” in the 3<sup>rd</sup> RESOLVED clause. The motion to amend was approved. The amended resolution reads:

RESOLVED that the New York State Academy of Family Physicians (NYSAFP) advocate through the New York State Insurance Commissioner, the New York State Department of Health, and the New York State Legislature to require all insurance companies selling health insurance in the State of New York to cover the cost of follow-up procedures, surgery, laboratory testing and diagnostic procedures, that may be needed to further evaluate and manage an initial positive preventive health screening test, and be it further

RESOLVED that the NYSAFP advocate that the out of pocket costs for follow-up procedures, surgery, laboratory tests and diagnostic procedures, that may be needed to further evaluate and manage an initial positive preventive health screening test, be affordable, deemed as no more than the co-pay or coinsurance cost to see a specialist, and be it further

RESOLVED that the NYSAFP delegation to the American Academy of Family Physicians (AAFP) COD bring a resolution to direct the AAFP advocate with Congress to modify any federally mandated insurance coverage to limit out of pocket costs for follow-up procedures, surgery, laboratory tests, and diagnostic procedures, that may be needed to further evaluate and

manage an initial positive preventive health screening test to no more than the cost of a specialist copay in order to bring this exceedingly important benefit to all of our patients nationwide.

The motion to refer was adopted.

---

Item 8, Resolution 17 – 14

Mr. Speaker, the Committee considered Resolution 17-14.

**SUBJECT: Reversing the Diabetes Epidemic Through Implementation of the National Diabetes Prevention Program in NYS**

**SUBMITTED BY: Education Commission**

RESOLVED, that the Education Commission design and carry out training of our members to support the CDC's National Diabetes Prevention Program (NDPP) in NYS, using the collaborative model piloted by the NYSAFP with community and public health groups in the Bronx and elsewhere [1] and include the development of facilitators to act as academic detailers and teachers in their communities and places of work, and be it further

RESOLVED, that the Advocacy and Public Health Commissions shall write proposals to be presented to the Commissioners of Health of the NYSDOH and NYCDOH-MH to actively promote and support the NDPP in New York State; including community-based programs that make the NDPP accessible and, be it further

RESOLVED, that the NYSAFP shall work with diabetes prevention/self-management collaboratives and community initiatives throughout New York State and, be it further

RESOLVED, that the NYSAFP plan and coordinate efforts with collaborating diabetes prevention/self-management programs to produce reliable outcomes data using an Implementation Science design with appropriate governmental and private funding.

The Reference Committee heard no testimony either for or against the resolution, however felt that the resolution had merit and should be explored further.

Mr. Speaker, the Committee recommends that 17-14 be referred to the Board.

The motion to refer was defeated.

A motion was made to adopt the original resolution. The motioned carried and Resolution '17 – 14 was 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 Ms. Kelly Madden and Mr. Ron Rouse for assisting the Committee in preparing this report.

CHAIR:	KrisEmily McCrory, MD, FAAFP
VICE-CHAIR:	Pooja Paunikar, MD
ADVISOR:	Mark Josefski, MD, FAAFP
MEMBER:	Laurel Dallmeyer, MD, FAAFP
MEMBER:	Keasha Guerrier, MD
MEMBER:	Wesley Ho, MD

---

New Business.

Dr. Iroku-Malize moved for reconsideration of Resolution 17 – 16 because of confusion about what was being discussed. This motion requires a two thirds majority. The motion to reconsider was defeated.

There being no further business, the speaker adjourned the Congress at 10:50 AM.

Recorded By,

Vito F. Grasso, MPA, CAE  
Executive Vice President