Draft Minutes
Committee on Health Care Disparities
October 26, 2018
7:30 a.m. to 9:30 a.m.

Present
Linda Clark, MD, Ms Chair
M. Monica Sweeney, MD, MPH, Chair
Adolph Meyer, MD, Vice Chair
Anthony Clemendor, MD
Frank Dowling, MD
Lisa Eng, DO
Lynda Hohman, MD
Thomas Madejski, MD, FACP
Shail Maingi, MD
Erick Eity, MD, MPH

Connor Orrico, Student

Staff
Philip A. Schuh, CPA, MS
Executive Vice President
Moe Auster, Esq., Sr. Vice President,
Legislative Counsel, Division of
Governmental Affairs
Pat Clancy, Sr. Vice President, Public Health
and Education, Managing Director, Division
of Governmental
Affairs

Absent
Zabeer Bhatti, MD
John Gillespie, MD
Rebeca Guist, MD
Eliezer Chaim Kinberg, MD
Michael Pisacano, MD
Malcolm Reid, MD, MPP
Joseph Sellers, MD
Gregory Threatte, MD
Willie Underwood, MD
Milton Haynes, MD
Patricia Minaert, Alliance

Excused
Maria Arsyle DeJesus, MD
Nina Huberman, MD, MPH
Joshua Cohen, MD, MPP, Commissioner
Janine Fogarty, MD, Asst. Commissioner

Invited Guests
Art Fougner, MD, President-elect
Charles Rothberg, Past President

1) Welcome
2) Adoption of Minutes April 27, 2018 - approved
3) Presentation by NY Department of Health on Maternal Mortality- Lauren Tobias, Director,
   Division of Family Health, and Marilyn A. Kacica, MD., MPH, Medical Director, Division of
   Family Health, New York State Department of Health

Ms. Tobias and Dr. Kacica indicated that two years ago a New York State Partnership for Maternal
Health formed. It encompassed a multi-stakeholder group that has come together to talk about the
increasing rate of maternal mortality and morbidity and identify ways to address it. The goal was to
promote equity in maternal health outcomes, to address ethnic and economic disparities and to find
ways to prevent maternal mortality and morbidity.
13 The first step would be preconception health. There was a seminar given addressing this. It is available
14 on DOH’s website and there are CME credits available
15 The governor’s office established a task force on Maternal Mortality and Disparate Racial Outcomes.
16 The task force has met several times and is in the process of collecting information.
17 They conducted statewide listening sessions.
18 Women’s experience with the health care system, particularly during their pregnancy and postpartum,
19 their difficulties accessing care, experiences with healthcare during pregnancy, delivery and postpartum.
20 They want women to have access to more prenatal care. It is a care model of putting women together to
21 discuss care, in addition to their individual care. These groups have shown to be a model for getting
22 women to stay with prenatal care and to improve birth outcomes. Also, the importance of doula’s with
23 black women in addressing racial disparities. When looking at the racial disparities as far as maternal
24 mortality, you can see that the black to white ratio has been persistent over time. Maternal mortality as
25 reported to NYS Vital Records show the following: Racial disparities in maternal death remains
26 significant. The partnership began a population review of maternal deaths in 2010. They wanted to see if
27 there was something they could learn to reduce these deaths. We actually looked at death of a women
28 within a year of pregnancy of the end of a pregnancy.
29
30 The committee members discussed and agreed to host an educational program at the House of
31 Delegates meeting in April. The committee invited the DOH to be involved in that presentation in April.
32 The program would be held on Friday April 12, 2019 at the Tarrytown Marriott. Ms. Clancy and Dr. Clark
33 will follow up with Ms. Tobias and Dr. Kacica regarding this.
34
35 4) Legalization of Marijuana in New York State
36 MSSNY’s current policy is to oppose legalization. Internally when reviewed it was decided that the harms
37 would outweigh the benefits of legalization in New York State. There are concerns that it in essence,
38 creates a new tobacco industry. There is a big push from the social justice arena for legalization. We are
39 in agreement that decriminalizing it and making prosecution less variable would be desirable. Concerns
40 whether wider use is in the best interests economically in poor areas. Realizing this is a controversial
41 subject there have been a series of statewide forums conducted by the Governor’s office. Dr. Madejski
42 wanted MSSNY representation at each forum. There was good physician representation at each of these
43 programs voicing our concern. MSSNY also coordinated with the New York State Association of Health
44 Officials and local county health commissioners on this topic. However, while physicians have spoken
45 out regarding our concerns, the testimony at these events has been overwhelmingly in favor of
46 legalization. Much of that is driven by the social justice aspects, the selective enforcement of the law
47 and it’s also an election year. There is very heavy political consideration going into this discussion. There
48 is the financial aspect in that they estimated that they could get upwards of $600 million in tax revenue,
49 if they tax the sale of marijuana in New York. Are we requesting that some of that revenue be
50 earmarked for opioid or addiction disorders? We have asked that if it should go forward, that certain
51 funds be earmarked for public health for substance issues. The governor’s office requested that MSSNY
52 provide it with a list of harm reduction strategies. The American Society of Addiction Medicine has a very
53 good statement that MSSNY agrees is a good start. Dr. Madejski requested that various committees
54 provide input for leadership to consider. This information in turn would be provided to the governor’s
55 office. Dr. Clark offered to collect date regarding health impact, impact in the workplace regarding job
performance, absenteeism, etc. Reports indicates that usage is pretty evenly matched across racial
groups but who gets in trouble because of it is very disparate. Then the socio-economic issues come into
play regarding who can afford to defend themselves and get assigned community service vs who is
convicted and now has a life-long criminal record following them. Also keep in mind when reading the
data about THC, that the chemical makeup has changed significantly over the years. MSSNY has
supported publicly at the forums its support for decriminalization and brought forth our concerns on the
medical and social issues regarding this issue. The House of Delegates has issued a resolution supporting
decriminalization. Committee members considered the following: Any consumer should be 25 or older.
Marijuana should not be used by pregnant women. There needs to be an educational campaign.
Requesting use of funds for education and prevention programs. Pat Clancy will put together a list
laying out the areas of concentrations we’ve discussed and circulate it to the group.

A request from the chair. The chair would welcome another chair or co-chair to work with her on the
committee.

There will be a continuation conference call on Tuesday October 30th from 12pm-1pm to discuss the
issues related to gender definition.
Draft Minutes
Committee on Health Care Disparities
October 30, 2018
Gender Definition & Public Charge

* This is a continuation of the meeting dated October 26, 2018 of this committee. This meeting addresses unfinished agenda items from that date.

Present
Linda Clarke, MD, MS – Chair
Anthony Clemendor, MD
Frank Dowling, MD
Lynda Hohmann, MD
Eliezer Chaim Kinberg, MD
Shail Maingi, MD
Charles Rothberg, MD – Past President
Erik Eiting, MD

Excused
Lisa Eng, DO
Joshua Cogen, MD, MPP, Commissioner
Janine Fogarty, DM, Asst. Commissioner

Absent
M. Monica Sweeney, MD, MPH – Chair
Zabeer Bhatti, MD
Maria Arsyl DeJesus, MD
John Gillespie, MD
Rebecca Giusti, MD
Thomas Madejski, MD, FACP – President
Michael Piscano, MD
Malcolm Reid, MD, MPP
Joseph Sellers, MD
Gregory Threatte, MD
Willie Underwood, MD
Milton Haynes, MD
Patricia Minaert, Alliance
Connor Orrico, Student

Presentation by Shail Maingi, MD
About 1.2% of country identifies as transgender. That would equal about 1.4 million Americans. There has been a policy change about the definition of sex that has tremendous policy and civil rights impact on transgender people. When defining the idea of gender five concepts are considered:

- Sex – a biological classification that is assigned at birth
- Gender – refers to attitudes, characteristics, feelings and behaviors that a given culture associates with a person’s biological sex
- Gender expression – is how you demonstrate who you are
- Gender identity – who you think you are

Transgender individuals have a gender identity, which is a persistent sense of self, that does not match the sex they were assigned at birth. A transgender person may or may not choose surgery, or use of hormones, but may only identify by using the pronoun they most closely identify with.

Sexual orientation – Who you’re attracted to.
  - Lesbian - an identity label for women who have primary sexual, romantic and relational ties to other women
  - Gay – an identity label for men who have primary sexual, romantic and relational ties to other men
  - Bisexual and identity label for people who partner with either men or women

There are no terms that specifically relate to transgender individuals and who they might be attracted to as a partner.

Barriers to Quality Healthcare for LGBT People –
- Previous negative experiences in the health care settings
- Denied Care
- Providers didn’t know how to take care of them
- Lower rates of insurance before ACA
- Real discrimination was happening

Marriage has become legal in all states. NYS law protects people against discrimination in public places pertaining to sexual orientation and identity. NYS also protects people in business against discrimination pertaining to sexual orientation and identity. Elders experience high rate of discrimination and harassment. This continues in long term care facilities. Violence against transgender individuals is rampant. Very few prosecutions. There is high levels of distrust in the health care systems. There is a lack of support groups, a lack of substance abuse treatment. They are treated differently and are often refused service. Largely the disparities to LGBTQ are invisible, especially in the transgender communities. There is a lack of treatment guidelines when looking for resources on treatment. Transgender people report being denied care. There is also the drawback of when policies come out, suicide among Transgender youth increases. The policy making increases fear.

Proposed policy changes – HSS wants to overhaul Title IX to determine gender based on an individual’s genitalia and on genetic tests, rather than the gender the person identified with. The National Center for Gender Equality says it effectively “abandons the right to equal access to healthcare, to housing, to education, to fair treatment under the law”. While Title IX pertains to education, it is the basis for other civil rights law. Section 1557 of the Patient and Affordable Care Act has a section that is the first civil rights law for health care. It is a non-discrimination provision that prevents discrimination on the basis of race, color, national origin, sex, age or disability. The ACA law was put into effect, but Section 1557 was held off. No one at this time is going to enforce it. In May 2016 they did a final rule implementing it saying they were going to see if sex included gender identity and to see if it included sex stereotype which includes sexual orientation. In New York State the gender identity protections have been in place since 2016. New York State has defined “sex” in terms of the law includes gender identity and the status of being transgender. Committee members agreed to put forth the following motion to MSSNY Council: Motion: MSSNY endorse and co-sponsor the GMLA resolution and endorse the student resolution on gender identity and sex with the recommendation that the AMA oppose any effort to assign

*This motion was approved by a majority vote of committee. Vote was conducted via email.*

Dr. Mangi also presented on the issue of Public Charge – is a federal immigration law that has been around for over 100 years. It is used to deny a person admission to the U.S. or to deny them green card status, or to keep the green card status continuing if the person is on public assistance. It is looked at when people’s immigration status is reviewed. Under the current policy the only benefits that are considered to determine if a person is to become a “public charge” are:

- SSI
- TANF
- Government funded institutionalized long term care.

These are the things that can be held against an immigration status. What is being proposed will decrease immigrant use of health care services and if someone is diagnosed with a serious one such as cancer, it will ultimately be held against their immigration status. What can change is:

- No access to Non-emergency Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- Low income subsidy for prescription drug cost under Medicare Part D
- Housing assistance such as Section 8 housing vouchers
This could possibly become a resolution for presentation at the House of Delegates. Further discussion will occur via email in order to keep the discussion on this topic moving.