



Network New York The Alliance Voice

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Mission: "to support our physicians and promote health in our communities"



Valerie Semeran with AMAA President, Julie Newman

News from the Tri-President, Valerie Semeran

I assumed the role of Tri- President on May 1st after being installed at our Annual Meeting on April 15th and carried out the duties until August 31st. On September 1st, Bonnie Liebers (Schenectady) takes over and fulfills her duties until December 31st. Following Bonnie, will be Barbara Ellman (Member-At-Large) who will complete the year on April 30th, 2017. Please contact any of us or our Executive Director, Kathy Rohrer with your questions or suggestions.

Since being installed, I reported to the MSSNY Council Meeting on June 2. I attended the AMA Alliance Annual Meeting in Chicago on June 12-14 and chaired AMSSNY's Long Range Planning meeting on August 2.

At the AMAA meeting in Chicago, AMAA's focus was on the importance of increasing membership and continuing to strengthen partnerships with the AMA and groups with shared common interests. Using social media to attract new members was again stressed as our best tool of recruitment. The AMA Alliance's health priority is dealing with the opioid epidemic. We were introduced to the subject by a keynote address by Sam Quinones, author of *Dreamland: The True Tale of America's Opiate Epidemic*. Educational materials which were developed by the AMA's Task Force to Reduce Prescription Opioid Abuse were distributed. These materials are meant to raise awareness and focus on prevention as well as the signs of opioid abuse and addiction. The DVD, informational card and brochure will be shared with our counties at our Fall Conference.

Our Fall Conference will be held at the Parker Inn and Aperitivo Bistro on Sunday, October 16 and Monday, October 17. Please mark your calendars and plan to attend. Informative speakers will present on genetics, our webpage, the opioid epidemic and physician burnout. We will also discuss business of our State Alliance. Your input is very important to the continued operations of our organization so we ask you to please attend this very important meeting. Hope to see you there!

Please watch for information on MSSNY Advocacy Day on Wednesday, March, 8, 2017. Mark you calendar and try to attend. Throughout the year you will be receiving email updates along with information in this newsletter on legislative issues. We ask you to please make your voices heard and respond to the notices asking you to contact your legislators and support medical legislation.

Sincerely,
Valerie

Fall Conference - Save the Date - October 16 and 17

We hope you will be able to join us at our Fall Conference, which will be held October 16-17 at the Parker Inn, 434 State Street, Schenectady with meals and meetings next door at Aperitivo Bistro. There will be a welcome dinner on Sunday, October 16 with an address by Dr. Anthony Santilli, a Pulmonologist from Schenectady speaking on "Physicians Stress". Informative talks on Monday will include Opioids, Reaching Out with the Website, and What Do You Need to Know About Genetics? The Conference will conclude with lunch on Monday. You may make your reservations by calling the Parker Inn and Suites at 518-688-1001. Mention that you are part of the State Medical Alliance to secure the group rate of \$119. Look for registration materials in September from Kathy Rohrer or contact Kathy at krohrer@mssny.org.

80th Annual Meeting

The Alliance held their 80th Annual Meeting on April 14 and 15th at the Westchester Marriott in Tarrytown, NY in conjunction with MSSNY's House of Delegates meeting. The 2015-2016 AMA Alliance President, Julie Newman, addressed our group about the national Alliance's mission statement, membership challenges, and their efforts to educate on the opioid epidemic. She stressed the importance of the Alliance in supporting the physician family, especially with the challenges that our spouses are facing in their practices and noted that this is the "volunteer voice for healthy families." The goal of the organization has always been to be there "through advocacy and education." Julie tasked our group with continuing to make our State Alliance relevant in order to attract new members. She asked us to use the value-based approach and look at what our members want when they join our group and offer that. Julie also pointed out that social media is another way to reach our membership. She advised us to make it fun for your members, make it inclusive, and plan activities that include children.

Our 2016-17 tri presidents Valerie Semeran (serving May-August), Bonnie Liebers (serving September-December) and Barbara Ellman (serving January-April) were installed and noted their focus on membership both retaining current members and reaching out to new members. A bylaws change was approved to increase state dues from \$25 to \$35.



Seated, L to R: Julie Newman, AMA Alliance President; Barbara Ellman; Beth Perenyi.
Standing, L to R: Nuise Bhitiyakul; Julia Nosovitch; Mellany Bagtas; Lynn Pyke; Joan Cincotta; Kate Singh; Kathy Rohrer AMSSNY Executive Director; and Helena Mirza



Bonnie Liebers, Barbara Ellman, Valerie Semeran, Tri-Presidents, being installed By AMAA president, Julie Newman.

Northeast Regional Meeting

Lynn Pyke and Beth Perenyi attended the Northeast Regional Meeting in Gettysburg, PA, on April 15-16. The meeting highlighted the AMAA's strategic plan, national programs and publications, current federal issues and legislation as well as lectures on the Civil War including Civil War Medicine, Leadership On and Off the Battlefield and a tour of the battlefield. The strategic plan seeks to set priorities and direction, simplify decision making and communicate the mission. The updated mission statement: to unite and empower physician families. The process for development of the strategic plan included surveying members, looking at demographic trends and investigating best practices. The plan seeks to develop an agile organizational structure while maintaining accountability. Membership value is stressed and

there are recruitment and retention targets. Communications will include social media (website, Facebook, twitter and Instagram) as well as the traditional magazines “Alliance in Motion” and “Physician Family.” Some of the federal issues discussed included the Mental Health Reform Act (S.2680), Telemedicine (HR4442) and (S.2484), as Meaningful Use, and legislation to combat the Opioid Crisis: (S.524) and (S.1913). The keynote address was given by Pennsylvania Physician General, Rachel Levine, MD who discussed Pennsylvania’s strategy in dealing with the opioid crisis. Julie Newman then gave a brief presentation on the AMAA’s National Health Awareness Project on Opioid Abuse.

AMAA Annual Meeting

Valerie Semeran, AMSSNY Tri-President, was among the 160 participants attending the AMAA Annual Meeting in Chicago on June 12-14. The theme of the 93rd Annual Meeting was “Focus on the Future”. In her speech, Julie Newman, outgoing AMA Alliance President, said that “this event is an opportunity to celebrate what makes the Alliance unique: the connection that has united and empowered physician families.” Rosemary Xavier, incoming AMA Alliance President, said that “now is the time to move forward and embrace the vision to take the next journey”. The AMAA has developed a 3-year Strategic plan that will move the organization into the future. The main focus is on increasing membership and to continue strengthening partnerships with the AMA and groups with shared common interests. The meeting began with the launch of the AMA Alliance’s national health focus on the Opioid Abuse Epidemic. Participants were given a keynote address by Sam Quinones, author of *Dreamland: The True Tale of America's Opiate Epidemic*. He described how the over-prescribing of pain medications in the 1990’s and the “massive influx of black tar heroin”, in combination, “continue to lay waste to communities from Tennessee to Oregon, Indiana to New Mexico”. The AMA Alliance, in partnership with the AMA’s Task Force to Reduce Prescription Opioid Abuse, has developed an Opioid Abuse Awareness Program. It is the AMAA’s belief that its strength as an organization, at all levels, is in the education and mobilization of its members to confront a public health crisis. The task force has developed a brochure, an informational card and a DVD for members to share with families and the physician community. These materials are meant to raise awareness and focus on prevention as well as the signs of opioid abuse and addiction. The AMAA states that, “this is an opportunity to once again take a leadership role on an issue that impacts all families regardless of ethnic, racial or socio-economic background”. Other presentations included “Future Facing Boards” by Robert Nelson, CAE; “The Consequences of Burnout on Physicians and their Families- How Do We Take Care of Our Own?” by Samantha Meltzer-Brody, M.D.; and “From Everest to Bagdad- Lessons for Today’s Medical Family” presented by Col. William W. Pond, M.D.

The business portion of the meeting included a review of the 2016-17 budget, modifications to the bylaws were approved. (These will go in to effect on July 1, 2017 and can be reviewed online.) The 2016-2017 AMAA President, Rosemary Xavier, was installed along with President-Elect, Kim Moser. The 2016 Health Promotion Award winner was Kent County Medical Society Alliance, MI for their fundraising campaign, "A Dose of Generosity". 2015 SAVE award was given to Greenville County Medical Society Alliance, SC - "#makethecut". 2016 Legislative Education and Awareness Promotion Award was given to the Medical Association of Georgia Alliance for their involvement in the Georgia Lactation Consultant Practice Act. The Social Media Awards were given to: Madison County Medical Society Alliance, AL for “Hashtags Can Bring People Together in recognition of membership engagement and Kent County Medical Society Alliance, MI for “The Thank You Campaign” in recognition of community outreach. More information of these Alliance projects can be obtained at www.amaalliance.org. A Special Service Award was given to Kay Brada for her work as Alliance Representative to AMPAC from 2008-2016.

Legislation

Federal

MACRA= Medicare Access and CHIP Reauthorization Act of 2015; replaced the SGR Medicare payment and is supposed to consolidate and revise Medicare’s penalty and incentive programs. Instead of PQRS (physicians quality reporting system) and MU (Meaningful use) , the new payment plan uses MIPS (Merit-based Incentive Payment System) and APMS (Alternative Payment Models). MIPS allows Medicare clinicians to be paid for providing high value care through success in four performance categories: Quality, Advancing Care Information, Clinical Practice Improvement Activities, and Cost. Clinicians who participate in APMs such as the new Comprehensive Primary Care Plus (CPC+) model, the CMS Innovation Center’s new national advanced primary care medical home model and other Alternative Payment Models would be exempt from MIPS reporting requirements and qualify for financial bonuses. Under APMs, clinicians accept both risk and reward for providing coordinated, high-quality care. While payment adjustments under the Merit Based Incentive Payment System (MIPS) and Alternative Payment Models (APMs) are not applied until 2019, it will be based upon care delivered to Medicare patients in 2017. Under MIPS, Medicare payments could be adjusted up or down by 4% beginning in 2019, and up to +/- 9% by 2022, with additional bonus payments possible. The American Medical Association, MSSNY and other medical societies across the country, are working together to stress to CMS the physician

community's strong concerns with the overwhelming complexity of this proposal, and the need to assure that physicians are exempted who have little possibility of earning more than it takes to comply.

Some of the specific concerns are:

- The need to significantly raise the MIPS exemption threshold from 100 Medicare patients and \$10,000 in Medicare revenue.
- The need to postpone the implementation start date to at least several months after January 1, 2017, and for a shorter "performance period"
- The need for a mechanism for physicians to receive comprehensive periodic feedback from CMS as to how they are performing in each of the 4 categories before a "performance period" ends
- The need to assure that the MIPS program for determining bonuses or penalties compares physicians practicing in similar specialties, and practice sizes rather than all being lumped into one big pool.

The AMA and MSSNY will continue to monitor this implementation as more details become available.

The AMA and MSSNY are also concerned about a proposal to revise (and reduce) the payment methodology for in-office use medications covered through Medicare Part B. The proposal "will adversely affect the care and treatment of New York Medicare patients with complex conditions, such as cancer, macular degeneration, hypertension, rheumatoid arthritis, Crohn's disease and ulcerative colitis, and primary immunodeficiency diseases." The CMS has been asked to put this proposal at least on hold.

In July, Congress reached agreement and passed the Comprehensive Addiction and Recovery Act (CARA) to address the opioid epidemic. The legislation creates a task force on pain management and an educational and awareness campaign by Health and Human Services regarding prevention and detection of opioid abuse. It also:

- Improves access to overdose treatment and allows prescribers to co-prescribe naloxone
- Provides grants to states to establish, implement and improve state based prescription drug monitoring programs
- Expands drug take back locations.
- Authorizes nurse practitioners and physicians' assistants to prescribe buprenorphine in an office based setting for up to 30 patients in the first year and 100 patients after that.
- Clarifies that a doctor or patient may request that a Schedule II prescription be "partially filled."

New York State

MSSNY had a very successful year in preventing objectionable measures included in the Governor's budget while achieving some funding increases:

- ◆ Eligibility for Excess Coverage Preserved - 13,000 physicians who would have been dropped, continue to have excess malpractice coverage and funding was maintained at its historical level of \$127.4M.
- ◆ Establishment of retail clinics was defeated.
- ◆ Proposed changes to Workmen's Compensation including payment to expanded providers (including acupuncturists, nurse practitioners, physician assistants, and social workers) was not adopted and the role of county medical societies in enrolling physicians was preserved.
- ◆ A special fund was established to reimburse hospital and physicians for care received by patients insured by the now defunct Health Republic. The fund will be known as the "Health Republic Insurance of New York fund."
- ◆ Elimination of prescriber prevails rejected.
- ◆ Low-volume prescribers received an exemption from E-prescribing
- ◆ Modifications to the Doctors Across New York (DANY) Program were approved including changes to the physician loan repayment and physician practice support programs to equalize awards to up to \$40,000 per year, reduce the service commitment from five to three years and to allow recipients to receive one but not both awards. Funding was increased by \$1 million to provide 25 additional slots.
- ◆ Joint ownership of LLCs by Chiropractors and MDs defeated
- ◆ Additional funding of \$35 million to combat heroin and opioid epidemic.
- ◆ New monies were allocated to MSSNY programs, including the Committee for Physicians' Health (CPH) –which received a \$990,000 allocation to continue its operations and MSSNY was allocated \$150,000 under the Veterans Mental Health Training Initiative for physician training on PTSD and TBI, suicide prevention and substance abuse prevention.

MSSNY had a successful year with the state legislature. Several bills were adopted that responded to MSSNY's concern with prescribing

- S. 6779, Hannon/A.9335-B, Gottfried - eases the onerous reporting burden on physicians every single time that they need to issue a paper prescription in lieu of e-prescribing. Rather than a lengthy transmission to the DOH, it would allow physicians and other prescribers to make a notation in the patient's chart indicating that they have invoked one of the three statutory exceptions.
- S. 7334, Hannon/ A.9837, Gottfried - allows for the transmissions of e-prescriptions to a secure centralized site from which they can be downloaded by a pharmacy when the patient presents giving the patient more flexibility in choosing a pharmacy.

- S. 7537, Martins/ A.10448, Schimel -authorizes a pharmacy which does not have a particular medication in stock to transfer the prescription to another pharmacy.
- S.3419-C, Young/ A.2834-D, Titone – addresses administrative hassles with insurers, including allowing physician override of insurer step therapy protocols.

Several bills that MSSY opposed were modified based on their advocacy:

S.6091A, Hannon/ A. 8601, MacDonald): Limits the initial prescription of Schedule II or III Controlled Substance to a seven day supply. The measure gives flexibility to the prescriber, upon any subsequent consultations for the same pain, to issue any appropriate renewal, refill or new prescription for the opioid or any other drug consistent with existing 30-day or 90-day statutory limits for Schedule II, III and IV medications.

The CME Mandate bill requires prescribers authorized to prescribe opioids to complete three hours of coursework on pain management, palliative care, and addiction by July 1, 2017 and every three years thereafter. It also requires the department to allow for an exception process for those (1) who can demonstrate to the department's satisfaction that there would be no need to complete the course; or (2) that he/she has completed course work deemed by the department to be equivalent to the course work approved by the department and that courses can be completed online.

The State Legislature left Albany without taking action on many bills that were opposed by MSSNY:

- ◆ Malpractice legislation that would have substantially lengthened New York's medical liability statute of limitations by changing to a "date of discovery" rule.
- ◆ Malpractice legislation that would have eliminated the statutory limitation on contingency fees in medical liability actions.
- ◆ Legislation to establish retail clinics
- ◆ Legislation to expand the scope of practice of non-physician practitioners like psychologists, oral surgeons, optometrists, nurse-anesthetists, and naturopaths

MSSNY PAC

If you are not a member, please considering joining along with your spouse. MSSNY PAC is a separate segregated fund established by MSSNY to engage in campaign activities in New York State. It accepts contributions from New York physicians, residents, students and Alliance members to achieve political recognition for physicians. It targets support for elected state and federal officials and candidates who advance physicians' goals and strengthens physicians' voice in governmental affairs

The PAC's structure is an Executive Committee and subcommittees for federal and state elections. Please consider joining MSSNY PAC to support advocacy efforts. The Alliance contribution is \$100. Contact Kathy Rohrer (krohrrer@mssny.org) for an application.

To see how your legislators voted on key legislation go to www.mssnypac.org/scorecard.

AMA Alliance News

Finance Webinar

State and county leaders are invited to participate in a webinar, Empowering Your Alliance: The Nuts And Bolts of Alliance Finance, led by AMA Alliance Senior Accountant and New Wave Group Finance Director, Doralee Billings, on Monday, September 26th at 3 PM. The following areas will be discussed:

What is a fiscal year and why is it important? What is National's?

What is a Balance Sheet and what does it tell me?

What is a Profit & Loss Statement and what does it tell me?

What program should I use?

What are our filing requirements with the IRS?

How does National work?

How do I work with National?

How can National help?

To register visit: <http://bit.ly/2bCAHDh>

Summer Issue of Physician Family

The Summer 2016 issue of Physician Family is now live at www.physicianfamilymedia.org. Featuring a variety of articles about the Journey of Medicine, this issue features six informative pieces which touch on the first stage of that journey - medical school, student loans, and the nightmare of not matching. It also offers excellent commentary and advice about transitions, gratitude, and the importance of connections. The digital magazine is available to all at no cost.

SAVE Day is October 12, 2016. For the past 21 years, the AMA Alliance has set aside the second Wednesday in October to observe SAVE Day (Stop America's Violence Everywhere). The AMAA has limited printed materials

currently available in inventory for local chapters to use in their communities. Order now for your fall programming needs as there is typically a 10-14 day shipping window at the Alliance Store. Once these items are depleted from stock, they will no longer be re-printed for purchase through the website. Next Wave Group will assist local alliances with on-demand printing for future SAVE activities so you can continue to educate children on how to avoid bullying and violence.

Connect 4 AMAA Membership Challenge

The 'Connect 4' national challenge to recruit new AMA Alliance members is being continued for a second year. This contest is open to all current AMA Alliance members. Recruit 4 new AMA alliance members between September 1, 2016 and May 15, 2017 to be entered into a drawing for you to join the AMA Alliance President and President-Elect for lunch in the presidential suite at the 2017 Annual Meeting. The drawing will take place on Sunday morning, June 11, 2017 at the Hyatt Chicago Magnificent Mile.

Health News

Worst state to Practice Medicine

WalletHub.com has ranked New York as the worst state for physicians, due to a “wide range” of factors including “high malpractice payouts, wages adjusted for the cost of living and competition.” Dr. Joseph Maldonado said that New York’s “exorbitant medical liability insurance costs, overwhelming government mandates, now including an e-prescribing mandate, and abusive health insurance tactics make it a very difficult state to remain in practice to deliver patient care. *Deiderich Healthcare* highlighted that, once again in 2015, New York overwhelmingly led the nation in total and per capita medical liability payouts.

E-Cigarettes

A group of health care organizations, including the Medical Society of the State of New York, have come together to advocate for the placement of E-Cigarettes under the New York State Clean Indoor Air Act. The group, comprised of national and state organizations includes the American Cancer Society, Cancer Action Network, American Heart Association, American Lung Association, Roswell Park Cancer Institute, New York State Association of County Health Officials, Campaign for Tobacco-Free Kids, and New York State Public Health Association. Despite containing carcinogens and toxic chemicals, including those found in anti-freeze, E-Cigarettes are currently unregulated by the FDA, and are not subject to tobacco laws as they do not contain tobacco. While New York State has prohibited the sale of E-Cigarettes to minors under the age of 18, indoor use of E-Cigarettes in public places is still permitted. The Food and Drug Administration (FDA) finalized a rule to extend its regulatory authority over tobacco products to include electronic cigarettes, cigars, pipe tobacco and water pipe tobacco, and will prohibit the sale of these products to people younger than age 18.

Mental Health Parity

The Attorney General’s office issued an alert encouraging those seeking treatment who are facing barriers with their health insurer to call the Health Care Helpline at 1-800-428-9071. The AG’s Health Care Bureau has signed agreements with five major companies (Cigna, MVP, EmblemHealth, ValueOptions/Beacon, and Excellus), after determining that these companies were not in compliance with federal and state mental health parity laws. It noted that the AG’s investigation found that the companies were improperly denying patients who were seeking mental health and substance abuse treatment. The settlements required the companies to implement a host of reforms to comply with state and federal law, and gave members the opportunity to appeal medical necessity denials. These efforts resulted in \$2.9 million in penalties, and \$1.6 million in consumer reimbursements for out-of-pocket treatment costs.

OPIOID Task Force

Governor Andrew M. Cuomo established a statewide heroin task force charged with ending the heroin and opioid crisis in New York. The group, comprised of a broad coalition of experts in healthcare, drug policy, advocacy, education, and parents and New Yorkers in recovery, will build on the state’s previous efforts and use their expertise and experience to develop a comprehensive action plan to combat the state’s opioid epidemic. Members of the task force include: Kathy Hochul, Lieutenant Governor, co-chair; Arlene Gonzalez-Sanchez, NYS OASAS Commissioner, co-chair. The task force will identify ways to expand awareness of heroin and opioid addiction; enhance statewide prevention efforts; increase access to treatment; and improve support for those in recovery. There were 35 legislative proposals that the task force recommended to the Senate.

Newborn Opioid Addiction

The number of babies being born in the United States addicted to opioids has tripled in a 15-year stretch, according to a CDC report published Aug. 12 in the *Morbidity and Mortality Weekly*. The report revealed that “the incidence of neonatal abstinence syndrome jumped to 6 per 1,000 hospital births in 2013, up from 1.5 per 1,000 in 1999. Maine, Vermont and West Virginia – recorded more than 30 such cases per every 1,000 births by 2013.” New York recorded 3.6 per 1,000 in 2014, up from 2.8 in 2012, 2.6 in 2011 and 1.9 in 2010.

Elder Opioid Abuse

A research letter published in JAMA Psychiatry found Medicare beneficiaries had the highest and most rapidly growing rate of ‘opioid use disorder’. Data shows six out of every 1,000 Medicare beneficiaries “struggle with the condition, compared with one out of every 1,000 patients covered through commercial insurance plans.”

NY Health Exchange

New York State of Health released a report today that shows enrollment through New York’s Health Insurance Exchange increased by 33%, or nearly 700,000 enrollees from the previous enrollment period, and that 92% of those enrolled through the Exchange report that they did not have health insurance at the time they applied. According to the report, as of January 31, 2016, 2,833,823 New Yorkers enrolled in coverage through the NY State of Health’s Individual Marketplace. This includes 271,964 people enrolled in Qualified Health Plans (QHP), 379,559 people enrolled in the Essential Plan (EP), 1,966,920 people enrolled in Medicaid, and 215,380 enrolled in Child Health Plus. With regard to individual qualified health plans, Fidelis garnered the largest market share (26%), followed by Empire, Oscar, Metro Plus and Health First all with 10% market share. As of January 31, 2016, 16% of the enrollees are enrolled in Platinum plans, 14% are in Gold plans, 25% are in Silver plans without cost sharing reductions, 17 % are in a Silver cost sharing reduction plan, 26 % are in Bronze plans, and 2 percent are in Catastrophic plans.

Medical Marijuana

“Medical Use of Marijuana Under the Compassionate Care Act,” published by the DOH stated that New York’s medical marijuana program should double in size and include a broader range of authorized health providers. Since the program began operations in January, more than 5,000 patients have been certified with the program while more than 600 physicians were registered across the state. The DOH said that’s more than other states whose programs have been in existence for significantly longer than New York’s program. The DOH made recommendations to increase access: doubling the number of suppliers by registering five more organizations over the next two years; allowing nurse practitioners to certify patients; evaluating the possibility of home-delivery services to allow for expanded distribution, and exploring ways to make it easier for health-care facilities and schools to possess and administer medical marijuana. Among the 10 qualifying medical conditions, neuropathies and cancer make up the two largest categories of patients, with 1,704 or 34.1 percent and 1,238 or 24.8 percent, respectively. Pain is cited by 53.5 percent or 3,737 patients as the qualifying complication, while severe or persistent muscle spasms accounts for another 21.1 percent, or 1,477 patients.

ZIKA

The *Wall Street Journal* (8/25) reports that a survey of state and local laboratories suggests that the US has the capacity to perform between 3,500 and 5,000 Zika tests weekly, considerably less than what is required under the Center for Disease Control and Prevention’s worst-case scenario of a Zika outbreak. Attorney General Eric T. Schneiderman announced that his office issued cease and desist letters to seven companies that market products with claims that the products prevent or protect against Zika virus even though the products are known to be ineffective for that purpose. As of July 29, there were 387 reported cases of Zika virus in NY, including 45 cases involving women who were pregnant. MSSNY has produced an audio podcast for patients which is available at: <https://www.buzzsprout.com/51522/4006666-what-patients-need-to-know-about-zika>.

News from Around the State

Broome

A scholarship meeting was held on April 22 and awarded five \$500 health career awards, the \$400 Krizinofski award and three \$500 Erich and Helga Mamlok scholarships. In March, we provided \$2000 for 4 nursing scholarships at Broome Community College. A spring brunch was held on June 2 at the home of Sue and Dr. Charles Carpenter. Many former members joined the group in celebrating spring into summer! Budgets were passed and we will be providing a donation to Mercy House, a hospice located in Endicott.

Jefferson

Jefferson is pleased to report that they provided thirteen \$1,000 scholarships.

Onondaga

We had our Long Range Planning meeting on June 8 followed by our bi-monthly meeting August 24 at the Fayetteville Library. At the LRP meeting, it was decided to continue all projects and events while adding one new event, an Art Sale, in celebration of the 80th anniversary of our OCMS Auxiliary/Alliance. The Sale will be held at the Onondaga County Medical Society Annual Dinner on November 10 at the Holiday Inn and also at the holiday luncheon. Works of art created and donated by our medical family will be for sale at both venues in addition to raffle tickets for our annual Basket Raffle and a Silent Auction. Money raised from the sale of art work will be awarded through a special scholarship in the name of our 80th anniversary. Other monies raised will be added to our scholarship fund.

On Wednesday, October 12, a donation will be made in honor of S.A.V.E Day to the McMahon/Ryan Child Advocacy Center which serves over 500 children each year. October is Domestic Violence Awareness month calling attention to child abuse, bullying and spousal abuse.

The Holiday Luncheon will be held on Wednesday, December 7 at the Genesee Grande Hotel. The Alliance Day project held in conjunction with the Holiday Luncheon will benefit Elmcrest Children's Center. In October, we will begin to ask for physician participation in our Holiday Ad which benefits our scholarship fund. The Ad is a greeting to colleagues and patients and will appear in the *Post Standard* on the Sunday between Christmas and New Year's.

Richmond

We donated two AEDs on March 8th to "ON YOUR MARK" and Port Richmond's Community Emergency Response Teams (CERT). "On Your Mark" helps individuals with developmental disabilities and their families. CERT, a volunteer organization, springs into action when disasters like "Sandy" strike and has been responding to community disasters for over ten years. We again participated in the "Think, Don't Drink" project. We are pleased to report that we provided a \$3,000 scholarship to a deserving medical student and will provide a second one in January.

Schenectady

Our Alliance again participated in the "Think Don't Drink" program during prom season in our county as well as distributing cards for the state Alliance thru Price Chopper Floral Markets. We participated in Niska Day thanks to the efforts of Nina Kraev, Bonnie Liebers, Helena Mirza, Ann Marie Syed, and Jessica Tang. The Alliance continues to work on the Baby Basics Program at Ellis Hospital which brings Moms-to-be together for sessions on how to care and nurture their newborn. Following each session, the Alliance presents gift baskets to the Moms which include books for moms to read to their babies as well as all the needs for the newborn. This ongoing program coordinated by Lois Gullott is well received by the Moms-to-be.

We are in the planning stages for our annual holiday luncheon and fashion show, "Aren't We . . . The CAT'S MEOW?" to be held at the Glen Sander's Mansion on December 7 at 9:30 AM. Proceeds will benefit our Philanthropic Fund whose recipients this year will be the Schenectady Boys & Girls Club Mentoring Program, YWCA Domestic Violence Shelter, and Guardian House, a home for homeless women veterans. Fashions will be shown by Saratoga Trunk of Saratoga. Also highlighted will be a silent auction of unique gifts and raffle prizes while vendors will be selling holiday items. Anyone who wishes to attend or make a donation may call 518 372-7145 or make a reservation via e-mail at hat4lady@aol.com. Cost of the luncheon is \$35. There are also patron donations available for \$100, \$50, and \$25.

In Memoriam

It is with sorrow that we announce the passing of Margaret Cherr from Monroe County in April. In addition to serving as County President, Peggy was a Past State President, having served from 1995-1996. She also held many other positions within the State Alliance and also served as a delegate to the AMA Alliance Annual Meeting. A memorial remembrance for Peggy will be held during our Annual Meeting in April in Tarrytown. In addition, a donation to the Belle Tanenhaus Memorial Leadership Fund has been made in Peggy's memory.

Planning Calendar



SAVE Day	October 12, 2016
AMSSNY Fall Conference, Scotia, NY	October 16, 17, 2016
MSSNY Advocacy Day	March 8, 2017
Annual Meeting, Westchester Marriott, Tarrytown, NY	April 20-21, 2017
AMAA Annual Meeting and Leadership Development, Chicago, IL	June 11-13, 2017

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Member-At-Large Membership

The Alliance is doing important works within our state and across our country, taking an active voice in medical legislation and a meaningful role in health issues. The Alliance needs YOUR support in order to continue with these efforts. Though you may not have the time or inclination to become involved presently, payment of your dues will help those who are already actively engaged. If you desire to become involved, members-at-large have the opportunity to serve on the board and can be delegates to our convention. Alliance members continue to work on projects concerned with violence, internet safety, bullying, peaceful conflict resolution, awareness for the need of organ and tissue donation, health literacy, smoking cessation, the growing problem of obesity-especially in children, and many other health and legislative issues.

JOIN US NOW

If you are already a member... THANK YOU... Don't forget to renew.

Please Print Information

Name: _____ Spouse's Name: _____

Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Work Phone: _____ E-Mail: _____

Payments of dues for county, state and national should be made directly to your county alliance (if unsure if your county Alliance is active, call 1-800-523-4405). If your County does not have an active Alliance, you may become a Member-At-Large (MAL) by sending your State (\$35) and National (\$50) dues (Total of \$85). Senior/Widows (65+ and 20 years active service) State dues are \$17.50. (\$67.50 if State and National) Please make checks payable to AMSSNY-MALs and submit to:

AMSSNY-MAL
 865 Merrick Avenue
 Westbury, NY 11590-9007