

To: Bonnie Litvack, MD  
MSSNY President

From: Donald Moore, MD, Chairman, CPH Advisory Committee

Re: Revision of Resolution # 159, MSSNY House of Delegates, 2020

Date: March 25, 2021

Background.

Resolution 159 was introduced to the 2020 MSSNY House of Delegates by the Suffolk County Medical Society and Frank Dowling, MD, MSSNY Secretary. The Resolution was titled "Discrimination Against Physicians Using Medication Assisted Treatment." HOD referred the Resolution to Council which in turn referred to the CPH Advisory Committee for review and response.

The CPH Advisory Committee appointed a subcommittee to review the resolution and confer with the author. The subcommittee has reviewed the resolution as well as Reference Committee background and testimony. Recommended revisions to the resolution were reviewed by the CPH Advisory Committee and accepted with unanimity.

**CPH Advisory Committee recommends the following revisions to Resolution 159:**

RESOLVED, that The Medical Society of the State of New York (MSSNY) affirms that no physician or medical student should be presumed to be impaired by substance or illness solely because they are diagnosed with a substance use disorder, and be it further

RESOLVED, that MSSNY affirms that no physician or medical student should be presumed impaired because they and their treating physician have chosen medication assisted treatment (MAT) medication for opioid use disorder (MOUD) to address the substance use disorder, including methadone and buprenorphine MAT for opioid use disorder, and be it further

RESOLVED, that MSSNY strongly encourage the leadership of physician health and wellness programs, state medical boards, hospital and health system credentialing bodies, and employers to help end stigma and discrimination against physicians and medical students with substance use disorders and allow and encourage the usage of medication-assisted treatment MOUD, including methadone or buprenorphine, when clinically appropriate and as determined by the physician or medical student (as patient) and their treating physician, without penalty (such as restriction of privileges, licensure, ability to prescribe medications or other treatments, or other limits on their ability to practice medicine), solely because the physician's or medical student's treatment plan includes medication-assisted treatment, MOUD and be it further

RESOLVED, that MSSNY will introduce submit this resolution to the AMA HOD

a companion resolution for discussion at AMA Annual Meeting 2021<sup>0</sup>, and be it further

RESOLVED, that MSSNY ask the AMA to further study and report back on physician ability to practice without impairment when receiving MAT, medication treatment in order to provide guidance, and to survey physician health programs and **state medical boards and to report back** about whether they allow participants/licensees to use MAT **MOUD** without punishment, or exclusion from practicing medicine or having to face other adverse consequences.

# ORIGINAL RESOLUTION

## MEDICAL SOCIETY OF THE STATE OF NEW YORK House of Delegates

Resolution 2020 – 159

Introduced by: The Suffolk County Medical Society  
Frank Dowling, MD, MSSNY Secretary

Subject: Discrimination Against Physicians Using Medication Assisted Treatment

Referred to: Reference Committee on Public Health & Education

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Whereas, the ongoing overdose crisis has spared no demographic, professional, or geographic stratum, and although efforts to bring substance use disorder and its treatment out of the shadows have made substantial inroads, outdated thinking, policies, and practices persist. <sup>(1)</sup>; and

Whereas, opioid-agonist therapy is the standard treatment for opioid use disorder (OUD). Maintenance with methadone or buprenorphine sharply reduces the risks of relapse, overdose, and death, making it possible for patients to regain control of their personal and occupational functions; and

Whereas, despite the well-documented effectiveness of such MAT (medication assisted treatment), however, MAT for opioid use disorder remains vastly underutilized in the United States and elsewhere. <sup>(2)</sup>; and

Whereas, a 2019 report from the National Academies of Sciences, Engineering, and Medicine concluded that “there is no scientific evidence that justifies withholding medications from OUD patients in any setting” and stated that such practices amount to “denying appropriate medical treatment.” <sup>(3)</sup>; and

Whereas, the American Society of Addiction Medicine recommends that “Healthcare professional should be offered the full range of evidence-based treatment, including medication for addiction, in whatever setting they receive treatment <sup>(4)</sup>; and

Whereas, physicians have a 15-20% lifetime risk of psychiatric or substance use disorder’ and

Whereas, despite the evidence for effectiveness, doctors themselves are often prevented access to opioid agonist therapy due to policies and/or practices of physicians health and wellness programs, state medical boards, hospital and health system credentialing bodies, and employers which prevent such access; therefore, be it

RESOLVED, that The Medical Society of the State of New York (MSSNY) affirms that no physician should be presumed to be impaired by substance or illness solely because they are diagnosed with a substance use disorder, and be it further

RESOLVED, that MSSNY affirms that no physician should be presumed impaired because they and their treating physician have chosen medication assisted treatment (MAT) to address the substance use disorder, including MAT for opioid use disorder, and be it further

RESOLVED, that MSSNY strongly encourage the leadership of physicians health and wellness programs, state medical boards, hospital and health system credentialing bodies, and



41 employers to help end stigma and discrimination against physicians with substance use  
42 disorders and allow and encourage the usage of medication assisted treatment, including  
43 methadone or buprenorphine, when clinically appropriate and as determined by the physician  
44 (as patient) and their treating physician, without penalty (such as restriction of privileges,  
45 licensure, ability to prescribe medications or other treatments, or other limits on their ability to  
46 practice medicine), solely because the physician's treatment plan includes medication assisted  
47 treatment, and be it further  
48  
49 RESOLVED, that MSSNY will introduce to the AMA HOD a companion resolution for discussion  
50 at AMA Annual Meeting 2020, and be it further  
51  
52 RESOLVED, that MSSNY ask the AMA to further study and report back on physician ability to  
53 practice without impairment when receiving MAT, in order to provide guidance, and to survey  
54 physician health programs about whether they allow participants to use MAT without  
55 punishment, or exclusion from practicing medicine or having to face other adverse  
56 consequences.

#### References

1. Beletsky, L et al August 29, 2019 N Engl J Med 2019; 381:796-798)
2. ibid p. 796
3. National Academies of Sciences, Engineering, and Medicine. Medications for opioid use disorder save lives. Washington, DC: National Academies Press, 2019  
<https://www.nap.edu/catalog/25310/medications-for-opioid-use-disorder-save-lives>. As referenced in Beletsky et al (ibid)
4. Public Policy Statement of Physicians and other Healthcare Professionals with Addiction, American Society of Addiction Medicine, approved by Board of Directors 2-6-2020