

1 **Report of the Reference Committee on Policy**

2
3 Reference Committee Chair: Mr. Speaker, the Reference Committee on Policy has considered
4 each of the items referred to it and desires to present the following report. The Committee's
5 recommendations on each item will be submitted on our consent calendar.
6

7 Speaker: *Should the Congress approve the consent calendar, all items on the consent calendar*
8 *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 *important, therefore, to extract an item from the consent calendar at this time if you wish to*
11 *discuss that item. A motion to extract something from the consent calendar does not require a*
12 *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 *are listed in the report of the reference committee and are being projected on the screen. Does*
15 *anyone have anything they would like to have extracted?*
16

17A. CONSENT CALENDAR

18
19 Mr. Speaker, the Committee wishes to place on the Consent Calendar the following items:

- 20
21 1. Resolution 17-02 "Loser Pays Tort Reform": **Adopt Resolution 17-02** as
22 amended
23
24 2. Resolution 17-04 "Support an HPV Vaccine Mandate for School Entry in New
25 York State": **Refer to the Board**
26
27 3. Resolution 17-05 "Screening, Intervening, and Advocating to Address Food
28 Insecurity": **Adopt Resolution 17-05 as amended**
29
30 4. Resolution 17-07 "Oppose Non-Evidence Based Restrictions to Telemedicine
31 Abortion": **Adopt Resolution 17-07**
32
33 5. Resolution 17-09 "Use of 'Reparative' or 'Conversion' Therapy": **Adopt**
34 **Resolution 17-09 as amended**
35
36 6. Resolution 17-12 "Redefine Screening in High-Risk Populations to be Considered
37 Preventative Screening": **Not Adopt Resolution 17-12**
38
39 7. Resolution 17-13 "Coverage of Follow-up Care for Abnormal Screening Tests":
40 **Refer to the Board**
41
42 8. Resolution 17-14 "Reversing the Diabetes Epidemic Through Implementation of
43 the National Diabetes Prevention Program in NYS": **Refer to the Board**
44

45
46 Mr. Speaker, the Committee moves adoption of the Consent Calendar as listed.

1
2 Resolution 17 – 02.

3
4 SUBJECT: **Loser Pays Tort Reform**
5 SUBMITTED BY: Robert Ostrander, MD

6
7
8 RESOLVED that the New York State Academy of Family Physicians (NYSAFP) supports “loser
9 pays” tort reform for medical malpractice and personal liability cases in New York State,
10 whereby the losing plaintiff and plaintiff’s attorney shall be jointly and severally liable for the
11 costs of defendant’s legal and related fees, up to a cap established by legislation, and be it further
12

13 RESOLVED that the NYSAFP leadership and contracted advocates shall seek sponsors for
14 legislation that establishes “loser pays” tort reform for medical malpractice and personal liability
15 cases in New York State, whereby the losing plaintiff and plaintiff’s attorney shall be jointly and
16 separately liable for the costs of defendant’s legal and related fees, up to a cap established by
17 legislation, and be it further
18

19 RESOLVED that the NYSAFP shall seek collaboration with MSSNY, HANYS, other specialty
20 medical societies, municipalities and their associations, and other stakeholders to pursue “loser
21 pays” tort reform for medical malpractice and personal liability cases in New York State,
22 whereby the losing plaintiff and plaintiff’s attorney shall be jointly and separately liable for the
23 costs of defendant’s legal and related fees, up to a cap established by legislation, and be it further
24

25 RESOLVED that the NYSAFP and other stakeholders will undertake a public relations
26 campaign to educate the public about the medical malpractice and personal injury tort system
27 and the benefits of “loser pays” tort reform.
28

29
30 After hearing testimony that was overwhelmingly in favor of the first three resolutions, the
31 reference committee recommends their acceptance; however, due to concerns raised regarding a
32 possible financial note associated with a public relations campaign, the reference committee
33 recommends elimination of the fourth resolve. This change was discussed with the maker of the
34 resolution.
35

36 **The reference committee recommends amending Resolution 17-02 by deletion of the fourth**
37 **resolved.**

38
39 RESOLVED that the New York State Academy of Family Physicians (NYSAFP)
40 supports “loser pays” tort reform for medical malpractice and personal liability cases in
41 New York State, whereby the losing plaintiff and plaintiff’s attorney shall be jointly and
42 severally liable for the costs of defendant’s legal and related fees, up to a cap established
43 by legislation, and be it further
44

45 RESOLVED that the NYSAFP leadership and contracted advocates shall seek sponsors
46 for legislation that establishes “loser pays” tort reform for medical malpractice and
47 personal liability cases in New York State, whereby the losing plaintiff and plaintiff’s

1 attorney shall be jointly and separately liable for the costs of defendant’s legal and related
2 fees, up to a cap established by legislation, and be it further

3
4 RESOLVED that the NYSAFP shall seek collaboration with MSSNY, HANYS, other
5 specialty medical societies, municipalities and their associations, and other stakeholders
6 to pursue “loser pays” tort reform for medical malpractice and personal liability cases in
7 New York State, whereby the losing plaintiff and plaintiff’s attorney shall be jointly and
8 separately liable for the costs of defendant’s legal and related fees, up to a cap established
9 by legislation.

10
11 Mr. Speaker, the reference committee recommends Resolution ‘17-02 be adopted as amended.

12
13 Mr. Speaker, the Committee considered Resolution 17 – 04.

14
15 SUBJECT: **Support an HPV Vaccine Mandate for School Entry in New York**
16 **State**

17 SUBMITTED BY: New York County Chapter

18
19 RESOLVED the New York State Academy of Family Physicians (NYSAFP) supports
20 mandating a HPV vaccine for school entry in 6th grade, just as other applicable ACIP
21 recommended vaccines are mandated for school entry at an appropriate grade in New York State,
22 and be it further

23
24 RESOLVED, that the NYSAFP’s delegates to the American Academy of Family Physicians
25 (AAFP) Congress of Delegates will present a resolution directing the AAFP to work with state
26 chapters to support state specific legislation that mandates the HPV vaccine for school entry in
27 6th grade, just as other applicable ACIP recommended vaccines are mandated for school entry at
28 an appropriate grade.

29
30 While the Reference Committee heard unanimity in support of the goal of increasing HPV
31 vaccination rates, there was passionate debate on both sides on the best strategy for achieving
32 this goal; therefore, the Reference Committee recommends referral to the Board for further
33 discussion on the best method for achieving this goal.

34
35 **Mr. Speaker, the Committee recommends that 17-04 be referred to the Board.**

36
37
38
39 Mr. Speaker, the Committee considered Resolution 17 – 05.

40 SUBJECT: **Screening, Intervening & Advocating to Address Food Insecurity**

41 SUBMITTED BY: New York County Chapter

42
43
44 RESOLVED, that the New York State Academy of Family Physicians (NYSAFP) will support
45 efforts to universally screen patients for food insecurity, using tools like the validated Hunger

1 Vital Sign™,14,15 and connect patients to federal nutrition programs and resources; and be it
2 further

3
4 RESOLVED, that the NYSAFP delegates to the AAFP COD bring forth a resolution directing
5 the AAFP create a policy to support a strong and effective national nutrition safety net for
6 vulnerable, low-income individuals by protecting and defending the federal nutrition programs
7 [16] from block grants, structural changes, and budget cuts, and by ensuring all people in the
8 U.S. have access to the nutrition they need to live healthy and productive lives; and be it further
9

10 RESOLVED, that the NYSAFP will educate its members on the health implications of food
11 insecurity, health benefits of the federal nutrition programs, promising interventions to address
12 food insecurity in health care settings, and advocacy opportunities to address food insecurity at
13 the local, state, and national level.

14
15 The Reference Committee heard testimony acknowledging the importance of this topic with
16 several speakers expressing concern regarding the potential addition of a mandate. After
17 discussion with the maker, the Reference Committee suggests removing the word “universally”
18 to alleviate this concern.

19
20 **The reference committee recommends that amending the first resolved by deleting the**
21 **word “universally,” so that it reads as follows:**

22
23 RESOLVED, that the New York State Academy of Family Physicians (NYSAFP) will
24 support efforts to screen patients for food insecurity, using tools like the validated Hunger
25 Vital Sign™, and connect patients to federal nutrition programs and resources; and be it
26 further resolved

27
28
29 **Mr. Speaker, the Committee recommends that Resolution 17-05 be adopted as amended.**

30
31
32
33 Mr. Speaker, the Committee considered Resolution 17-07

34
35 SUBJECT: **Oppose Non-Evidence Based Restrictions to Telemedicine Abortion**
36 SUBMITTED BY: Public Health Commission

37
38 RESOLVED, that the New York State Academy of Family Physicians (NYSAFP) opposes
39 legislation that would prohibit telemedicine access to medication abortion or impose restrictions
40 on access to medication abortion using telemedicine that are not placed on other medical
41 services, and be it further

42
43 RESOLVED, that the NYSAFP delegation to the AAFP COD bring forth a resolution directing
44 the AAFP to oppose the singling out of medication abortion services as service to ban from
45 telemedicine care, or impose restrictions that are not placed on other telemedicine services.
46

1 The Reference Committee heard discussion overwhelmingly in support of this resolution.

2

3 **Mr. Speaker, the Reference Committee recommends that Resolution 17-07 be adopted.**

4

5 Mr. Speaker, the Committee considered Resolution 17 – 09.

6

7 SUBJECT: Use of “Reparative” or “Conversion” Therapy

8 SUBMITTED BY: Scott Hartman, MD & Anita Ravi, MD

9

10 RESOLVED, the New York State Academy of Family Physicians (NYSAFP) will develop a
11 policy statement aligned with AAFP policy, stating that: “The NYSAFP opposes the use of
12 ‘reparative’ or ‘conversion’ therapy of lesbian, gay, bisexual or transsexual individuals. The
13 NYSAFP recommends that parents, guardians, young people, and their families seek support and
14 services that provide accurate information on sexual orientation and sexuality, increase family
15 and school support, and reduce rejection of sexual minority persons of all ages” and, be it further
16

17 RESOLVED, the NYSAFP will support lobbying efforts to encourage passage of legislation
18 banning the use of reparative therapy aimed at changing a person’s sexual orientation.

19

20 The Reference Committee heard overwhelming support for this resolution. It was pointed out
21 that the language has changed such that transgender would be more appropriate and it would also
22 be appropriate to expand the resolution to include gender identity. The makers of this resolution
23 concurred.

24

25 **The reference committee recommends the first resolved be amended to substitute**
26 **“transgender” for “transsexual” as follows:**

27

28 RESOLVED, the New York State Academy of Family Physicians (NYSAFP) will
29 develop a policy statement aligned with AAFP policy, stating that: “The NYSAFP
30 opposes the use of ‘reparative’ or ‘conversion’ therapy of lesbian, gay, bisexual or
31 transgender individuals. The NYSAFP recommends that parents, guardians, young
32 people, and their families seek support and services that provide accurate information on
33 sexual orientation, gender identity, and sexuality, increase family and school support, and
34 reduce rejection of sexual minority persons of all ages” and, be it further

35

36 Also, the reference committee recommends the second resolved be amended to add “or gender
37 identification,” as follows:

38

39 .RESOLVED, the NYSAFP will support lobbying efforts to encourage passage of
40 legislation banning the use of reparative therapy aimed at changing a person’s sexual
41 orientation or gender identification.

42

43 Mr. Speaker, the reference committee recommends Resolution 17-09 be adopted as
44 amended

45

46 Mr. Speaker, the Committee considered Resolution 17-12.

47

Commented [KM1]: This was also amended to add “or gender identification”

1 SUBJECT: **Redefine Screening in High Risk Populations to be Considered**
2 **Preventative Screening**

3 SUBMITTED BY: Wayne Strouse, MD
4

5 RESOLVED that the definition of preventative health screening include the screening of patients
6 who are at high risk, and be it further

7
8 RESOLVED that the redefining of preventative health screening to include the screening of
9 patients at high risk be adopted by the State of New York, and be it further

10
11 RESOLVED that the New York State Academy of Family Physicians (NYSAFP) delegation to
12 the American Academy of Family Physicians (AAFP) COD bring a similar resolution to have the
13 AAFP advocate with Congress to redefine preventative screening in any federally mandated
14 insurance coverage to include the screening of patients at high risk.

15
16 While the Reference Committee heard significant support for the intent of the resolution, it was
17 identified that the NYSAFP does not have the authority to create a definition for preventative
18 health screening for other entities. It was further felt that recrafting this resolution was beyond
19 the scope of this committee and therefore the Reference Committee recommends not adopting
20 this resolution.

21
22 **Mr. Speaker, the reference committee recommends that Resolution 17-12 not be adopted.**

23
24 Mr. Speaker, the Committee considered Resolution 17 – 13.

25
26 SUBJECT: **Coverage of Follow-Up Care for Abnormal Screening Tests**
27 SUBMITTED BY: Wayne Strouse, MD
28

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

35
36 RESOLVED that the NYSAFP advocate that the out of pocket costs for follow-up procedures,
37 surgery, laboratory tests and diagnostic procedures, that may be needed to further evaluate and
38 manage an initial positive preventive health screening test, be affordable, deemed as no more
39 than the co-pay or coinsurance cost to see a specialist, and be it further

40
41 RESOLVED that the NYSAFP delegation to the American Academy of Family Physicians
42 (AAFP) COD bring a resolution to direct the AAFP advocate with Congress to modify any
43 federally mandated insurance coverage to limit out of pocket costs for follow-up procedures,
44 surgery, laboratory tests, and diagnostic procedures, that may be needed to further evaluate and
45 manage an initial positive preventive health screening test, in high risk individuals to no more

1 than the cost of a specialist copay in order to bring this exceedingly important benefit to all of
2 our patients nationwide.

3
4 The Reference Committee heard support for the intent of the maker, but there was also concern
5 about the specific steps needed to advocate for such a broad concept. It was felt by the Reference
6 Committee that this level of detail should be explored, and thus recommends referral to the
7 Board.

8
9 **Mr. Speaker, the Committee recommends that 17-13 be referred to the Board.**

10
11
12 Mr. Speaker, the Committee considered Resolution 17-14.

13
14 SUBJECT: **Reversing the Diabetes Epidemic Through Implementation of the
15 National Diabetes Prevention Program in NYS**

16 SUBMITTED BY: Education Commission

17
18 RESOLVED, that the Education Commission design and carry out training of our members to
19 support the CDC's National Diabetes Prevention Program (NDPP) in NYS, using the
20 collaborative model piloted by the NYSAFP with community and public health groups in the
21 Bronx and elsewhere [1] and include the development of facilitators to act as academic detailers
22 and teachers in their communities and places of work, and be it further

23
24 RESOLVED, that the Advocacy and Public Health Commissions shall write proposals to be
25 presented to the Commissioners of Health of the NYSDOH and NYCDOH-MH to actively
26 promote and support the NDPP in New York State; including community-based programs that
27 make the NDPP accessible and, be it further

28
29 RESOLVED, that the NYSAFP shall work with diabetes prevention/self-management
30 collaboratives and community initiatives throughout New York State and, be it further

31
32 RESOLVED, that the NYSAFP plan and coordinate efforts with collaborating diabetes
33 prevention/self-management programs to produce reliable outcomes data using an
34 Implementation Science design with appropriate governmental and private funding.

35
36 The Reference Committee heard no testimony either for or against the resolution, however felt
37 that the resolution had merit and should be explored further.

38
39 **Mr. Speaker, the Committee recommends that 17-14 be referred to the Board.**

40
41
42 Mr. Speaker, I move the adoption of the Committee's report as a whole.

43
44 Mr. Speaker, I would like to thank the members of my Reference Committee. I would also like
45 to thank the members of the Academy who testified at the Reference Committee for their insight

1 and their cooperation. I would like to thank Ms. Kelly Madden and Mr. Ron Rouse for assisting
2 the Committee in preparing this report.

3

4 CHAIR: KrisEmily McCrory, MD, FAAFP

5 VICE-CHAIR: Pooja Paunikar, MD

6 ADVISOR: Mark Josefski, MD, FAAFP

7 MEMBER: Laurel Dallmeyer, MD, FAAFP

8 MEMBER: Keasha Guerrier, MD

9 MEMBER: Wesley Ho, MD

10

11