



# Network New York The Alliance Voice

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News from the Tri-  
President - Page 1

Advocacy Day-Page 2

Legislation-Pages 2-4

MSSNYPAC -Page 4

Alliance News-Page 5

Health News-Pages 5-6

In Memorial- Page 6

Calendar -Page 6

MALS - Page 7

## Category of Links

<http://www.mssny.org>  
click on About MSSNY  
then member section link  
and then onto the Alliance  
<http://www.mssny.org/mssnyip.cfm?c=i&nm=Alliance>

## Contact Us

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

## News from the Tri-President, Barbara Ellman



We can't believe that spring is just around the corner! We hope you will be able to join us in April at our 83<sup>rd</sup> Annual Meeting on April 11 and 12 at the Westchester Marriott, 670 White Plains Road (Route 119) in Tarrytown, NY. If your spouse is attending MSSNY's House of Delegates, please consider joining us on Thursday afternoon from 2:30-5 PM and/or Friday morning from 9-12 AM. We welcome all physician spouses/significant others as we review the activities of the past year and plan for the future. Please come to network and learn about the issues

facing our physician spouses. Friday activities also include a celebration luncheon at 12:30 PM. It is not too late to register! Simply contact Kathy Rohrer at [krohrer@mssny.org](mailto:krohrer@mssny.org) for more information or the registration forms.

Supporting our physician spouses through our advocacy remains a main focus. Our newsletters report on legislation some of which requires your advocacy. MSSNY continues to work with legislators to defeat proposals that would worsen the practice environment including minute clinics, expansion of practice for non-physicians, narrowing insurance networks, etc. while working also to lessen physician hassles. Please read the legislative section and visit the grassroots section of the AMA and MSSNY for further information and sample letters. Another way to support MSSNY's legislative agenda would be a donation to MSSNYPAC.

Membership is a vital part of any organization and in order for us to continue doing all that we do, we need members. If you can't be an active member right now, your dues will help us to continue our great work and when you are ready, there are many jobs that don't require a lot of your time that would be very helpful to us. Whatever your interest is, we have a spot for you! A membership application is included in this newsletter.

Barbara Ellman,  
Alliance Tri-President, 2018-2019

## Advocacy Day

Over 200 physicians, medical students and other physician advocates gathered in Albany on March 6 to participate in MSSNY's Annual Physician Advocacy Day, and meet with their local legislators. The assembled physicians heard from the Assembly Health Committee Chair Richard Gottfried, Senate Health Committee Chair Gustavo Rivera, Assembly Insurance Committee Chair Kevin Cahill and Senate Insurance Committee Chair Neil Breslin regarding their priorities for 2019, and to answer questions from physicians. They also heard from Senate Republican leader John Flanagan, and Troy Oechsner, who oversees the regulation of the health insurance industry for the New York Department of Financial Services.

While many topics were discussed with these legislative leaders relative to patient care delivery, the most extensive discussion centered on the potential benefits and significant concerns with the proposed "New York Health Act", concerns with legislation to permit "adult use" or "recreational" marijuana use, and the strong support for physician collective negotiation legislation (A.2393, Gottfried/S.3462, Rivera) that would enable physicians to better advocate for their patients in response to the increasing consolidation in the health care and health insurance industries.

Other key issues physicians raised throughout the day included:

- Support for important public health initiatives contained in the Governor's Budget including licensing PBMs, raising the tobacco/e-cigarette purchase age from 18-21, creating a Maternal Mortality Review Board, and eliminating pre-authorization for Medication Assisted Treatment (MAT).
- Opposing the estimated \$80/patient cut to deductible payments for patients covered by both Medicare and Medicaid proposed in the Governor's Budget.
- Opposing the repeal of "prescriber prevails" for Medicaid FFS and certain Medicaid Managed Care prescriptions proposed in the Governor's Budget.
- Concerns with provisions that would permit Nurse Practitioners and licensed social workers to treat injured workers and be directly reimbursed under Workers Compensation without coordination with a physician.

## Legislation

### Federal

The United States Congress is looking at legislation to address the issue of patients facing "surprise" out of network medical bills across the country. MSSNY has written to the New York Congressional delegation, urging that any legislation to be considered is consistent with New York's comprehensive law. Under the law, patients are responsible for their in-network payment only in cases when they did not give written consent to be treated by an out-of-network provider, including in emergencies. The law also created a dispute-resolution process for providers and insurers to enter binding arbitration over bills.

### New York State

Both the Assembly and the House passed one house budget bills and negotiations are ongoing between the legislature and Governor to pass a budget by April 1.

The Senate's one house bill supported the governor by including

- Increase from 18-21 the legal age to purchase tobacco and e-cigarettes; Ban flavored liquids and sales in pharmacies;
- Regulate the practices of Pharmaceutical Benefit Managers (PBMs);
- Assure comprehensive health insurance coverage for those suffering from a mental health condition (MH, SUD or autism);
- Prohibit pre-authorization for Medication-Assisted Treatment (MAT) to address opioid addiction;

The Assembly bill did not include these provisions because they planned to address these issues with legislation. (A.558, Rosenthal raises the age to purchase tobacco products to 21 and has already passed the Assembly.)

Both houses included the extension of the Excess Medical Malpractice Program for an additional policy year.

Both houses rejected legalizing recreational marijuana (although they are interested in discussing it after the budget negotiations), eliminating Medicaid coverage for deductibles of "dual eligible" patients, which could have a significant adverse impact for those physicians whose patient mix includes a substantial number of Medicare/Medicaid dual eligible patients, the 0.8% across the Board Medicaid payment cut, and the proposed repeal of the "prescriber prevails" protections for prescriptions for patients covered by Medicaid.

The Assembly rejected the governor's plan to permit PAs, NPs, social workers, acupuncturists and licensed social workers to treat injured workers under Workers Compensation, but it was supported by the Senate's one house bill,

Contact your state legislators to urge that they reject legalization of recreational marijuana, the proposed cuts to Medicaid, the proposed changes to Workmen's Compensation, and support the behavioral health parity reforms.

### **Multiple bills have been passed and are awaiting the governor's signature:**

S. 1819, Rivera/A. 3276-A, Joyner: establishes a Maternal Review Board to review data and information related to maternal mortality and morbidity.

S.4183, Rivera/A.1034-A, Gottfried: exempts nursing home oral medication prescriptions from the state requirement that all prescriptions be electronically submitted for two years.

S.2374, Gianaris/ A.2690, Paulin: establishes a background check waiting period of up to 30 days.

S.2248, Sepulveda/A.2448, Fahy: prohibits the possession of a device (bump stock) that accelerates the rate of fire of a firearm.

S.101A, Kaminsky/A.1715, Griffin: prevents K-12 schools from authorizing anyone other than a security officer, a school resource officer or a law enforcement officer from carrying a firearm on school grounds. A.2685,

Rosenthal/S.2449, Mayer directs the state police to devise regulations for gun buyback programs to ensure that such programs are operated consistently throughout the state.

S.2438, Kaplan/ A.1213, Hunter: requires out of state applicants for gun permits to allow NY permitting authorities to review out-of-state mental health records.

S.2449, Mayer/ A.2685, Rosenthal: directs the state police to devise regulations for gun buyback programs to ensure that such programs are operated consistently throughout the state.

### **MSSNY supports the following legislation**

- A2393, Gottfried/S. 3462, Rivera: gives independently practicing physicians the right to collectively negotiate with insurance companies on patient care issues in certain instances, under close state supervision.
- A.3038, Gottfried/S.2847, Breslin: reduces prior authorization hassles by requiring health plan utilization review criteria to be evidence-based and peer reviewed; reducing the time frame for reviewing prior authorization requests from 3 business days to 48 hours (and to 24 hours for urgent situations); assuring that a prior authorization, once given, is enduring for the duration of the medication or treatment; prohibiting mid-year prescription formulary changes; and assuring that once a prior authorization is given, it cannot be withdrawn if eligibility is confirmed on the day of the service.
- A.3076, Gottfried: requires health insurer medical necessity decisions to be made by a NY licensed physician that is qualified to perform the procedure in question.
- A.2983, Gottfried: prohibits the inclusion of onerous clauses in contracts between physicians and HMOs, including those that reduce payment, impose inappropriate mandates on prescriptions and allow changes to prescriptions by those other than the prescribing physician or pharmacist with which they collaborate.
- A.2899, Gottfried/S.873, Rivera: prevents insurance companies from using extrapolation (except in certain circumstances) to unfairly assert and attempt to recoup purported overpayments.
- A.2799, Gottfried: ensures "prescriber prevails" protection for all prescriptions written for patients covered by Medicaid, giving physicians the final say in prescribing.
- A2969, People-Stokes/S.2849, Breslin: helps to prevent harmful changes to drug formularies mid-year. Patients are not allowed to change insurance plans mid-year and often make selections with formularies in mind, so this bill would ensure that insurance companies are held to their end of the contract.
- A.4897, Schimminger: (Medical Liability Reform Act): eases the extraordinary liability burden on physicians in New York through the enactment of a number of policy changes, including the following: requiring an affidavit of merit from a NY licensed physician to cut down on the filing of non-meritorious claims; placing a reasonable limit on non-economic damages (there are currently 30 states with some form of a similar cap); and requiring enhanced disclosure of identity of expert witnesses.
- A.5018, Abbate: requires a particularized affidavit of merit to function as a comprehensive vetting of medical malpractice claims prior to commencing of a legal action. Additionally, it would require full and complete discovery of expert witnesses in medical liability actions.
- S.3461, Rivera: requires that health insurers cover services provided by out-of-network (OON) providers.
- S.3463, Rivera: provides physicians due process protections when health insurers seek to terminate a physician from its network by failing to renew the physician's contract. Current law prohibits a health insurance company

from terminating a physician's contract without a written explanation of the reasons for the proposed contract termination and an opportunity for a hearing by a panel comprised by three persons including a clinical peer in the same or similar specialty. These provisions, however, do not apply to situations involving the non-renewal of physician contracts. This bill would correct that disparity.

- S.428, Hoylman/A. 47, Rosenthal: prohibits the sale and distribution of flavored "e-liquids" for use in electronic cigarettes and electronic cigarettes containing such flavoring.
- S.592, Carlucci/A.389, Galef: (Tobacco-Free Pharmacies Act) prohibits the sale of tobacco products in pharmacies.
- S.1799, Rivera/A,2998, Bichotte: expands expedited partner therapy from Chlamydia to include other STIs.
- A.2904/Quart: requires health insurers to provide patient access, without prior authorization requirements, for initial and renewal prescriptions for buprenorphine and long-acting injectable naltrexone for the treatment of substance abuse disorders. In 2016, this policy was implemented for Medicaid, but not for commercial insurers. The purpose of this bill is to establish parity for all patients in New York. It is included in the Governor's budget and in Senate's budget bill, but not in the Assembly's Budget bill.

### **MSSNY opposes the following legislation**

S. 2888, Salazar/A.318, Paulin: requires all physicians and other health care providers to provide all maternity patients with written information as to the risks associated with Cesarean section.

A.5248, Gottfried/ S. 3577, Rivera (New York Health Act) It would be a single payer system to assure coverage for the uninsured and underinsured by re-directing health care dollars from administrative spending. They indicated that there would be provisions to clarify that pre-authorization requirements for needed care would be no more burdensome than what is currently imposed by Medicare. The bill also included long term care insurance for all NY residents. MSSNY has a long standing policy position in support of a multi-payer system to achieve universal coverage and in opposition to a single payer system, but also recognizes that there is a wide array of physician perspectives on this issue.

Although legalizing recreational marijuana was not in either house's budget bill, lawmakers have indicated that they want to continue talks with the Governor concerning legalization. MSSNY opposes legalization and has the following policy:

1. To review and address issues with criminal justice, disparate enforcement, and stigmatization associated with low level users.
2. To reschedule marijuana to Schedule II based on some promising, but still largely anecdotal reports on its utility for certain conditions. If rescheduling can be attained, well-funded research can educate us as to the utility and harms of this complicated product.
3. To oppose further expansion of non-medical use until the effects of long term use are clarified, States that have legalized should collect data on long term efficacy and side effects. States with legalization can provide further data that develops over the next few years.

MSSNY's concern relates to a paucity of data on long term efficacy and risks associated with chronic use. *JAMA Psychiatry* published a meta-analysis raising concerns about increased depression and suicide rates in association with marijuana use. States with adult use programs have higher rates of child and adolescent use.

## **MSSNYPAC - The Political Voice for NY Physicians**

Supporting MSSNYPAC with a financial contribution is an important investment. If you are not a member, please consider joining along with your spouse. MSSNYPAC 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. A well-funded MSSNYPAC can support the candidates who truly understand the concerns of physicians trying to assure their patients receive the best possible care. It targets support for elected state and federal officials and candidates who advance physicians' goals and strengthens physicians' voice in governmental affairs. AMSSNY believes in the value of MSSNYPAC and voted at our annual meeting to join at the President's Circle level of \$2500. At Fall Conference, the board increased the yearly contribution to \$5000.

The PAC's structure is an Executive Committee and subcommittees for federal and state elections. Please consider joining MSSNY PAC to support advocacy efforts. Please join to help to assure that physicians have a meaningful seat at the table as health care policy is developed. The Alliance contribution is \$100. Contact Kathy Rohrer ([krohrer@mssny.org](mailto:krohrer@mssny.org)) for an application.

## AMA Alliance News

You can hear the “Married to Doctors” podcast. The link is on the AMA Alliance website on the Personal Development page of the Affiliate Relations tab <https://amaa.memberclicks.net/personal-development>.

You can join the AMAA closed facebook page by clicking on this link: <https://amaa.memberclicks.net/fbinvite>.

The jointly sponsored AMA and AMA Alliance Physician Family Day will be observed on Saturday, August 31, 2019, the last Saturday in August.

## Health News

### Prior Authorization

The AMA launched a new grassroots advocacy website—[FixPriorAuth.org](http://FixPriorAuth.org). It seeks to reduce both the overall volume of prior authorization requirements and the number of physicians subjected to such requirements.

### 6<sup>th</sup> Annual Population Health Summit

“Becoming the Healthiest State for People of All Ages – Incorporating Health Across all Policies and Age Friendly Principles into the Prevention Agenda 2019-2024” was hosted by the NYS Department of Health. The Summit sought to deepen and extend the understanding of ongoing efforts in New York State and nationally that demonstrate effective collaboration between public health, health care, and other sectors to advance population health. The Prevention Agenda 2019-2024 will focus on preventing chronic diseases; promoting a healthy and safe environment; promoting healthy women, infants, and children; preventing mental and substance use disorders; and preventing communicable diseases. To learn more about the Prevention Agenda 2019-2024, go to

[https://www.health.ny.gov/prevention/prevention\\_agenda/2019-2024/](https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/)

### Primary Care Physicians

A study published in *JAMA Internal Medicine* noted that the “number of primary care physicians rose from 196,014 in 2005 to 204,419 in 2015,” but “because of disproportionate losses of providers in rural areas, the average number of primary care physicians for every 100,000 people in the population declined from 46.6 to 41.1 during the same period.” Further, “each 10 additional primary care physician per 100,000 people was associated with a 51.5 day increase in life expectancy.”

### Abortion Gag Rule

The *Washington Post* reported that the American Medical Association and the Planned Parenthood Federation of America have filed a lawsuit over the new rule from HHS that prevents clinics receiving Title X funding from making referrals for abortion, referred to as the “gag rule”. Dr. Barbara L. McAneny, the AMA’s president, said in a statement, “Because of the administration’s overreach and interference in health-care decision-making, physicians will be prohibited from having open, frank conversations with their patients about all their health care options.” Meanwhile, HHS maintains the rule “will prevent ‘co-mingling’ of funds that are used for abortion and those that are used for other types of reproductive care.” The rule also prevents clinics from sharing physical space and finances with abortion providers.

The Associated Press reported the rule’s requirement that abortion providers not share office space with Title X clinics “would in many cases boost costs for providers like Planned Parenthood that offer abortions and other services, including family planning.” Planned Parenthood previously said it would forgo Title X funding if the rule is not overturned, “forgoing an estimated \$60 million in annual funding” and potentially impacting the “1.6 million of the 4 million women who get care through Title X.”

### Postpartum Depression Drug

Food and Drug Administration approved Zulresso (brexanolone) for postpartum depression. The article points out that Zulresso is the first FDA-approved drug for the condition and “works very quickly, within 48 hours.” The Associated Press reports Zulresso is “an IV drug given over 2 ½ days,” and “will cost \$34,000 without insurance, plus costs for staying in a hospital or infusion center.” The article adds that “postpartum depression affects about 400,000 American women a year,” and that while “it often ends on its own within a couple weeks, it can continue for months or even years.”

## Aspirin Warning

New guidelines say that daily, low-dose aspirin should be used infrequently to prevent primary cardiovascular disease. The American College of Cardiology and the American Heart Association conclude that aspirin should be reserved for people with the highest cardiovascular risk and the lowest risk for bleeding. The guideline categorically recommends against aspirin use in those over age 70 and in those at high risk for bleeding, such as patients with chronic renal disease or thrombocytopenia.

## Marketplace Insurance

Fidelis Care maintained its dominance in the state's individual insurance marketplace, with its market share holding steady in the first open enrollment cycle since it was bought by Centene. Nearly 40 percent of New Yorkers purchasing an individual plan chose Fidelis.

## Aging Population

The Center for an Urban Future indicates that people aged 65 and older now make up 16 percent of New York's population, a record high. This in turn is straining state and county services for senior citizens, such as home-care aides and meal delivery

## In Memorial

Frances Gertrude Coletti, wife of Dr. Jeff J Coletti M.D. passed away peacefully on the morning of August 8, 2018. A graduate of Saint Agnes high school, she went on to Saint Vincent's School of Nursing to become a RN. She worked at Nassau Hospital as a surgical operating room nurse. She married Dr. Jeff J. Coletti and served her community and the medical profession as the wife of a physician doing community service and philanthropic work to support health careers. She served as president of the Nassau County Medical Society Alliance 6 times between 1970 & 1999. During this time she initiated the GEMS program to train young girls how to be safe baby sitters. This was a program she was most proud of and felt was of great service to the health of the community. She also initiated philanthropic work for health careers scholarships. Memorial donations may be made to the Frances G. Coletti Nursing Scholarship for advanced practice in geriatric nursing at Stony Brook University, School of Nursing. Please contact Duante Stanton at [duante.stanton@stonbrookmedicine.edu](mailto:duante.stanton@stonbrookmedicine.edu) or by phone at 631-444-2687.

## Planning Calendar

Doctor's Day	March 30, 2019
AMSSNY Annual Meeting, Westchester Marriott	April 11-12, 2019
AMAA Annual Meeting, Chicago, IL	June 8-11, 2019
Physician Family Day	August 31, 2019
AMSSNY Fall Conference	October 6-7
Physician Advocacy Day, Albany, NY	March 4, 2020



## 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 (\$65) dues (Total of \$100). Senior/Widows (65+ and 20 years active service) State dues are \$17.50. (\$82.50 if State and National) Please make checks payable to AMSSNY-MALs and submit to:

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865 Merrick Avenue  
Westbury, NY 11590-9007