

**Draft Minutes
MSSNY
Committee on Preventive Health and Family Medicine
May 13, 2021**

Present

Joshua Cohen, MD Commission
Janine Fogarty, MD, Asst.
Commissioner
Nina Huberman, MD, MPH Co-Chair
Sarah Nosal, MD Co-Chair
Erick Eiting, Vice-Chair MD MPH
Frank Dowling, MD
Tzvi Furer, MD
Joseph Maldonado, MD MBA
Geoffrey Moore, MD
Susan Urban, ND
Matthew Weissman, MD
Jocelyn Young, DO
Christian Coletta, Student

Excused

Roy Korn, MD

Absent

Emil Jean Senay, MD
Cheryl Stier, Alliance

Invited Guests

Parag Mehta, MD Vice-President
William Valenti, MD Chair of Infectious
Disease Committee

Staff

Troy Oechsner, Exec VP
Pat Clancy Sr. Vice-President Manager
Public Health Education
and Governmental Affairs
Maureen Ramirez, Administrative Asst.

- 1 **1) Welcome**
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3 **2) Adoption of January 28,2021 – accepted.**
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5 **3) 2020 HOD Resolutions 107 Pharmacy Refill Requests and 114 Automated**
6 **Refills by Pharmacy without Patient Authorization.**
7 Pat reworked the resolutions – combining resolutions 107 and 114. These
8 resolutions were referred to MSSNY Council by the MSSNY House of Delegates.
9 There were limited comments. The committee feels there are some problems. Was
10 this just a Medicaid policy, or did this cover all scripts? Is this to support
11 legislation? Or to prevent autofills on all scripts? Question – is this patient
12 unfriendly because a script may have expired? Patients often need to come into
13 the office and be seen before a prescription can be refilled. Some medications
14 need to be reviewed before refill. Pharmacies should not have cart blanche on
15 refilling prescriptions. Medicaid regulations prevent auto refills. Pharmacists should
16 manually request refills. Others felt patient centric activity should be allowed.
17 The committee voted and the substitute resolution was **adopted**. A new
18 resolution will be drafted by the committee prohibiting auto refill on patients’
19 scripts without prior authorization for the 2021 House of Delegates. Medicaid
20 regulations could be used as guidelines. Dr. Moore will be drafting the new
21 resolution for committee review.
22

23 **4) COVID 19 Vaccine update** - Dr. William Valenti, Chair of MSSNY Infectious
24 Diseases Committee presented an update to the committee.
25 Pfizer has been given approval to give 12-15 year-old people the vaccine. In this
26 age group there were no infections. Efficacy was 100%. Young people respond
27 much better overall. The desired percentage is 80% for herd immunity. At this
28 point, more than 50% of the population has had at least one dose of vaccine.
29 Infection rates are starting to slow. Regarding variants, the mRNA technology is
30 designed to adjust or refine a vaccine quickly. The original virus has been replaced
31 with many variants. The current vaccines are effective against these variants at
32 this time. It will not last, therefore, boosters will be required. Boosters will provide
33 vaccine efficacy as these variants emerge. The more people that are vaccinated,
34 there will be less variants. Some variants can be more contagious, therefore initial
35 vaccination is very important. Booster may be required by the fall of this year.
36 A challenge of getting back to normal is the challenge of waiting two months after
37 contracting Covid before you can be vaccinated with the Covid vaccine. This is
38 where clinical judgement comes in. There is need for a risk analysis. Are vaccine
39 delays acceptable by a month or two?
40 Going forward, the vaccines will actually be more like a flu vaccine. Boosters will
41 be required. It does not look like eradication will be possible.

42
43 **Vaccine reluctance** – There are parents that are not inclined to vaccinate their
44 children. The sooner we vaccinate, the sooner life will achieve some normalcy.
45 This virus is not going away any time soon. Being a role model and explaining to
46 patients is our best weapon.

47
48 **Vaccine distribution** – many physicians are waiting for vaccine distribution
49 regulations to ease. The requirement that if a physician in private practice
50 receives doses of vaccines, the physician must distribute to anyone who is eligible
51 and wants one. This presents difficulties if these people are not patients in this
52 physicians' practice, paperwork is required.

53
54 Question - there are also patients that don't want the vaccine now, but would
55 prefer to wait and see the effects it has on people. The answer suggested was –
56 Corona virus is not new. The MNRA technology has been around for over 10 years.
57 It is the basis of the Ebola vaccine. It is not new technology. It is where the H1N1
58 vaccine came from in the 1970's. When considering the possible side effects
59 (blood clots) the risk benefit is most important. There are people who have been
60 vaccinated that still test positive. The answer is – the vaccine changes the course
61 of the illness. These people don't transmit it and they don't get as sick.

62
63 **Anaphylactic reactions** – how long should the wait time be if someone has a
64 reaction? There should be a two week period of waiting in order to avoid a
65 negative immune response. The only contra indications at this time is an
66 anaphylactic reaction to the vaccine itself.

67
68 **Post Covid care** – there is a network of post Covid clinics emerging. It is a
69 response to manage "long haul" Covid symptoms. Mt. Sinai ha emerged as a
70 leader in this area. MSSNY Medical Matters will be presenting a program in June

71 regarding Long Haul Covid patients. NIH also ha a project on Long Covid. More
72 info to come.

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76 **5) 2021 HOD Resolutions – Due to MSSNY by June 25, 2021.**

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78 **6) Adjournment/ September 30, 2021 next meeting.**

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