Session Two Reference Committee Report 1 2 May 21, 2022 3 4 Reference Committee Chair: Madame Speaker, Reference Committee Two has considered each of the items referred to it and desires to present the following report. The Committee's 5 6 recommendations on each item will be submitted on our consent calendar. 7 8 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 9 item that is included on the consent calendar after the consent calendar is adopted. It is 10 11 important, therefore, to extract an item from the consent calendar at this time if you wish to 12 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 13 be extracted, and the item will be extracted without objection. The items on the consent calendar 14 15 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? 16 17 A: CONSENT CALENDAR 18 Madame Speaker, the Committee wishes to place on the Consent Calendar the following items: 19 20 1. Resolution 22-02 "Update Bylaws Regarding Treasurer" Adopt 2. Resolution 22-04 "A Resolution Author Should Have the Last Word" Adopt Substitute 21 Resolution 22 3. Resolution 22-05 "Organized Family Medicine Should Stand Against the Further 23 Privatization of Medicare" Referred to Board 24 **4.** Resolution 22-06 "USA – Creating a Universal, Simple & Affordable Healthcare 25 System" Adopt Substitute Resolution 26 27 **5.** Resolution 22-08 "Abolish Insurance Ability to Designate Preferred Status to Labs" Adopt Substitute Resolution 28 29 **6.** Resolution 22-10 "Medicare Coverage of Vaccines" Adopt Substitute Resolution 7. Resolution 22-14 "Surveying of Healthcare System Support of the AAFP Membership" 30 Not Adopt 31 **8.** Resolution 22-16 "Increasing POCUS CME Opportunities" Adopt Substitute Resolution 32 **9.** Resolution 22-18 "Increasing Funding to Safety Net Hospitals" Adopt 33 **10.** Resolution 22-20 "Oppose Residency Collaboration with Crisis Pregnancy Centers" 34 35 Adopt Substitute Resolution **11.** Resolution 22-22 "In Memoriam: David Mesches, MD" Adopt 36 37

12. Resolution 22-24 "Telemedicine: Practicing Where You Preach" Adopt Substitute Resolution

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

42 Madame Speaker, the Committee considered Item 1 on the Consent Calendar, Resolution 22-02: 43

Update Bylaws Regarding Treasurer SUBJECT:

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RESOLVED, that the New York State Academy of Family Physicians (NYSAFP) bylaws be amended to reflect these updates.

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Proposed amended bylaws:

CHAPTER 7 - Duties and Terms of Officers and Board Members

Section 7. The treasurer shall be a member of the Board of Directors. His or her term of office shall begin at the conclusion of the annual meeting of the Congress of Delegates at which his or her election takes place and shall terminate at the conclusion of the next annual meeting of the Congress of Delegates or when his or her successor is elected. He or she shall perform all duties as normally pertain to the office of treasurer. He or she shall cause to be kept adequate and proper accounts of the funds and properties of the Academy. He or she shall cause to be deposited all monies and other valuables in the name and to the credit of the Academy in such depositories as may be designated by the Board of Directors. He or she shall disburse the funds of the Academy as approved in the annual budget and properly authorized, and in specific appropriations by the Board of Directors. He or she shall render to the Board of Directors an account of all his or her transactions and of the financial condition of the Academy at monthly intervals or whenever requested by the Board of Directors. He or she shall have such other

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powers and perform such other duties as may be prescribed by the Board of Directors or these 64 65

Bylaws. He or she shall give a surety bond in an amount to be determined by the Board of

66 Directors, the premium thereon to be paid by the Academy. he shall be a member of the

Finance Committee by virtue of his or her office. He or She shall be a member of the

Commission responsible for the financial policy of NYSAFP.

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All three comments supported this resolution including testimony from our current Treasurer. The reference committee would suggest a bylaws change resolution from the operations commission in the future to change the language of the bylaws to use 'they' pronouns rather than 'he/she' pronouns in the overall bylaws.

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Madame Speaker, the Committee recommends Resolution 22-02 be adopted.

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Madame Speaker, the Committee considered Item 2 on the Consent Calendar, Resolution 22-04:

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A Resolution Author Should Have the Last Word SUBJECT:

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RESOLVED, that the author of any given resolution (or their representative) should be offered an opportunity to make a final statement at the end of testimony for that resolution, and be it further

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RESOLVED, that the New York State Academy of Family Physicians' delegation to the American Academy of Family Physicians Congress of Delegates bring a resolution requiring that the author of a resolution (or their representative) be offered the opportunity to have the final statement at the end of testimony for that resolution.

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Twelve of thirteen comments supported this resolution. The lone comment in opposition misconstrued the intent and said resolution writer already has the opportunity to move for

consideration of the original form of the resolution. The intent is to give the maker the final word 93 94 in testimony. 95 96 RESOLVED, that the author of any given resolution to the NYSAFP Congress of Delegates (or their representative) should be offered an opportunity to make a final statement at the end of 97 98 testimony for that resolution, and be it further 99 RESOLVED, that the New York State Academy of Family Physicians' delegation to the 100 American Academy of Family Physicians Congress of Delegates bring a resolution requiring that 101 the author of a resolution (or their representative) be offered the opportunity to have the final 102 103 statement at the end of testimony for that resolution. 104 105 Madame Speaker, the Committee recommends that Substitute Resolution 22-04 be adopted. 106 107 Madame Speaker, the Committee considered Item 3 on the Consent Calendar, Resolution 22-05: 108 109 **SUBJECT: Organized Family Medicine Should Stand Against the Further Privatization** 110 of Medicare 111 112 RESOLVED, that the New York State Academy of Family Physicians create policy stating 113 that it stands strongly in opposition to the Accountable Care Organizations-Realizing 114 Equity, Access, and Community Health (ACO-REACH) model, and be it further 115 116 117 RESOLVED, that the New York State Academy of Family Physicians send a letter to 118 Health and Human Services Secretary Becerra stating our organization's strong opposition to Accountable Care Organizations-Realizing Equity, Access, and Community 119 Health (ACO-REACH) and requesting that this ill-conceived program be ended 120 immediately, and be it further 121 122 RESOLVED, that the New York State Academy of Family Physicians send a resolution to 123 the American Academy of Family Physicians (AAFP) Congress of Delegates requiring the 124 AAFP to create policy which takes a strong stand against Accountable Care 125 Organizations-Realizing Equity, Access, and Community Health (ACO-REACH), and be it 126 127 further 128 129 RESOLVED, that the New York State delegation to the American Academy of Family Physicians (AAFP) Congress of Delegates send a resolution requiring the AAFP to send a 130 131 letter to Health and Human Services Secretary Becerra, and lobby Congress to put an end to the Accountable Care Organizations-Realizing Equity, Access, and Community 132 Health (ACO-REACH) program. 133 134

Five of the eight comments received favored support. One comment in opposition recommended referral for more clarity. One witness testifying in opposition suggested the topic is too complex and not urgent and, therefore, should be referred for more study. Another witness testified that he participates in a physician run ACO and has had a very positive experience.

The Committee recognizes the complexity of this issue. Additional information and perspective would be helpful.

Madame Speaker, the Committee recommends that Resolution 22-05 be referred to the board.

Madame Speaker, the Committee considered Item 4 on the Consent Calendar, Resolution 22-06:

SUBJECT: USA – Creating a Universal, Simple & Affordable Healthcare System

RESOLVED that the New York State Academy of Family Physicians delegates to the American Academy of Family Physicians (AAFP) Congress of Delegates bring forth a resolution directing the AAFP to embrace a healthcare system that provides Universal coverage, is Simple to access and to navigate, and is Affordable to all, and that healthcare will never be based on the ability to pay, and be it further

RESOLVED that the New York State Academy of Family Physicians delegates to the American Academy of Family Physicians (AAFP) Congress of Delegates bring forth a resolution directing the AAFP to denounce the current multiplayer system as being unfair to our members and our patients, and in opposition to the tenants of Universal, Equitable, Affordable, and High-Quality care for which the AAFP stands, and be it further

RESOLVED that the New York State Academy of Family Physicians delegates to the American Academy of Family Physicians (AAFP) Congress of Delegates bring forth a resolution directing the AAFP to remove support for "Primary Care for All", because it fails to provide comprehensive medical care to our patients, and be it further

RESOLVED that the New York State Academy of Family Physicians delegates to the American Academy of Family Physicians (AAFP) Congress of Delegates bring forth a resolution directing the AAFP to support either a Single Payer system, or a well-regulated Bismarck-type system, which includes a Public Option.

There were six comments; five in support and one in opposition. NYSAFP has been a longstanding advocate for single payer and has included specific characteristics in any single payer system which it would support including assuring that physicians can collectively bargain with the single payer.

Some elements of this resolution lack specificity and could be difficult to implement. The first RESOLVED clause would require the Academy to "embrace" a health care system that provides for universal coverage, is affordable and is not based on ability to pay. There should be some form of action more definitive than "embrace". We recommend amendment to clarify that the Academy would "lobby for a healthcare system that provides Universal coverage, is Simple to access and to navigate, and is Affordable to all, and that healthcare will never be based on the ability to pay".

The second RESOLVED clause requires the Academy to "denounce" the current multi-payer system. NYSAFP has done so on many occasions. This RESOLVED is unnecessary.

The third RESOLVED clause would be achieved through passage of the fourth RESOLVED clause and in addition it is difficult to explain why we would not be in support of primary care for all as a general concept. The reference committee suggests deletion of the third RESOLVED to focus on a more concrete concept as outlined in the fourth RESOLVED.

 The Committee recommends amendment of Resolution 22-06 by replacing "embrace" in the first RESOLVED clause with "lobby for" and by deleting the 2nd and 3rd RESOLVED clauses. The amended Resolution 22-06 would read:

 RESOLVED that the New York State Academy of Family Physicians delegates to the American Academy of Family Physicians (AAFP) Congress of Delegates bring forth a resolution directing the AAFP to embrace lobby for a healthcare system that provides Universal coverage, is Simple to access and to navigate, and is Affordable to all, and that healthcare will never be based on the ability to pay, and be it further

RESOLVED that the New York State Academy of Family Physicians delegates to the American Academy of Family Physicians (AAFP) Congress of Delegates bring forth a resolution directing the AAFP to denounce the current multiplayer system as being unfair to our members and our patients, and in opposition to the tenants of Universal, Equitable, Affordable, and High Quality care for which the AAFP stands, and be it further

RESOLVED that the New York State Academy of Family Physicians delegates to the American Academy of Family Physicians (AAFP) Congress of Delegates bring forth a resolution directing the AAFP to remove support for "Primary Care for All", because it fails to provide comprehensive medical care to our patients, and be it further

RESOLVED that the New York State Academy of Family Physicians delegates to the American Academy of Family Physicians (AAFP) Congress of Delegates bring forth a resolution directing the AAFP to support either a Single Payer system, or a well-regulated Bismarck-type system, which includes a Public Option.

Madame Speaker, the Committee recommends Substitute Resolution 22-06 be adopted.

Madame Speaker, the Committee considered Item 5 on the Consent Calendar, Resolution 22-08:

SUBJECT: Abolish Insurance Ability to Designate Preferred Status to Labs

RESOLVED that the New York State Academy of Family Physicians (NYSAFP) seek legislation and regulations to require health insurance plans to assure provision of patient access to multiple labs that are geographically convenient to insured patients thus assuring adequate and timely access to labs service and, be it further

RESOLVED that the New York State Academy of Family Physicians (NYSAFP) advocates against any negotiations between insurance companies and laboratory service providers to augment equitable cost and access to services based on insured status or demographical groups.

Five of eight comments were in support.

Concern was expressed that prohibiting plans from negotiating preferred rates would deprive plans of a major strategy for containing costs. There was also some confusion expressed regarding the intent of the resolution. The Committee interprets the resolution to address price gouging by a preferred lab where no competition exists.

The second RESOLVED clause directs NYSAFP to advocate against negotiations. This implies that the Academy would direct such advocacy at plans. The intent, however, appears to be to support legislation to prohibit plans from negotiating preferred status with individual labs. If that is the intent, the RESOLVED should say "NYSAFP opposes designation of selected labs as preferred and supports legislation to prohibit plans from designating any lab(s) as preferred and limiting patient access only to such preferred labs".

The Committee believes plans should be required to provide adequate access to lab services at reasonable costs and with sufficient capacity to assure that patients are not inconvenienced by delays in having tests performed and results reported. Use of preferred status is not the issue especially in areas where there are few labs available. A solution may be to require the State to provide access to lab services when a plan certifies that only one lab is available for its network. The State operates a lab and could also contract with commercial labs.

The Committee recommends amendment of the first RESOLVED clause to stipulate that plans should not be allowed to limit patient access to labs. The Committee further recommends that the second RESOLVED clause be eliminated.

The amended resolution reads:

RESOLVED that the New York State Academy of Family Physicians (NYSAFP) seek legislation and regulations to require health insurance plans to assure provision of patient access to multiple labs that are geographically convenient to insured patients thus assuring adequate and timely access to labs service seek and support legislation or regulations to require plans to provide timely and affordable access to lab services and that the State assist plans in doing so by providing access to the State lab and/or commercial labs which the State may contract with to perform required tests. and, be it further

RESOLVED that the New York State Academy of Family Physicians (NYSAFP) advocates against any negotiations between insurance companies and laboratory service providers to augment equitable cost and access to services based on insured status or demographical groups.

Madame Speaker, the Committee recommends that Substitute Resolution 22-08 be adopted.

277 Madame Speaker, the Committee considered Item 6 on the Consent Calendar, Resolution 22-10:

SUBJECT: Medicare Coverage of Vaccines

RESOLVED that the New York State Academy of Family Physicians (NYSAFP) shall advocate to our congressional delegation, and shall urge the American Academy of Family Physicians (AAFP) to advocate for Medicare policy wherein all vaccines which Advisory Committee on Immunization Practices (ACIP) recommends for Medicare patients be covered by Medicare part B so such patients may receive these vaccines in their doctor's office.

All 13 comments were in support. This resolution reiterates and expands existing policy by specifically addressing coverage of these vaccines when administered in a physician's office. The Committee proposes dividing and substituting the resolution as follows. The Committee also recommends replacing current policy (Resolution '14-07) with this resolution if it should be passed by this Congress.

NYSAFP supports coverage of Zoster vaccine and all other ACIP recommended vaccines by Medicare Part B. (Resolution '14-07)

RESOLVED that the New York State Academy of Family Physicians shall lobby the NY congressional delegation to seek legislation to require Medicare Part B coverage of all Advisory Committee on Immunization Practices recommended vaccinations including when given in the physician's office. to our congressional delegation, and shall urge the American Academy of Family Physicians (AAFP) to advocate for Medicare policy wherein all vaccines which Advisory Committee on Immunization Practices (ACIP) recommends for Medicare patients be covered by Medicare part B so such patients may receive these vaccines in their doctor's office.

RESOLVED that the New York State Academy of Family Physicians shall send a resolution to the advocate to our congressional delegation, and shall urge the American Academy of Family Physicians Congress of Delegates to advocate that all Advisory Committee on Immunization Practices recommended vaccines be covered by Medicare part B including when administered in their physician's office.

Madame Speaker, the Committee recommends Substitute Resolution 22-10 be adopted.

Madame Speaker, the Committee considered Item 7 on the Consent Calendar, Resolution 22-14:

SUBJECT: Surveying of Healthcare System Support of the AAFP Membership

RESOLVED, that the New York State delegates to the American Academy of Family Physicians (AAFP) Congress of Delegates will bring a resolution to ask the AAFP to poll its members regarding their support for alternative healthcare systems, and be it further

- 321 RESOLVED, that the New York State delegates to the American Academy of Family Physicians
- 322 (AAFP) Congress of Delegates will bring a resolution to the AAFP to ask the following
- 323 questions of its members:
- 324 --I would favor a simplified payer system in which public funds, collected through taxes, were
- used to pay directly for privately delivered services to meet basic healthcare needs of all citizens.
- 326 Strongly disagree/Somewhat disagree/Neutral/Somewhat agree/Strongly Agree

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- 328 --I would favor a highly regulated private system with a "Public Option"
- 329 Strongly disagree/Somewhat disagree/Neutral/Somewhat agree/Strongly Agree

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- --I would favor a publicly funded, privately delivered system for universal primary care for all
 citizens
- 333 Strongly disagree/Somewhat disagree/Neutral/Somewhat agree/Strongly Agree

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- --I would generally support American Academy of Family Physicians advocacy supporting an
 alternative healthcare delivery system
- 337 Strongly disagree/Somewhat disagree/Neutral/Somewhat agree/Strongly Agree

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- Nine of the ten comments received were in support. The first RESOLVED clause seems vague
- and unnecessary. NY has consistently introduced pro-single payer resolutions to the AAFP COD.
- 341 What purpose would another NY resolution in support of single payer serve? The second
- 342 RESOLVED clause includes the more substantive action of requiring the AAFP to survey its
- 343 members regarding support for various reform models. The author implies that AAFP members
- are likely to support single payer and cites recent opinion surveys which show a majority of
- people polled and 56% of physicians support single payer. The survey of AAFP members,
- 346 however, could be inconclusive or find that a majority of members responding oppose single
- 347 payer. A consequence of this resolution could be that the required survey would undermine work
- 348 done over the past decade by NYSAFP to build support for single payer within the Academy
- 349 *COD*.

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Madame Speaker, the Committee recommends Resolution 22-14 not be adopted.

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Madame Speaker, the Committee considered Item 8 on the Consent Calendar, Resolution 22-16:

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- **SUBJECT:** Increasing POCUS CME Opportunities
- RESOLVED that New York State Academy of Family Physicians (NYSAFP) support the increase of Point of Care Ultrasound Continuing Medical Education (CME) opportunities through NYSAFP sponsored CME events. This training should provide learners the opportunity to submit Ultrasound studies for review with a credentialed faculty, and hands-on workshops
- with skilled faculty.

- 364 RESOLVED that the New York State delegates to the American Academy of Family Physicians
- 365 (AAFP) Congress of Delegates will bring a resolution to the American Academy of Family
- Physicians (AAFP) to advocate for Point of Care Ultrasound (POCUS) to be an integral part of

resident education and exposure. This should include using Continuing Medical Education opportunities digitally and in-person, to aid programs who have interested learners, but lack credentialed faculty as POCUS continues to expand at the levels of both Undergraduate and Graduate Medical Education.

Nine of ten witnesses expressed support for the sentiment articulated in this resolution but four included reservations about mandating POCUS to be included in residency training. One witness testified that draft ACGME requirements state: "Residents must have experience in diagnostic imaging interpretation pertinent to family medicine. IV.C.3.s). (1) Residents should have experience in using point-of-care ultrasound in clinical care."

The Committee recommends amendment of the second RESOLVED clause to clarify that the Academy supports increasing opportunities for POCUS education in CME events but does not support mandating POCUS training as part of the residency experience. This resolution is in line with our current existing policy on POCUS education in residency as noted below:

INCREASE POINT OF CARE ULTRASOUND (POCUS) EDUCATION IN FAMILY MEDICINE

NYSAFP supports including Point of Care Ultrasound (POCUS) training in every family medicine residency program in NY. (Resolution '16-15)

The Committee recommends amendment of Resolution 22-16 to read:

RESOLVED that New York State Academy of Family Physicians (NYSAFP) supports the increase of Point of Care Ultrasound Continuing Medical Education (CME) opportunities through NYSAFP sponsored CME events. This training should provide learners the opportunity to submit Ultrasound studies for review with a credentialed faculty, and hands-on workshops with skilled faculty.

RESOLVED that the New York State delegates to the American Academy of Family Physicians (AAFP) Congress of Delegates will bring a resolution to the AAFP to advocate for Point of Care Ultrasound (POCUS) to be recommended for inclusion in Family Medicine Residency Program curricula an integral part of resident education and exposure. This should include using Continuing Medical Education opportunities digitally and in-person, to aid programs who have interested learners, but lack credentialed faculty as POCUS continues to expand at the levels of both Undergraduate and Graduate Medical Education.

Madame Speaker, the Committee recommends that Substitute Resolution 22-16 be adopted.

Madame Speaker, the Committee considered Item 9 on the Consent Calendar, Resolution 22-18

SUBJECT: Increase Funding to Safety Net Hospitals

RESOLVED, that the New York State Academy of Family Physicians advocate for legislation which would redistribute Indigent Care Pool and Disproportionate Share

Hospital funding to support safety net hospitals as a means to address some of the 413 414 fiscal drivers of racial inequities in healthcare, and be it further 415 RESOLVED that the New York State delegates to the American Academy of Family 416 Physicians (AAFP) Congress of Delegates will bring a resolution to the AAFP to issue a 417 statement supporting the reallocation of Indigent Care Pool funds to safety net 418 hospitals, and to advocate for the creation and passage of legislation which would more 419 effectively target Disproportionate Share Hospital funding to hospitals serving 420 predominantly low-income populations. 421 422 423 All eleven comments were in support. 424 425 Madame Speaker, the Committee recommends that Resolution 22-18 be adopted. 426 427 Madame Speaker, the Committee considered Item 10 on the Consent Calendar, Resolution 22-428 429 20: 430 **Oppose Residency Collaboration with Crisis Pregnancy Centers** 431 SUBJECT: 432 RESOLVED that the New York State delegates to the American Academy of Family 433 Physicians (AAFP) Congress of Delegates will bring a resolution to the AAFP opposing 434 residency collaboration with Crisis Pregnancy Center (CPCs), specifying that it is against 435 medical ethics for residents and medical students to attend CPCs as part of their medical 436 437 training, and be it further 438 439 RESOLVED that the New York State delegates to the American Academy of Family Physicians (AAFP) Congress of Delegates will bring a resolution to the AAFP opposing the use of federal 440 funds supporting Crisis Pregnancy Center (CPCs) and the AAFP actively lobby against this 441 funding, and be it further 442 443 RESOLVED that the New York State Academy of Family Physicians collaborate with New 444 York State lawmakers to create and support legislation opposing/restricting Crisis Pregnancy 445 Center (CPCs). 446 447 448 Twelve of the 16 witnesses supported this resolution but one of the supporting comments 449 included reservations about prohibiting federal funding of CPCs or prohibiting operation of 450 CPCs altogether. 451 452 The first RESOLVED clause suggests that the AAFP COD oppose residency collaboration with CPCs and "specify" that it is against medical ethics for residents and students to participate in 453

CPCs as part of their training. This assumes that the AAFP COD can determine what is

Ethics. The AMA Code can only be modified by the AMA House of Delegates.

medically ethical. The AAFP bylaws require the Academy to adhere to the AMA Code of Medical

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Among the dissenting comments was a statement by a residency program director with more than 20 years' experience doing obstetrics in five states. He said that he has had many patients referred to his program(s) by CPC's and that he has never had a negative report from a patient referred by a CPC about the CPC. He also said his experience has been that CPC's he has worked with have done a good job of addressing social determinants of health with patients.

Several witnesses, both pro and con, said women deserve comprehensive and balanced information regarding pregnancy. Supporters of the resolution, for the most part, were concerned that CPCs are biased against abortion and may ignore or abuse evidence in counseling patients.

 We recommend amendment of the resolution to support balance in exposure of residents and students to pregnancy care and counseling. Differences of opinion regarding reproductive health care should be respected and medical training should expose residents and students to all options available to pregnant patients. Also, the AAFP's adherence to the AMA Code of Ethics precludes the Academy from independently modifying the definition of ethical behavior. Furthermore, we see no reason why it should be unethical for residents and students to be exposed to CPCs or any source of information regarding pregnancy issues.

We recommend a title of Resolution 22-20 to read:

Support Balanced Residency Education in Pregnancy and Options

We recommend amendment of Resolution 22-20 to read:

RESOLVED that the New York State delegates to the American Academy of Family Physicians (AAFP) Congress of Delegates will bring a resolution to the AAFP opposing residency collaboration with Crisis Pregnancy Center (CPCs), specifying that it is against medical ethics for residents and medical students to attend CPCs to require the AAFP to advocate for balanced exposure of residents and students to pregnancy care and options counseling as part of their medical training., and be it further

RESOLVED that the New York State delegates to the American Academy of Family Physicians (AAFP) Congress of Delegates will bring a resolution to the AAFP opposing the use of federal funds supporting Crisis Pregnancy Center (CPCs) and the AAFP actively lobby against this funding, and be it further

RESOLVED that the New York State Academy of Family Physicians collaborate with New York State lawmakers to create and support legislation opposing/restricting Crisis Pregnancy Center (CPCs).

Madame Speaker, the Committee recommends Substitute Resolution 22-20 be adopted.

Madame Speaker, the Committee considered Item 11 on the Consent Calendar, Resolution 22-22:

504 SUBJECT: In Memoriam: David Mesches, MD 505 RESOLVED that Dr. Mesches was a major figure in medicine and within the New York 506 507 State Academy of Family Physicians (NYSAFP) whose career and achievements have brought credit and distinction to Family Medicine and the NYSAFP, and be it further 508 509 RESOLVED that the New York State Academy of Family Physicians is deeply indebted to 510 Dr. Mesches for his significant contributions to Family Medicine, and be it 511 512 RESOLVED that the New York State Academy of Family Physicians expresses sorrow at 513 514 his passing, appreciation for his life and distinguished career, and offers condolences to 515 his family. 516 517 All four comments were in support. 518 519 Madame Speaker, the Committee recommends that Resolution 22-22 be adopted. 520 521 Madame Speaker, the Committee considered Item 12 on the Consent Calendar, Resolution 22-522 523 24: 524 525 SUBJECT: **Telemedicine: Practicing Where You Preach** 526 527 RESOLVED the NYSAFP will advocate through its legislative efforts that telehealth services provided by a primary care physician to an established primary care patient should be acceptable, 528 529 reimbursable and legally allowed regardless of where the patient is located as long as the physician has a license in the state in which the physician is located. And let it be further 530 531 RESOLVED the NYSAFP will bring a resolution to the AAFP COD directing it to advocate 532 through its legislative efforts that telehealth services provided by a primary care physician to an 533 established primary care patient should be acceptable, reimbursable and legally allowed 534 regardless of where the patient is located as long as the physician has a license in the state in 535 536 which the physician is located. 537 All 13 witnesses testified in support. One witness suggested the term "acceptable" has no actual 538 meaning and should be deleted. The Committee recommends changing "acceptable" to 539 "authorized by law". The same witness also recommended changing the title of the resolution to 540 clarify that the purpose is to support establishing the location of the physician as the site for 541 542 determining which state's licensure law applies. 543 544 *The Committee recommends amendment of the resolution to read:* 545

RESOLVED The New York State Academy of Family Physicians will advocate through its

legislative efforts that telehealth services provided by a primary care physician to an established

primary care patient should be acceptable authorized by law, reimbursable and legally allowed

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regardless of where the patient is located as long as the physician has a license in the state in which the physician is located. And let it be further

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RESOLVED the New York State Academy of Family Physicians will bring a resolution to the American Academy of Family Physicians Congress of Delegates directing it to advocate through its legislative efforts that telehealth services provided by a primary care physician to an established primary care patient should be acceptable authorized by law, reimbursable and legally allowed regardless of where the patient is located as long as the physician has a license in the state in which the physician is located.

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Madame Speaker, the Committee recommends that Substitute Resolution 22-24 be adopted.

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Madame Speaker, we move the adoption of the Committee's report.

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Madame Speaker, we would like to thank the members of my Reference Committee. We would also like to thank the members of the Academy who testified at the Reference Committee for their insight and their cooperation. We would like to thank Vito Grasso and Jill Walls for assisting the Committee in preparing this report.

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REFERENCE COMMITTEE SESSION TWO

570 Chair: Jocelyn Young, DO

571 Vice Chair: Fran Faustino, MD

572 Advisor: Barbara Keber, MD 573 Member: Ephraim Back, MD

574 Member: Joel Attard, DO

575 Resident: Tonie McKenzie, MD

576 Student: Helen Ding

577 Staff: Vito Grasso, MPA, CAE

578 Staff: Jill Walls