MSSNY Offers Three Hour CME Program on Pain Management, Palliative Care and Addiction

New York State statute requires all prescribers holding a DEA license to complete three hours of coursework no later than July 1, 2017. MSSNY worked with the New York State Office for Alcoholism and Substance Abuse Services in the development of three one-hour CME courses on pain management, palliative care and addiction.

The courses will be available on the MSSNY CME site at cme.mssny.org and will be offered FREE OF CHARGE to MSSNY members. Instructions for registering as a new user and for accessing the modules free of charge will be provided by email to all MSSNY members. Non-MSSNY members will be charged $50 per module for the course.

The courses cover all issues required in the New York State statute. Following is information on each of the three components:

**Understanding the Current Legal Landscape in New York State for Prescribing Controlled Substances**
**Faculty:** Patricia Bruckenthal, PhD, APRN-BS, FAAN & Trishia Allen, Esq.
**Educational Objectives:**
- Understand New York State and Federal Requirements for Prescribing Controlled Substances
- Discussion Guidelines for Chronic Pain

**Rational Opioid Prescribing for Chronic Pain Conditions**
**Faculty:** Charles Argoff, MD & Patricia Bruckenthal, PhD, APRN-BS, FAAN
**Educational Objectives:**
- Discuss evidence based best practice recommendations for opioid therapy

**FREE EHR Help Is Here to Help Small Practices**

On February 17, CMS awarded approximately $20 million to 11 organizations for the first year of a five-year program to provide on-the-ground training and education about the Quality Payment Program for clinicians in individual or small group practices of 15 clinicians or fewer. These local, experienced, community-based organizations will provide hands-on training to help thousands of small practices, especially those that practice in historically under-resourced areas, including rural areas, health professional shortage areas, and medically underserved areas.

The training and education resources will be available immediately, and will be provided at no cost to eligible clinicians and practices. CMS also launched a new telephone (Continued on page 15)

NYS Department of Health Issues Blanket Waivers for Certain E-prescribing Requirements

The NYS Department of Health Commissioner of Health Howard Zucker, MD, JD issued a blanket waiver for certain electronic prescribing requirements. The waiver replaces and supersedes the Commissioner’s March 26, 2017 waiver letter. This letter has been sent to all practitioners and pharmacists in NYS. The new waiver letter can be found here.

The following exceptional circumstances from the requirement of electronic prescribing include:

1. Any practitioner prescribing a controlled or non-controlled substance, containing two (2) or more products, which is compounded by a pharmacist;
2. Any practitioner prescribing a controlled or non-controlled substance.

(Continued on page 11)
119 Health Organizations Call for Task Force to End HepC in New York

A group of 119 health care organizations, including hospitals, advocacy groups and drug treatment centers have signed onto a statement renewing the call for Gov. Andrew Cuomo and the state legislature to create a task force to end the hepatitis C epidemic in New York. More than 100 organizations from across the state signed a letter to Gov. Andrew Cuomo and the leaders of the Legislature, calling for a commitment to eliminate hepatitis C, and, more specifically, an additional $10.8 million in this year’s budget to combat the virus. The statement comes one month after activists held a HepC elimination summit in Albany. An estimated 200,000 New Yorkers have chronic hepatitis C, with as many as half unaware they carry the virus, according to patient advocate VOCAL-NY. There were more than 16,000 reported new cases in 2014.

FREE EHR Help

helpline for clinicians seeking assistance with the Quality Payment Program at 866-288-8292 or gpp@cms.hhs.gov. For more information, visit the Quality Payment Program website. IPRO, with whom we have partnered with on several projects in the past, is one of the 11 recipient organizations. Questions can be sent to IPRO at email address: NY-QPP@atlanticquality.org or you can call IPRO at 1-866-333-4702. We will keep you apprised of exactly how this will roll out and really assist physicians who, to date, have not gotten on board with Quality Payment Program.
Choosing medical liability insurance is about trust. Knowing that you have the resources, guidance and expertise to support you...today and tomorrow. So, at a time when others are struggling, MLMIC stands strong, and you can count on this:

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Put your trust in MLMIC. Visit MLMIC.com/physician or call (888) 996-1183 today.

SAVE 20% when you are insured by May 1st*

* The 20% dividend applies to policyholders insured on May 1, 2017 and who maintain continuous coverage through July 1, 2017 and is based upon the annual rate of premium in effect on May 1, 2017.
Thank You for the Privilege of Serving You as President

With the March 24th "No Vote" on the ACHA plan, I know there is much more to come on this very important issue.

Since my inauguration last April, I have been on a whirlwind trip all over the state, attended at least 50 dinners honoring our county presidents and specialty societies, testified before our legislature and had a seat at many high level meetings. I also had an "up close and personal" view of politics and medicine and had a seat at many high level events. I was able to use my masters degree in Public Policy when advocating for both patients and physicians.

Coming up the ranks at MSSNY as an officer, one can see issues coming down the pike before they hit the news. Yet, sometimes, issues—especially when public pressure or the public good is at risk—rocket into our legislature. Five years ago, I, along with my colleagues, could not have foreseen looking up every patient in a database before writing a script. Currently, there is a crisis with opioids. However, the passage of the NYS Prescription Monitoring Program has helped to take physicians out of this dangerous mix and has become a model for other states.

However, we have had some huge wins. In 2016, we had some victories worth crowing about. To name just a few: The Anthem-Cigna merger was defeated. The legislature rejected a proposal that would have caused over 13,000 physicians to be dropped from the Excess Liability Program.

An Executive proposal to expand providers able to deliver and receive direct payment from Workers Compensation to include acupuncturists, NPs, PAs and social workers.

Establishment of the Health Republic Insurance of New York Fund, which consists of state-derived settlement funds at the discretion of the Director of the State Division of Budget.

Once again, in a very hostile environment, we fought and defeated the date of discovery statute of limitations and the repeal of limitations on attorney contingency fees.

Every physician should be grateful that MSSNY is on the front line for us every day.

Environments have changed, but

(Continued on page 15)

Where Policy Is Discussed and Decided—MSSNY House of Delegates

April brings with it the Annual House of Delegates meeting of the Medical Society of the State of New York—the most important event of the year for MSSNY.

Hundreds of physicians, residents and medical students, representing every county, every specialty, and every type of practice setting, come together to passionately debate proposals to improve our healthcare delivery system for our patients, and to establish key priorities for the coming year.

YES, IT’S POLITICS

At the same time, it presents a tremendous opportunity to remind physicians, both delegates as well as “rank and file” members of MSSNY, of the importance of engaging in political activity to help to achieve these goals we so want to see achieved.

That includes support for MSSNPAC to better assure physicians have a meaningful seat at the table as critical health care policy decisions are being made by legislators.

The House of Delegates occurs over multiple days where hour upon hour is spent providing testimony on proposed resolutions, developing and debating policy statements, and collaborating with our colleagues both near and far.

Physicians also have the opportunity to hear from key healthcare policy leaders about their visions for improving our healthcare system for the benefit of our patients.

(Continued on page 14)
AG Settles Case with Oxford for Improper Denial of Infusion Services

New York Attorney General Eric Schneiderman announced an agreement with Oxford Health Plan requiring Oxford to provide refunds to hundreds of small group plan members in New York State for improperly denying coverage of infusion services, including necessary supplies and nurse visits, since November 2015. According to the press release, the investigation began after an Oxford enrollee complained to the Attorney General’s Health Care Bureau Helpline that she began to receive bills from a provider of infusion supplies, when the infusion supplies had been previously covered by her plan. As a result of the AG’s inquiry, Oxford acknowledged that hundreds of other members’ infusion services claims were also improperly denied as well as claims for nurse home health-care visits for the administration of infusion medication.

Specifically, Oxford identified a total of 2,587 claims that were improperly denied, totaling nearly $500,000. The agreement requires Oxford to mail letters to members notifying that they may have paid too much for infusion services, and setting forth the steps to secure a full refund; Re-examine all infusion claims from October 1, 2015; and pay $35,000 to New York State.

DFS Fines Oxford Health $1 Million for New York Insurance Law Violations

New York State Department of Financial Services Superintendent Maria Vullo announced that Oxford Health Plan has been fined $1 million by the Department of Financial Services (DFS) for improper payments to an unlicensed producer and for failing to respond to consumer grievances within required timeframes in violation of New York State Insurance Law. The press release noted that the violations were discovered through a “market conduct” examination by DFS looking at claims between 2009 and 2013. Among the violations found were that Oxford failed to timely acknowledge consumers’ grievances and failed to send initial adverse determination notices as well as adverse appeal determination letters to insureds as mandated by New York Insurance Law. Specifically, the press release noted that, in almost 1/3 of the cases sampled, Oxford failed to acknowledge consumer grievances within the required 15-day time frame; it also did not resolve grievance cases regarding referrals or benefit coverage within 30 days; and, in 44% of additional cases sampled, the company failed to issue initial adverse determination letters or adverse determination letters following an appeal within the 30 days mandated by law. Click here to read the consent order.

United Accused of Overcharging Medicare through Medicare Advantage Program

UnitedHealth Group is accused in a scheme that allowed its subsidiaries and other insurers to improperly overcharge Medicare by “hundreds of millions — and likely billions — of dollars,” according to a lawsuit made public at the Justice Department’s request. The accusations center on Medicare Advantage, a program through which people 65 or older agree to join private health maintenance organizations, or HMOs, whose costs the government reimburses.

The program was created in 2003 after UnitedHealth and other insurers said that managed care could help contain the overall cost of Medicare. Instead of slowing Medicare costs, UnitedHealth may have improperly added excess costs in the billions of dollars over more than a decade, according to the lawsuit, which was unsealed in Federal District Court in Los Angeles.

A spokesman for UnitedHealth disputed that assertion, saying it was based on faulty interpretations of Medicare rules.

UnitedWell New York

We’re here for your call.
Toll Free 1.866.586.8044
TTY/TDD 1.800.662.1220

AgeWell New York, LLC is a HMO plan with a Medicare contract and a Coordination of Benefits Agreement with New York State Department of Health. Enrollment in AgeWell New York, LLC depends on contract renewal. This plan is available to anyone who has both Medical Assistance from the State and Medicare. This information is available for free in other languages. Please call customer service at 1-866-586-8044 or TTY 1-800-662-1220 seven days a week from 8:00 am to 8:00 pm Eastern Time or visit www.agewellnewyork.com. AgeWell New York complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. AgeWell New York cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. AgeWell New York 遵守適用的聯邦民權法律規定, 不因種族、膚色、民族血統、年齡、殘障或 別而歧視任何人。ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-866-586-8044 (TTY: 1-800-662-1220). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-586-8044 (TTY: 1-800-662-1220). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-586-8044 (TTY: 1-800-662-1220). H4922_AS_4002 Accepted 09062016
MSSNY’s “Physician Advocacy Day” was held on Wednesday, March 8, in the Lewis Swyer Theatre in the Egg, located at the Empire State Plaza.

Colleagues from across the State came to Albany to meet with their local Senators and Assembly members, as well as hearing from New York’s top health care policymakers including:

- Senate Majority Leader John Flanagan
- Assembly Majority Leader Joseph Morelle
- Senate Health Committee Chair, Kemp Hannon
- Assembly Health Committee Chair, Richard Gottfried
- Senate Insurance Committee Chair, James Seward
- Assembly Insurance Committee Chair, Kevin Cahill
- Special Assistant to the Superintendent, Department of Financial Services, Troy Oechsner

WHAT WE ASKED OUR LEGISLATORS TO DO:

- REJECT burdensome new impediments to obtaining Excess Medical liability insurance coverage contained in the Governor’s proposed State Budget
- REJECT inappropriate scope of practice expansions such as the proposal contained in the proposed State Budget that would permit pharmacists to enter into medication management protocols with nurse practitioners
- REJECT changes to increase burdensome physician prior authorization requirements contained in the proposed State Budget
- SUPPORT legislation to reduce prior authorization hassles including legislation to permit physicians to collectively negotiate contract terms with health insurers
- SUPPORT legislation to reduce the extraordinary cost of medical liability insurance in New York and reject legislation that would drive up costs
- REJECT legislation that would impose costly and time consuming mandates on physician delivery of patient care

Medical Students from NYIT College of Osteopathic Medicine and Touro College of Osteopathic Medicine

Photo Credit: Steve Sachs
A big thank you to the over 250 physicians, residents, medical students and other physician advocates who took the time to come to Albany on March 8 to participate in MSSNY’s Annual Physician Advocacy Day! We also thank the American College of Obstetricians & Gynecologists – District II and the New York State Osteopathic Medical Society for participating and coordinating their annual Advocacy Days with MSSNY.

We appreciate the challenges you face in taking a day away from your practice or hospital to advocate for your profession and for your patients. But your participation was absolutely essential to demonstrating to our legislative leaders the importance of ensuring physicians are able to continue to deliver the timely and quality care patients expect and deserve. Moreover, it was important for legislators to hear the perspective of residents and students about how the challenges of New York’s health care delivery system makes it difficult to considering practicing in New York State in the future. As the Assembly and Senate will each be finalizing their respective "one-House" Budgets this week, having the opportunity to share with legislators our concerns with excessive liability exposure, and excessive health insurer imposed prior authorization hassles is essential to ensuring that the State Budget does not incorporate provisions that will exacerbate these problems.

We also thank the several legislative and regulatory policy leaders who took the time away from State Budget negotiations to address the assembled physicians, share their vision for health care, and answer questions from the audience. The speakers included Senate Majority Leader John Flanagan, Assembly Majority Leader Joseph Morelle, Senate Health Committee Chair Kemp Hannon, Senate Insurance Committee Chair James Seward, Assembly Health Committee Chair Richard Gottfried, Assembly Insurance Committee Chair Kevin Cahill, Deputy Financial Services Superintendent Troy Oechsner and Dr. Doug Fish, Medical Director for the New York State Department of Health.

Division of Governmental Affairs

Thank You For All Who Came to Physician Advocacy Day on March 8

Senator Kemp Hannon
Assemblyman Richard Gottfried, Chair of the Assembly Health Committee
Assembly Majority Leader Joseph D. Morelle
Assemblyman Kevin Cahill
MSSNY President Dr. Malcolm Reid, President-elect Dr. Charles Rothberg and VP Dr. Tom Madejski

MSSNY Senior VP Legislative & Regulatory Affairs Moe Auster welcomes Senate Majority Leader John Flanagan

Alliance Past-President Cheryl Stier and President Barbara Ellman

Senator James Seward, Chairman of the Senate Standing Committee on Insurance

Douglas G. Fish, MD, Medical Director, Division of Program Development & Management for the New York State Department of Health presented on the Delivery System Reform Incentive Payment program (DSRIP)
DOH Provides Information on New Breast Cancer Screening and Diagnostic Imaging

In July 2016, Governor Andrew M. Cuomo signed legislation to help more women get breast cancer screening and diagnostic imaging. The legislation prohibits insurers in New York from requiring cost-sharing for women who get these services. A copy of the letter that the New York Department of Financial Services sent to insurers about the new requirements can be found here.

No cost-sharing means that women who have health insurance policies covered by this law do not have to pay any out-of-pocket costs for breast cancer screening and diagnostic imaging. This means that insurers cannot apply the services against annual deductibles and also cannot charge patients a co-payment or coinsurance. **Important note:** no cost-sharing applies only when services are delivered by a provider in your health plan’s network. Services may not be covered at all if delivered by a provider outside of your health plan’s network. The law removes cost-sharing for mammograms, including:

- a single, baseline mammogram for women 35 to 39 years old and
- annual mammograms for women 40 years of age or older

- mammograms for women at any age who are at an increased risk of breast cancer because they have a prior history of breast cancer, or they have a first degree relative (e.g., parent, sibling, child) with breast cancer

The law also removes cost-sharing for women in need of imaging tests other than standard mammograms – such as diagnostic mammograms, breast ultrasounds, and breast magnetic resonance imaging (MRI) for the detection of breast cancer. Additional information can be found here.
REGISTRATION NOW OPEN!

TRANSFORMING KNOWLEDGE INTO ACTION:
Clinical Updates in Transgender Medicine

Friday, June 2, 2017
Hilton Garden Inn
235 Hoosick Street, Troy, NY 12180

This free full-day conference is restricted to New York State medical providers including physicians, physician assistants, nurses, nurse practitioners, dentists, and pharmacists.

To register, please go to
www.bit.ly/TransHealth2017

For more information, please contact Jessica Steinke
jessica.steinke@mountsinai.org
212-731-3789
FDA Notice to Physicians Re Buying Drugs from Unlicensed Professionals

The FDA issued a notice to health professionals on the risks of buying drugs from unlicensed sources. It reminded physicians that purchasing drugs from unlicensed sources (foreign or domestic) puts patients at risk of consuming drugs that may be unapproved, counterfeit, contaminated or ineffective. It also noted that medical practices should be aware that importing medications from foreign sources other than those authorized by the FDA is in violation of the Federal Food Drug and Cosmetic Act.

The FDA stated, “While the U.S. health care supply chain is one of the most secure and sophisticated in the world, there is a growing network of rogue wholesale drug distributors selling potentially unsafe drugs in the U.S. market.” Since 2012, FDA has notified nearly 3,500 physicians that their drug purchasing practices may be illegal. DOJ has successfully prosecuted more than 95 corporations and individuals, including physicians, for criminal charges related to selling unapproved drug products, or receiving and administering unapproved drug products to patients. These criminal convictions have resulted in jail time and fines of millions of dollars. The full notice may be viewed here.

In order to protect patients from unsafe or ineffective drugs, FDA advises health care providers to know the source for prescription drugs. Additional information may be found on the FDA’s website.

Albany Considers Compensation to Live Organ Donors For Expenses

Crain’s New York Business (2/23) reports the Living Donor Support Act “could make New York the first state in the country to directly compensate living organ donors…for lost wages, child care and other expenses.” The bill “has broad support from lawmakers” and has already unanimously passed the Senate Health Committee. Many state lawmakers and health care groups are rallying behind the cause because of some dire statistics.

New York ranks 50th in the United States for organ donation registration, according to LiveOn NY, the metropolitan region’s federally designated organ-procurement organization. While most organs are donated after a person’s death, increasing living donations is one way to address the acute shortage, advocates say.

The proposed legislation would cost the state about $3 million per year, and donors would receive on average about $4,400 each, according to Waitlist Zero.

• About 10,000 New Yorkers are awaiting an organ transplant, and about every 18 hours, a New Yorker dies waiting for a heart, lung, kidney or pancreas.

• New York State is ranked last in the nation for the share of people registered as organ donors—just 28% versus a national average of about 50%, according to the latest data from LiveOn NY.

• More than 8,000 await kidneys; over 1,300 need livers; and more than 300 need hearts.

• Others also need pancreas (more than 100), lungs (over 50) and intestine (around 10).

• Every 2½ hours, a person’s name is added to the New York State organ transplant waiting list.

DrFirst and MSSNY have partnered to bring MSSNY members the industry’s leading e-prescribing solution at a special discounted price. DrFirst’s R coping® and EPCS Gold™ 2.0 will help New York providers improve patient safety, comply with I-STOP, and prescribe legend and controlled drugs in a single, web-based workflow.

To get started and receive your special MSSNY member discount visit www.DrFirst.com/mssny or call us at 866-980-0553.
Physicians from Countries Affected by Immigration Order Serve Millions in NY

The Buffalo News (3/7) reports an analysis from the Immigrant Doctors Project found that roughly 75 doctors in the Buffalo-Niagara region from the six countries included in the most recent immigration ban “provide 100,000 to 150,000 appointments each year to patients.” On a national level, the project estimates that the six countries affected by the order have produced more than 7,000 physicians in the US who “see an estimated 14 million visits from patients each year.” The Association of American Medical Colleges criticized the executive order, stating, “We are deeply disappointed that the revised executive order and accompanying fact sheet do not explicitly recognize the importance of international medical graduates, physicians and medical researchers to the nation’s health security.”

Cats Don’t Make You Mentally Ill!

A new study (click here) published in Psychological Medicine including around 5,000 people finding that “people who grow up with cats in the home are no more likely than anyone else to develop mental illness.”

The idea was that Toxoplasma gondii, a common parasite carried by cats might affect the developing brain, but the researchers found no such evidence. The parasite, commonly found in cat litter boxes “can cause birth defects and miscarriages,” and it has been associated with “schizophrenia, bipolar disease, obsessive compulsive disorder and even clumsiness.”

WHO Lists 12 Bacteria that Pose Greatest Threat to Human Health

The World Health Organization has listed 12 families of bacteria that “pose the greatest threat to human health” because of resistance to antibiotics. The group hopes the list will guide research into and development of new treatments.

These three carbapenem-resistant bacteria earned highest priority (critical) based on their threat to patients in hospitals, those in nursing homes, and those reliant on ventilators and blood catheters:

- Acinetobacter baumannii
- Pseudomonas aeruginosa
- Extended-spectrum beta-lactamase-producing Enterobacteriaceae

The second priority tier (high) includes:

- Enterococcus faecium resistant to vancomycin
- Staphylococcus aureus resistant to methicillin and vancomycin
- Helicobacter pylori resistant to clarithromycin
- Campylobacterspecies resistant to fluoroquinolone
- Salmonellae resistant to fluoroquinolone
- Neisseria gonorrhoeae resistant to cephalosporin and fluoroquinolone

The third priority group (medium) includes:

- Streptococcus pneumoniae not susceptible to penicillin
- Haemophilus influenza resistant to ampicillin
- Shigellaspecies resistant to fluoroquinolone

For Your Patients: My Drug Is Not Covered. Now What?

With the rising cost of healthcare today, families are in need of assistance. The New York Rx Card can help with those prescription costs and is a free program available to all New York residents. No eligibility requirements or forms to fill out, simply take the card into the pharmacy to receive savings of up to 75% on prescription medications for the whole family. New York Rx Card is a proud supporter of Children’s Miracle Network. A donation will be made to your local CMN hospital each time a prescription is processed through the New York Rx Card. Go to www.newyorkrxcard.com and print your free card today.

NYS Department of Health Issues Blanket Waivers

(Continued from page 1)

1. Any practitioner prescribing a controlled or non-controlled substance under an order issued under a research protocol or under approved protocols for expedited partner therapy, or for collaborative drug management or comprehensive medication management; and

2. A pharmacist dispensing controlled or non-controlled substance under approved protocols for expedited partner therapy, or for collaborative drug management or comprehensive medication management; and

3. Any practitioner prescribing a controlled or non-controlled substance that contains long or complicated directions;

4. Any practitioner prescribing a controlled or non-controlled substance that requires a prescription to contain certain elements required by the federal Food and Drug Administration (FDA) that are not able to be accomplished with electronic prescribing;

5. Any practitioner prescribing a controlled or non-controlled substance under approved protocols for expedited partner therapy, collaborative drug management or comprehensive medication management, or in response to a public health emergency that would allow a non-patient specific prescription;

6. Any practitioner prescribing an opioid antagonist that would allow a non-patient specific prescription;

7. Any practitioner prescribing a controlled or non-controlled substance under a research protocol;

8. A pharmacist dispensing controlled and non-controlled substance compounded prescriptions, prescriptions containing long or complicated directions and prescriptions containing certain elements required by the FDA or any other governmental agency that are not able to be accomplished with electronic prescribing;

9. A pharmacist dispensing prescriptions issued under a research protocol, or under approved protocols for expedited partner therapy, or for collaborative drug management or comprehensive medication management; and

10. A pharmacist dispensing non-patient specific prescriptions, including opioid antagonists, or prescriptions issued in response to a declared public health emergency.

NURSING HOME AND RESIDENTIAL FACILITIES

The letter also noted that waivers would be continued for the following situations in nursing homes and residential facilities:

1. A practitioner prescribing a controlled or non-controlled substance either through an Official New York State Prescription form or an oral prescription communicated to a pharmacist serving as a vendor of pharmaceutical services, by an agent who is a health care practitioner, for patients in nursing homes and residential health care facilities as defined by PHL § 2801; and

2. A pharmacist serving as a vendor of pharmaceutical services dispensing a controlled or non-controlled substance through an Official New York State Prescription form or an oral prescription communicated by an agent who is a health care practitioner, for patients in nursing homes and residential health care facilities as defined by PHL § 2801. The waiver is effective from March 26, 2017 until March 25, 2018. For further information, please go to the DOH website here.
HHS: OIG Hotline Number Part of a Nationwide Phone Spoofing SCAM

The HHS Office of Inspector General (OIG) recently confirmed that the HHS OIG Hotline telephone number is being used as part of a telephone spoofing scam targeting individuals throughout the country. These scammers represent themselves as HHS OIG Hotline employees and can alter the appearance of the caller ID to make it seem as if the call is coming from the HHS OIG Hotline 1-800-HHS-TIPS (1-800-447-8477).

The perpetrator may use various tactics to obtain or verify the victim’s personal information, which can then be used to steal money from an individual’s bank account or for other fraudulent activity. HHS OIG is actively investigating this matter and intends to have the perpetrators prosecuted.

It is important to know that HHS OIG will not use the HHS OIG Hotline telephone number to make outgoing calls and individuals should not answer calls from 1-800-HHS-TIPS (1-800-447-8477). They encourage the public to remain vigilant, protect their personal information, and guard against providing personal information during calls that purport to be from the HHS OIG Hotline telephone number. The public is still safe to call into the HHS OIG Hotline to report fraud. If you believe you may have been a victim of the telephone spoofing scam report the information through the HHS OIG Hotline 1-800-HHS-TIPS (1-800-447-8477) or spoof@oighhs.gov. Individuals may also file a complaint with the Federal Trade Commission 1-877-FTC-HELP (1-877-382-4357).

More information is available on the OIG Consumer Alerts webpage.

OBITUARIES

BARRIOS, George G.; Buffalo NY. Died January 28, 2017, age 73. Erie County Medical Society

CRAVER, William L.; Canandaigua NY. Died February 07, 2017, age 89. Monroe County Medical Society

DEWEY, Maurice Robert; North Tonawanda NY. Died January 16, 2017, age 84. Erie County Medical Society

ELDREDGE, Donald M. Jr.; Pittsford NY. Died January 22, 2017, age 87. Monroe County Medical Society

FORSCHNER, Thomas Tiberius; Hollywood FL. Died January 21, 2017, age 91. Medical Society County of Kings

PULEO, James Harry; Albany NY. Died December 04, 2016, age 81. Medical Society County of Albany

THOMAS, Frank Deaver; Syracuse NY. Died February 08, 2017, age 81. Onondaga County Medical Society

TRACY, John Donald; Naples FL. Died February 13, 2017, age 88. Medical Society County of Westchester

VASILE, Salvatore; Newton Upper Falls MA. Died September 01, 2016, age 99. Medical Society County of Queens
More New York Residents Have Access to Prescription Savings

Statewide Prescription Assistance Program Offers a Prescription to High Healthcare Costs

The Centers for Disease Control reports that Americans spend more on prescription drugs than people in any other country: some $45 billion in out-of-pocket dollars in the last year alone. With that in mind, the New York Rx Card is reminding physicians that their patients who aren’t insured or who take prescription drugs that aren’t covered by their health insurance plans, can use the New York Rx Card to obtain discounts of up to 75 percent off the retail price for FDA-approved medications.

New York Rx Card has been working closely with Medical Society of the State of New York, as well as numerous clinics and hospitals around the state to distribute free discount prescription cards so that all New York residents will have access to this free program. New York Rx Card was launched to help the uninsured and underinsured residents afford their prescription medications. The program can also be used by people that have health insurance coverage with no prescription benefits, which is common in many health savings accounts (HSA) and high deductible health plans.

Another unique component of the program is their preferred pharmacy option. New York Rx Card has chosen CVS as their preferred pharmacy so that residents who don’t have access to a computer and can’t obtain a hard card, can visit any CVS to have their prescriptions processed through New York Rx Card. Residents can simply reference “New York Rx Card” to have their prescription processed through the program. New York Rx Card is accepted at over 68,000 participating regional and national pharmacies.

New York Rx Card has helped residents save over $143 million since its inception in 2010. You can help by encouraging your patients to print a free New York Rx Card at www.newyorkrxcard.com. New York Rx Card is also available as an app for iPhone and Android. You can search “Free Rx iCard” in the app store. Any physicians who are interested in ordering free cards for their clinic/hospital can email Chez Ciccone, New York Rx Card Program Director at fciccone@nyrxcard.com.

For more information or to order free hard cards visit:
www.newyorkrxcard.com
Chez Ciccone • fciccone@nyrxcard.com
Phone: 800-931-2297

New York Rx Card Preferred Pharmacy:
CVS/Pharmacy

Program Highlights:
✓ Free Card For Everyone
✓ No Restrictions on Eligibility
✓ Low Price Guarantee
✓ Discounts Most Medications
✓ Accepted at Over 68,000 Pharmacies
✓ HIPAA Compliant

Free Rx iCard
New York Rx Card
CDC Report: Season’s Flu Vaccine Has Been 48% Effective So Far
According to a report from the Centers for Disease Control and Prevention, the flu vaccine has been 48% effective so far this season.

Iroquois Healthcare Association Sponsoring Tours for Med Students
The Iroquois Healthcare Association (IHA) is sponsoring tours of Upstate NY for medical students and residents to “take a look” and learn about practice opportunities in this area. Participants will learn about hospitals, medical staffs, communities and culture through visits to hospitals and ambulatory care settings.

The next all expenses paid tour is April 26-28th and will explore opportunities in the Finger Lakes Region. Click as follows for information on the program, a FAQ sheet, and a tour schedule.

Doctors Worried about Prosecution if They Prescribe Opioids
The Buffalo News carried a story about doctors who prescribe painkillers and are very worried about prosecution. Patients with chronic conditions complain that they cannot find a physician to help them. Six physicians in Erie and Niagara counties have been criminally prosecuted for illegally prescribing opioids in recent years. “We certainly have no problem with physicians being prosecuted if they have committed a true crime,” said MSSNY Vice President Dr. Thomas Madejski. “But to criminalize physicians in the practice of medicine is really a step in the wrong direction.”

MSSNY-PAC

(Continued from page 4)

LOTS OF DEBATES
So many of the proposals that get debated and approved at the MSSNY HOD call upon MSSNY to seek legislation to achieve specific goals. These include reducing prior authorization burdens imposed by health insurers, reducing exorbitant liability insurance costs, assuring our patients have comprehensive health insurance coverage and choices of physician; and addressing critical public health needs.

Since we take so much time away from our practices and our families to assure we establish the correct policies and priorities, why not back up that investment in time with an investment to help to provide support to candidates for elected office who understand the concerns that lead to the adoption of these policies and priorities?

YOU ARE THE PAC
Indeed, many of our delegates recognize this, and take the opportunity at this meeting to renew their commitment to MSSNYPAC.

And not only to join MSSNYPAC at the basic level at $15/month, but also at the “Chairman’s Club” level of $85/month at or the “President’s Circle” level of $210/month.

But we need so many more physicians to provide support. It is important to understand that MSSNYPAC is routinely outspent by PACs whose agendas are in direct conflict with MSSNYPAC.

Our professional livelihood and our patients’ ability to continue to receive timely needed care depend upon our strong advocacy. If you are a MSSNY HOD delegate, please make sure you are wearing your red MSSNYPAC ribbon to denote you are a member of MSSNYPAC. Even better, please upgrade your membership to a “Chairman’s Club” level, and proudly wear your gold ribbon to demonstrate your commitment to your profession and your patients.

Moreover, once the meeting is completed, please be sure to educate your colleagues about the importance of supporting MSSNY and MSSNYPAC.

Of course, this message is not just for the delegates. There are tens of thousands of other physicians practicing in New York State who are not delegates but whom benefit directly by the advocacy of MSSNY and MSSNYPAC as a result of the actions taken at the HOD. Many provide support for our efforts but not enough do. We urge you to support your colleagues in our collective political efforts by contributing or increasing your contribution to MSSNYPAC.

The future you save may be your own.
PRESIDENT’S COLUMN

(Continued from page 4)

the basic principles of why we became physicians remains constant.
We care about our patients and we are lucky to live in a state where the best physicians in the world want to come here to practice.
Thank you for a sensational year. In a few weeks I will pass the gavel on to Dr. Charles Rothberg, and I can assure you that he will be an excellent leader.

MSSNYPAC Is for Everyone!

We urge you to support our efforts. You can do it right now by clicking here and making a donation to MSSNYPAC.
And, if you’re already a member, you are urged to contact 10 colleagues to make sure they are members.
For just $15/month, you can a member of the PAC.

BUT WHY STOP THERE?

For $85/month, you can be a member of our prestigious Chairman’s Club. And for $210/month, you can join our elite President’s Circle.
Medical Society of the State of New York

Annual House of Delegates
April 20 - 22, 2017
Westchester Marriott, Tarrytown, New York

The Medical Society of the State of New York’s Annual House of Delegates Meeting & Vendor Expo is the society’s only annual event for hundreds of physician leaders - including medical students, residents and young physicians. These physician leaders - from Montauk to Buffalo - come together to deliberate legislative policy, to attend educational seminars, to network with colleagues, and to visit the Vendor Expo. The Expo features carefully vetted vendors that showcase their companies and services, which enhance physicians’ lives as well as their practices.

MSSNY House of Delegate attendees are decision makers. They represent the full spectrum of New York State medical professionals, including all specialties and sub-specialties. These attendees represent the specific interests of group medical staffs, small practices, IPAs and single practitioners. County medical societies and specialty societies also participate in the deliberations, and send members of their executive staffs to seek out and recommend new and improved benefits for their members.

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A Private Multidisciplinary Medical Group is seeking a Podiatrist in Manhattan

A well-established Manhattan based private multidisciplinary medical group is seeking to hire a Podiatrist. This is a great opportunity to start your own practice in a modern office in midtown Manhattan. Attractive base salary plus comprehensive benefits package offered (Malpractice, 3 weeks paid vacation, 1 week CME, CME allowance, paid health insurance, etc). If you are a solo practitioner in private practice looking to join a private group practice, we will work with you to make the transition seamless. Please email your CV to tsrgexpress@gmail.com. No recruiters please.

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### BUSINESS SHOWCASE

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Please contact: alan.diner@omh.ny.gov
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Ophthalmologist needed to work at multiple nursing homes in all 5 boros except Staten Island. Part time or full-time position available. Generous salary and incentives. Tech provided. Opportunity to perform surgery, but not required.

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GOVERNMENTAL AFFAIRS A

Elimination of Medicare Face to Face Requirement
MSSNY should advocate to its Congressional delegation for repeal or substantial modification of the documentation requirement of a “Face to Face” visit by a physician as a precondition for Medicare home health coverage and MSSNY should urge the American Medical Association to make it a priority to achieve repeal or substantial modification of the documentation requirement of a “Face to Face” visit by a physician as a precondition for Medicare home health coverage. The MSSNY delegation should present this resolution to the AMA House of Delegates for their consideration at the AMA HOD 2017.

Sale of Health Insurance Across State Lines
In order to protect consumers, providers and the market for insurance and health care jobs, MSSNY should oppose initiatives that would permit the sale of health insurance products that escape state regulations.

Improving EHR Technology to Enhance and Track Clinical Outcomes So Cost-Control Can Be Paired Better with Health Outcome
MSSNY should seek legislation/and or regulation to require EHR to simplify and standardize electronic health record systems so that they are clinically oriented through episodes of care; and, HER vendors should achieve a standardization of information; develop and institute outcomes statements for episodes of care; and, develop real time comparative management and comparative analysis tools.

EHR Data Access and Data Migration
MSSNY and AMA should pursue regulations that would require EHR vendors to provide data in a timely and meaningful way and at a reasonable cost to the next EHR vendor when requested to do so by the users and make it a requirement for vendors to provide access to legacy charts on a server. MSSNY and AMA should make it a requirement for certification that all upgrades and updates to an electronic health record provide the records in the format of the previous version and not hold vendors harmless if litigation results from imperfections or errors caused by their product.

Reduce Physician Practice Administration Burden
MSSNY should seek appeal through legislation/ regulation, state/federal mandates on Advanced Alternative Payment Model (APM), Merit-Based Incentive Payment Systems (MIPS), and Electronic Health Record (HER) or their derivatives that require physician participation.

Truth in Advertising with Regard to Board Certification
Since patients deserve to know the nature of a physician’s board certification if said certification is part of the physician’s advertisements, MSSNY should seek legislation or regulation to require that any physicians’ advertisements that include claims of “board certification” must specify the certifying boards.

Truth in Advertising with Regard to the Title "Doctor"
Since non-physician healthcare practitioners are increasingly earning doctorate degrees, MSSNY should seek legislation or regulation to require that any advertisements that include descriptions of practitioners as doctors be required to describe the practitioners’ actual degrees. The New York Delegation to the AMA should bring a resolution to the Annual AMA meeting that seeks to provide model legislation or regulation that would require advertising to include accurate descriptions of the educational degree held by a practitioner.

Percentage-Based Billing Services Arrangements
MSSNY should work for repeal of the New York State law barring percentage-based payment arrangements between physicians and their billing agents and seek legislation to repeal that portion of the law which allows for audits and refund demands, replacing it with a requirement that before a refund demand is issued to a physician, an “initial educational contact” must be made with him or her, warning that percentage-based billing arrangement is prohibited and that the physician must make immediate and proper changes to his or her billing-service payment arrangements or be subject to the legal consequences.

Collection of Deductible and Co-insurance
MSSNY should seek legislation that permits physicians to collect deductibles and copayments up front from their patients at the time of services if they have any public or private insurance plan; and be it further, MSSNY should seek regulation that requires all public and private plans to develop a system whereby a physician’s office can quickly and efficiently determine a patient’s deductible and copayments at the time of service.

MSSNY Statement on Increased Health Insurance Deductibles
Due to dramatically increasing cost-sharing responsibilities that often result in patients delaying or foregoing medically necessary services, MSSNY should issue an official policy statement that states any deductibles in excess of $500 represents an unacceptable patient burden and a barrier to health care.

All Payer Database (APD) Not Appropriate as Reimbursement Standard
MSSNY should advocate to ensure that the payment data collected in an All Payer Database (APD) NOT form the basis for a reimbursement standard to health care providers, because the APD does not include payment data from ERISA plans, which results in an artificial narrowing of the range of fee data collected by the APD.

Out-of-Network Insurance Benefit
Availability in Individual Insurance Market and Self-Funded Plans
MSSNY should seek, through legislation and/or regulation, the availability of out-of-network benefits including plans using UCR payment methodology for out-of-network benefits in all tiers, including the individual market and New York State of Health. The MSSNY Delegation to the AMA should introduce a similar resolution at the next meeting of the AMA House of Delegates for similar requirement in federally sponsored plans, federal exchange, and/or self-funded plans.

New York State Healthcare Delivery System
MSSNY should support a healthcare delivery system based on a universal, single payer healthcare system and physicians should have direct input and ongoing involvement on all aspects of a single payer system. MSSNY should lobby the New York State Legislature position in support of a single payer healthcare system.

MSSNY Support Universal Health Insurance
MSSNY should advocate for legislation for NYS that will lead to universal health insurance for all New Yorkers.

MSSNY Support Single Payer Health Insurance
MSSNY should support single payer insurance bill and introduce a resolution at the AMA to support single payer health care legislation.

GOVERNMENTAL AFFAIRS B

Nursing Home Inspections Should Include Physicians
The NYSDOH should be required to assign at least one physician as a member of every health department nursing home inspection team and physicians involved in Nursing Home inspections should be involved in any appeals. The NYSDOH physicians should be made available to review and answer questions and appeals from physicians working with patients in the home being reviewed.

Medical Liability Coverage through the Federal Tort Claims Act
MSSNY should once again seek legislation that would lead to malpractice insurance coverage through the Federal Tort Claims Act for all physicians who participate in Medicare and/or Medicaid Insurance plans and should introduce a similar resolution to the AMA at its annual Meeting in June, 2017.

Study and Promotion of Telemedicine Payment Parity
MSSNY should conduct a survey of member physicians across New York State to determine generally that in their experience, services provided via telemedicine are reimbursed at the same payment versus the same services provided in-person, and work with individual legislators throughout the state to reintroduce legislation that would require parity of payment for services provided in-person versus via telemedicine.

Disclosure of Physician Protected Health Information (PHI) on Universal Health Care Professional Applications
Since legislation has been introduced in the New York State Assembly that would require the New
York State Health Commissioner to adopt universal health care professional application forms, MSSNY should adopt a policy that restricts the disclosure of personal health information in the absence of impairment. MSSNY should initiate contact with the Health Commissioner to guide the development of future universal credentialing application forms with regard to personal health disclosures for physicians.

**Promote Legislation to Assure Peer Support Confidentiality**

MSSNY should adopt a position affirming the confidentiality of peer support and should promote legislation to assure the confidentiality of peer support.

**Medicaid Payment of 20% of Residual Medicare Fee**

Whereas payment by Medicare is only 80% of the allowed fee, and providers bill the 20% to the patient or to secondary insurance, and Medicaid no longer provides the residual 20% fee, MSSNY should pursue regulatory action that seeks to have Medicare resume payment of the shortfall as has been done in the past.

**Expanded Clinical Roles for Medical Assistants in NYS**

MSSNY should work with NYS Medical Assistant clinical work guidelines that can be incorporated into NYS regulations that expand Medical Assistant’s duties.

**Pharmacy Benefit Managers**

**Medical Necessity Criteria for Prescribed Medications**

MSSNY should seek regulation or legislation that requires Pharmacy Benefit Managers to accept a completed form or letter that demonstrates a patient meets medical necessity criteria for medications prescribed in lieu of copies of progress notes from a patient’s medical record.

**Copying/Scanning Costs**

New York charges allowed for copying records are $0.75 per page; and over 30 states have Search Fees as high as $82.87 (Texas). MSSNY should support legislation to include scanning and electronic transmission, with charges for copying costs; and charge $1.00 per page and a search fee of $20.00.

**Further Limitation to Insurer Recovery Activity**

Since physicians are constantly being harassed and bombarded with insurer requests for medical records (i.e. audits and reviews), MSSNY should seek legislation to amend insurance law to limit recovery activity to 12 months.

**Any Willing Provider with Universal Credentialing**

MSSNY should seek through legislation requirements for insurer to accept and reimburse, at in-network level, out-of-network providers willing to provide elective services to patients with no out-of-network benefits as long as the provider meets nationally credentialing criteria.

**Insurers Withhold Financial Information from Out of Network Physicians**

MSSNY should seek legislation/regulation requiring important information contained in claim remittance of Explanation of Benefits be sent to all treating physicians; and MSSNY should seek legislation/regulation prohibiting insurers from using the term, "co-insurance" when referring to the obligation of individual policy holders.

**PUBLIC HEALTH AND EDUCATION**

**Development and Utilization of Clinical Decision Support Systems to Reduce Gender Disparities and Bias in Healthcare**

Since numerous studies have demonstrated the widespread existence of gender bias and disparities in the provision of health care, MSSNY should support the development and implementation of clinical decision support systems designed to mitigate gender bias in diagnosis and treatment of conditions in which gender disparities are prevalent.

**Complete Treatment of Opioid Overdoses in the Emergency Room**

MSSNY should be on record that whenever possible, any opioid overdose patient seen in the emergency room who desires treatment, including Buprenorphine, be connected to substance use disorder treatment within 24 hours. Further, hospitals, administration and medical staff leadership should encourage their medical staff to become certified to prescribe Buprenorphine in the same way they encourage medical staff to prescribe other new life saving medications and treatments.

**Evaluation and Education vs. Marijuana Possession Arrest**

Possession of small amounts of marijuana in New York State is supposed to be decriminalized with the only penalty being a fine, but the person may still have to appear in court and have a record. MSSNY should support legislation or regulation that seeks to offer those ticketed for marijuana possession the option of substance use disorder evaluation or education rather than a fine. In an effort to reduce substance use disorders, MSSNY should support various voluntary interventional approaches be tried and evaluated and compared for effectiveness to simple fines.

**Smoke-free Multi-Unit Housing**

According to the CDC, “there is no risk-free level of secondhand smoke exposure; even brief exposure can be harmful to health. Secondhand smoke harms children and adults, and the only way to fully protect nonsmokers is to eliminate smoking in all homes, worksites, and public places.” MSSNY should advocate for legislation that requires that multi-unit housing be 100 percent smoke free.

**Appropriate Role of Pain Assessment in the Clinical Environment**

MSSNY should publically state that the ongoing focus on pain, pain assessment, and pain management contributing to the opioid epidemic and that pain needs to be evaluated and treated within a medical model that addresses underlying pathophysiology and, when possible, addresses the source. Additionally, MSSNY should support discontinuation of the use of pain as a metric to evaluate physicians and hospitals by accrediting organizations such as the Joint Commission, and MSSNY should lobby the New York Legislature to have the use of pain as a 5th vital sign removed from both the clinical environment as well as all evaluator metrics in the State of New York.

**Supervised Injection Facilities**

MSSNY should advocate to the American Medical Association for a comprehensive study of Supervised Injection Facilities in the United States.

**Preserving Vaccine Policy in the United States**

MSSNY should continue to support evidence that vaccines are an effective mechanism for controlling communicable disease and protecting public health and continue to support vaccine guidance that is evidence-based. Furthermore, MSSNY should oppose the creation of a new federal commission on vaccine safety whose task is to study an association between autism and vaccines. A copy of this resolution should be sent to the AMA for its consideration.

**Reinstate the AMA Commission to Eliminate Health Care Disparities**

MSSNY should urge the American Medical Association to reinstate the Commission to Eliminate Health Care Disparities, and a copy of this resolution should be sent to the AMA for its consideration at the 2017 Annual AMA House of Delegates.

**Survey: New York Physicians’ Attitudes toward Medical Aid in Dying**

MSSNY should conduct a membership (may substitute “physician”) survey to determine attitudes toward medical aid-in-dying with a report of findings to the MSSNY House of Delegates.

**Protecting Children from Exposure to Second Hand Smoke**

Since secondhand smoke is a major contributor to acute and chronic adverse health outcomes that affect children disproportionately, MSSNY should support legislation that prohibits smoking while operating or riding in a vehicle that contains children.

**Ban on the Use of Paraquat**

Since Paraquat is highly toxic to animals and is banned in 32 countries, MSSNY should seek legislation to permanently ban the use of Paraquat in all forms in New York State; and the resolution should be taken to the AMA and ask that they have legislation passed to ban the use of Paraquat in all forms.

**Reform of I-STOP**

MSSNY should work with all relevant agencies to make necessary changes to allow pregabal, lacosamide and vimpat prescriptions to be treated like any other non-controlled medications prescriptions.

**Pediatric/Adolescent Informed Consent Conussion Discussion**

MSSNY should seek legislation/regulation to embed within school sports informed consent permissions, clear information that states the effects of repeated head trauma, impaired judgement, memory loss, behavioral instability and degenerative brain disorders; and the AMA should also seek legislation to include concussion discussions with patients/guardians of pediatric/adolescent children prior to team enrollments.

(Continued on page 20)
(Continued from page 19)

Medical Spectrum of Gender
MSSNY should partner with appropriate medical organizations to inform/educate the community on the medical spectrum of gender identity as complex interplay of gene expressions and biologic development.

Policy on Quarantine
CDC guidelines grant it broad authority to impose quarantine measures, while establishing in-house oversight of whether someone should be detained and quarantined. MSSNY should seek legislation/regulation on a national level that would immediately amend the federal quarantine law to ensure the availability of an expedited judicial review of all CDC–imposed quarantines. It should be acknowledged that, in many cases, states and local governments may be better equipped to handle quarantine situations without federal involvement.

No Physicians’ Organization Should Support Political Candidates Who Oppose Women’s Choices
Since the Supreme Court, in Roe v Wade, has clearly affirmed the right of women to make their own free choice in reproductive issues, physicians’ organizations should not support political candidates or appointees, including those to cabinet positions, who oppose women’s choice and access to full reproductive services.

Promoting 4-Year, Vertical Ultrasound Curricula in Undergraduate Medical Education
MSSNY and the AMA should support 4-year, vertical instruction and training regarding the concept, implementation, and utilization in clinician-performed, point-of-care ultrasound; and MSSNY and the AMA should communicate with US medical schools urging the inclusion of clinician-performed, point-of-care ultrasound instruction and training; including didactic and practical experiences covering the application to a broad range of organ systems and procedures for a wide variety of future specialists.

Development of Evidence-based Ultrasound-First Radiation Mitigating Protocols
The AMA has rich policy in both the education, avoiding, and awareness of the dangers of ionizing radiation; and ultrasound does not utilize, and in fact, mitigates ionizing radiation exposure by reducing the use of computed tomography (CT); and ultrasound is less costly than both CT and magnetic resonance imaging (MRI) both in physical equipment cost and maintenance cost. MSSNY and the AMA should encourage physicians to develop evidence-based Ultrasound-First Protocols using point-of-care ultrasound as the first imaging modality when deemed clinically appropriate; and encourage physicians to develop evidence-based Ultrasound-First Protocols specifically to guide invasive procedures, to promote patient safety, and to enhance quality performance.

Socio-Medical Economics
Correcting Workers’ Compensation Board Policy In accordance with longstanding principles of patient advocacy and treatment autonomy and in order to preserve the autonomous nature of the doctor-patient relationship, MSSNY should seek legislative action to ensure that non-physician personnel such as Workers’ Compensation Administrative Law Judges and/or the courts not interfere with the doctor/patient relationship regarding medical judgment for treating an injured worker. MSSNY should seek legislation to ensure that the decision to issue denials is not made by non-physician clerical personnel.

Discrimination Against Patients in Medicare Advantage Organizations
MSSNY should examine the legality of the position taken by the CMS, that if a Medicare Advantage Organization (MAO) has denied payment for services that would have been covered by fee-for-service Medicare, a physician’s only recourse is arbitration or legal action – despite the provisions in 42 C.F.R.422.101(a), and MSSNY should seek case law or precedent requiring MAOs to fully adhere to 42 C.F.R 422.101(a) regardless of contract terms or in-house claims processing policies and bring such findings to the attention of the Centers for Medicaid & Medicare Services. MSSNY should bring this resolution to the American Medical Association and ask it to seek recourse from the Centers for Medicaid and Medicare Services to resolve discrimination against Medicare Advantage patients and the physicians who care for them.

Violation of HIPAA Electronic Transaction Standards by Insurer Failure to Upload ICD-10 Revisions
MSSNY should survey its members asking whether they have experienced claim denials, claims resubmission, or appeals because the insurer failed to upload the October 1, 2016, version of ICD-10 in a timely fashion. Furthermore, MSSNY should urge the AMA to present information on ICD-10 improper claim denials to the Centers for Medicare and Medicaid Services (CMS) and its Office of E-Health Standards & Services, to determine whether the insurers’ failure to properly update their claims processing systems has constituted a violation of the HIPAA Electronic Transaction Standards and should trigger disciplinary or corrective actions to prevent these occurrences in the future.

Office Based Surgery Reimbursement
Payment for office based surgery (OBS) facility fees should be made retroactive to 3 years from the last case performed by the practitioner at the OBS Facility and that reimbursement be at least 50% of the reimbursement made to the hospital facility for a similar procedure-both retroactively as well as going forward. Based on long term past inequities in payments for facility reimbursement fees between the hospital, ambulatory surgery centers and office based surgery by the insurance providers, MSSNY should establish legislative priorities based on this resolution that can inform state legislators to enact into law said resolution.

Peer to Peer Reviews by Insurers
Since physicians are inundated with a variety of pre-authorizations for many radiographic procedures and the arbiter often has minimal experience in the specialty of the ordering physician, it interferes with patient care, MSSNY should seek changes in the peer to peer reviews so that the payer rep be board certified in the specialty in question and requests should be written so that it can be responded to electronically.

New York State Insurance Fund Unfair Rule Changes
MSSNY should work with all relevant agencies including the Workers Compensation Board, to force NYS Insurance Fund to return to the policy of providing physician offices with both the status of the claim and the body parts under that claim PRIOR to the consultation.

Reimbursement for In-Office Administered Drug
When medications can only be given by a health care provider, and the medication is the only choice for treatment, such as intravesical therapy with mitomycin, MSSNY should take steps to ensure that in-office administered medications be reimbursed at no less than the cost of the medication; additionally, there should be payment for purchase, storage and additional monies to pay for all supplies, staff and professional efforts.

Registered Supervising Physician Testimony Sufficiency in Workers Compensation Cases
MSSNY should petition the Workers Compensation Board to recognize that the registered, supervising physician as the head of the treatment team and should be the sole provider of testimony to the Workers Compensation Board.

ICD-10
MSSNY should seek legislation to eliminate regular updates to ICD (including creating new codes) in order to minimize unnecessary disruption to physician work flow.

Treatment of Onychomycosis
Onychomycosis, a fungal infection of the nail plate, nail bed or both, affects 10% of the population, with a much higher prevalence of patients over age 60. MSSNY recognizes fungal infections of the toenail to have a high incidence in the general public, and specifically at-risk diabetic patients, creating a public health issue. MSSNY should support the treatment of onychomycosis by a qualified physician or a doctor of podiatric medicine.

Arbitrary Deadlines for NYS Workers Compensation Peer Review Response
Since lack of opportunity to complete peer review within the arbitrary timeframes set by WC insurers may lead to inappropriate denial of requested care, MSSNY should require that if a Workmens Compensation Peer Review is requested by either party, that the peer review be scheduled at a mutually acceptable time.

Workers Compensation Physician Reimbursements
MSSNY should investigate the Workers Compensation fee schedules by third party vendors; and they should advocate for physicians to be paid the entire amount set by the Workers Compensation fee schedule.

REPORTS OF OFFICERS AND ADMINISTRATIVE MATTERS
MOC Should Not Contribute to Physician Burnout
MSSNY should ask the American Medical
Association (AMA), and partner specialty societies that nominate candidates to bodies concerned with maintenance of certification (MOC), to nominate only those candidates who agree that MOC should be accomplished only through open–book examinations or other innovative methods that meet with widespread approval by physicians. MSSNY Request for MLMIC to Release Information on Proposed Sale MSSNY should ask for the immediate release of the term sheet for the proposed sale of MLMIC to Berkshire Hathaway and ask for immediate release of the independent appraisal of MLMIC used to establish the terms of sale. Furthermore, MSSNY should ask MLMIC to provide and finance independent counsel to represent the policyholders in determining their interests in the proposed sale and assist the policyholders in convening a policyholders’ meeting to address issues of concern about the sale if MLMIC does not respond positively to immediate request for information and general counsel.

Management of Physician and Medical Student Stress MSSNY should request that the AMA produce a report summarizing current research and efforts to address physician practice sustainability and satisfaction and report on fitness for duty assessments in other professions with safety sensitive duties. MSSNY should also request that the AMA convene a workgroup that would create a systematic approach to ensure fitness for duty be applied periodically, uniformly, confidentially and in the least intrusive fashion and which would help all medical students and physicians maintain their highest level of competence and service to their patients.

MSSNY Representation for Nonaffiliated Groups of Physicians Since there are many nonaffiliated groups of physicians, e.g. Sports Medicine, Outpatient Cosmetic Surgery, who do not practice in usual settings and therefore do not have the opportunity for group dues, MSSNY should offer a dues reduction to groups of nonaffiliated physicians. Those physicians should be offered representation in the MSSNY HOD.

Physician Burnout When MSSNY discusses or communicates about physician burn-out, the term “Physician Burn-Out” should be changed to “Physician Burn-Out and Abuse.” Funds should be dedicated to a public relations campaign describing the abusive regulatory and administrative burdens that are increasing physician burn-out and abuse, depression and suicide. The MSSNY Task Force on Physician Burnout and Stress should continue to meet and expand its work to include the development of information about the administrative and regulatory burdens placed on physicians and recommendations to reduce these burdens that may also then reduce physician burnout and abuse, depression and suicide and report back to Council or the HOD. The New York delegation to the AMA should bring this resolution to the AMA Annual Meeting in 2017.

Development of Burnout Programs Since physicians who may have burnout may feel they cannot get help without the potential of negative consequences such as being reported to OPMC or New York State in some way, MSSNY should formulate a process that can offer counseling to physicians concerned about the possibility of experiencing burnout while also being entirely confidential and not reportable (except where there is a practice-interfering substance abuse or serious psychiatric disorder).

Affiliation of MSSNY with the New York State AFL-CIO MSSNY should open talks with the National Guild for Medical Professionals, Office and Professional Employees Union to ascertain if membership in this union would further the interests of New York State physicians.

Supporting International Medical Graduates and Students President Trump’s Executive Order 13780 banning the issuance of new visas for citizens/nationals of six Middle Eastern countries prevented many colleagues from returning to the United States to practice, and the order was issued in the middle of residency application season after most interviews were complete, ruining the chances of many international medical graduates from entering residencies and fellowships for the foreseeable future and potentially resulting in unfilled residency spots which will decrease the quality of care for our patients. According to studies performed by the Association of American Medical Colleges (AAMC) there is currently a shortage of physicians in America, which will likely be worsened if fewer IMGs are allowed to immigrate to the USA. MSSNY should oppose policies that would broadly deny entry or re-entry to the United States of persons who currently have legal visas, including permanent resident status (green card) and student visas, based on their country of origin and/or religion and should oppose policies that would broadly deny issuance of legal visas to persons based on their country of origin and/or religion. This resolution should be immediately forwarded to the American Medical Association.

Process for Amending the AMA Code of Medical Ethics Our American Medical Association Bylaws should be amended to reflect the following statements about the AMA Code of Medical Ethics: 1) The AMA Code of Medical Ethics shall be included in the Bylaws in the same manner that the AMA Principles of Medical Ethics is included; 2) The Bylaws shall specify the process by which the AMA Code of Medical Ethics may be altered, amended, or changed in any way; 3) The process for amending the AMA Code of Medical Ethics shall be that the AMA Council on Ethical and Judicial Affairs (CEJA) shall first submit a CEJA Report to the House of Delegates with proposed new language, and if the House of Delegates votes to approve the Report, then CEJA will issue a CEJA Opinion containing the same language of the Report. MSSNY should direct its AMA Delegation to submit this resolution to the AMA Annual 2017 House of Delegates meeting.

Relocation of the Annual MSSNY HOD to Albany Since multiple advocacy initiatives compete for physicians’ time, the annual House of Delegates should be held in Albany and MSSNY could arrange for panel discussions and presentations by elected officials, and time be given during the HOD for legislative visits, the HOD should be held in Albany for maximum efficiency.

The Right to Health and Healthcare MSSNY should publicly state that basic levels of health and healthcare are human rights; and, MSSNY should have the AMA reaffirm its commitment to removing barriers to healthcare.

Invocation at the Opening of the House of Delegates MSSNY should be cognizant of the beliefs/religions of its members and allow inquiring and outgoing presidents to select a noted poet or other literary figure to deliver a non-denominational poem.

Decision Making in Signing on to Amici and Letters/Position Statements MSSNY should institute as policy a four-step process that aims to better protect the society and its officers, councilors, board commissions, committees and employees from liability and misrepresentation in requests to sign on. Support, or amici or public statement of positions.

Board Eligibility There has been a troubling trend in recent years whereby hospitals, insurance companies and other organizations are using board certification as a sole measure of quality, competency and excellence; and these same groups are dismissing from employment, denying admitting privileges, not allowing participation in insurance companies and denying privileges to ambulatory surgery facilities to those physicians that are not board certified or have allowed their “Maintenance of Certification” to lapse. MSSNY should request that the American Board of Medical Specialties (ABMS), hospitals and insurance companies consider that a duly licensed physician should be the only requirement for practice of medicine; and MSSNY should request that the ABMS keep their promise of the “grandfather” clause; and MSSNY should oppose that there should be more than one board eligible certification. MSSNY should have the AMA reaffirm its commitment to ambulatory surgery center.

BYLAWS Establishment of an Employed Physicians Section MSSNY should establish an Employed Physicians Section that will focus on the specific needs of New York physicians who are salaried employees of a hospital, hospital-based network or system, or other healthcare entity that employs physicians. The Employed Physicians Section will focus on issues of interest specific to salaried physicians and establish internal governance and operating procedures that will not be in conflict with MSSNY Bylaws. Members of the Employed Physicians Section will be paid members of MSSNY and their respective county medical society.
Report of the House Committee on Bylaws

To the House of Delegates, Ladies and Gentlemen:

The members of the House Committee on Bylaws are as follows:

Sana L. Bloch, MD .............................................Bronx
Jerome C. Cohen, MD, FACP............................Broome
Arthur C. Fougner, MD, Ex-Officio .............Secretary
Kira A. Geraci-Ciardiullo, MD MPH, Ex-Officio ..Speaker
Robert B. Goldberg, DO ..................................New York
Robert Alan Hesson, MD ..............................Tompkins
Steven M. Kaner, MD, Chair .........................Kings
Richard Milton Peer, MD, MPP ......................Erie
Malcolm D. Reid, MD, MPP, Ex-Officio ......President
Philip Schuh, CPA, MS .................................Executive Vice President
David Vozza, Esq ........................................General Counsel
Donald R. Moy, Esq ...................................General Counsel

At the 2016 annual meeting of the House of Delegates, Resolutions 2016-1 and 2016-2 were referred to the House Committee on Bylaws. The House Committee on Bylaws heard testimony from members of the House of Delegates at the 2016 annual meeting, and your Chair wishes to express his thanks to all the members and guests who provided testimony.

Resolution 2016 – 1: Parliamentary Authority

Introduced by: MSSNY Young Physicians Section
Medical Society of the County of Queens

Whereas, Article III, Section 3, Paragraph 17 of the MSSNY Bylaws currently states, “The rules contained in Sturgis Standard Code of Parliamentary Procedure shall govern the House of Delegates in all cases in which these are not inconsistent or in conflict with the Bylaws of the Medical Society of the State of New York or the standing or special rules of the House of Delegates;” and

Whereas, Article XIII, Section 4 Paragraph 8 currently states, “The rules contained in Sturgis Standard Code of Parliamentary Procedure shall govern the Medical Society of the State of New York in all cases in which they are not inconsistent or in conflict with the Bylaws of the State Society;” and

Whereas, the last edition of The Standard Code was published in 2000; and

Whereas, no future revisions are planned by the publisher; and

Whereas, the 2000 edition of The Standard Code will eventually go out of print; and

Whereas, a new parliamentary reference work has been authored by a team from The American Institute of Parliamentarians; and

Whereas, some of the members of the editorial team of the American Institute of Parliamentarians previously served on the editorial team of The Standard Code of Parliamentary Procedure; and

Whereas, the title of the new reference work is the American Institute of Parliamentarians Standard Code of Parliamentary Procedure (AIPSC); and

Whereas, the procedures described in the AIPSC can easily be integrated with the flow of business of our MSSNY House of Delegates, Board of Trustees, Council, sections, and committees; and

Whereas, the American Medical Association changed their parliamentary authority from Sturgis’ Standard Code of Parliamentary Procedure to AIPSC at the 2015 Annual Meeting; therefore be it

RESOLVED, that Article III, Section 3, Paragraph 17 of the MSSNY Bylaws be deleted, as follows:

The rules contained in Sturgis Standard Code of Parliamentary Procedure shall govern the House of Delegates in all cases in which they are not inconsistent or in conflict with the Bylaws of the Medical Society of the State of New York or the standing or special rules of the House of Delegates; and be it further

RESOLVED, that Article XIII, Section 4, Paragraph 8 of the MSSNY Bylaws be amended as follows (additions underlined, deletions lined through):

The rules contained in Sturgis Standard Code of Parliamentary Procedure shall govern the Medical Society of the State of New York in all cases in which they are not inconsistent or in conflict with the Bylaws of the Medical Society of the State of New York or the standing or special rules of the House of Delegates.

The Committee, accordingly, unanimously recommends that SUBSTITUTE RESOLUTION 2016-1 BE ADOPTED.

Resolution 2016 – 2: Bylaws Change in the Delegate Subsidy

Introduced by: First District Branch of MSSNY

Whereas, for over 20 years, the delegate subsidy has remained the same amount ($100); and

Whereas, subsidy of delegates is based on Article XVI of the MSSNY Bylaws which states: "Component county medical societies shall be reimbursed by the State Society with a per diem allowance of not less than $149 $175 per day for each day the House is in session for each delegate registered at the convention hotel." and

Whereas, over the course of three years, the average hotel stay per night has been $155 which includes tax and hotel surcharges; and

Whereas, most delegates stay for three nights in order to attend MSSNY Committee meetings; and

Whereas, in addition to hotel costs the county medical societies need to factor the cost of food and beverage for 12 to 15 delegates and medical students; and

Whereas, over the course of three years the average cost of food and beverage has been approximately $1,800; and

Whereas, as one example, in 2015 the Bronx County Medical Society paid $8,900 to attend the House of Delegates; therefore be it

RESOLVED, that the Bylaws of the Medical Society of the State of New York, Article XVI, Expenses, be amended as follows, (insertions underlined, deletions crossed out):

ARTICLE XVI, Expenses

Component county medical societies of the Medical Society of the State of New York and recognized specialty societies shall be reimbursed by the State Society with a per diem allowance of not less than $149 $175 per day for each day the House is in session for each delegate registered at the convention hotel.

The $100 per diem allowance is a minimum amount, not a maximum amount. The Council with the approval of the Board of Trustees could set a higher per diem if the Council and Board agreed that such higher amount would be fiscally prudent. However, the committee heard testimony that adoption of the resolution would result in an additional $60,000 or more to MSSNY’s annual budget, an amount that MSSNY cannot afford under current budget constraints. The resolution would hamper the ability of the Council and Board to act as prudent stewards of MSSNY’s finances, and adoption of the resolution would likely require that MSSNY reduce critical services or programs in other areas.

The Committee, accordingly, unanimously recommends that Resolution 2016-2 NOT BE ADOPTED.

Refinements to MSSNY Bylaws – For information

With the able assistance of our Speaker, The House Committee on Bylaws is undertaking an ongoing effort to improve and refine MSSNY’s Bylaws. Over the years, MSSNY’s Bylaws have been amended on a gradual and piece meal basis, with the adoption of bylaws resolutions. While the House of Delegates has acted appropriately to adopt amendments over the years, there has been no recent effort to review the Bylaws in its entirety to ensure appropriate wording and internal consistency. Article X, Section 2, Paragraph 3 of the MSSNY Bylaws provides that it is a “duty of the committee to suggest amendments to or revisions of the Bylaws.” Accordingly, in order to fulfill this duty, the Committee is working with your Speaker to propose refinements to the MSSNY Bylaws, in order to improve the wording and internal consistency of various provisions in the Bylaws. The intent of the refinements is not to make any substantive changes to the Bylaws, but to make editorial changes in order to make the Bylaws more clear and precise.

Because the work of the Committee and Speaker is ongoing, no resolution to adopt the proposed refinements to the Bylaws is submitted at this time.

Your Chair wishes to thank the members of the House Committee on Bylaws, the members of the House of Delegates who provided testimony and input, and the individuals who assisted in the preparation of this report, Eunice Skelly, Laurie Mayer, Mohini Harilall and Donald Moy, Esq.

Respectfully submitted,

Steven Kaner, MD
Chair