



Network New York The Alliance Voice

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

News from the Tri-President, Barbara Ellman



During our Fall Conference, we heard from Donna Rovito about the Facebook group Physician Family Community. We hope you are taking advantage of The *Physician Family* magazine available to AMAA members that can also be shared with non-members by going to www.physicianfamilymedia.org. Members also have the *Alliance in Motion* magazine.

Supporting our physician spouses through our advocacy remains a main focus. Please try to attend Physician Advocacy Day on Wednesday, March 6 at 8AM in the Lewis Swyer Theatre in the Egg located at

the Empire State Plaza, Albany, NY. Following the morning program, you will have the opportunity to join representatives from your county society to speak with your legislators about legislation supported by MSSNY and also areas of concern. Another way to support MSSNY’s legislative agenda would be a donation to MSSNYPAC. 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.

Our organization is pleased to announce a follow-up to our advocacy to gain support for requiring helmets for girl lacrosse players. We provided helmets to a modified girls’ lacrosse team from an inner city Schenectady school which have now been delivered to encourage their use and hopefully adoption of helmets by other schools.

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.

Mark your calendars to join us at our annual meeting on April 11 and 12 at the Westchester Marriott. Details will be forthcoming in a Call to the Annual Meeting.

Barbara Ellman, Alliance Tri-President, 2018-2019

Physician Advocacy Day -March 6th

MSSNY's "Physician Advocacy Day" will be held on Wednesday, March 6th at 8AM in the Lewis Swyer Theatre in the Egg located at the Empire State Plaza, Albany NY. After the morning program, there will be a brief luncheon to which members of each House are invited. County medical societies will arrange meetings with their local legislators in the afternoon. Please take this opportunity to meet with your legislators and urge them to:

- Reduce excessive health insurer prior authorization hassles that delay patient care'
- Reject proposals that would add prior authorization burdens for care provided to Medicaid patients
- Reduce the high cost of medical liability insurance through comprehensive reforms
- Reject burdensome mandates that interfere with patient care delivery
- Preserve opportunities for medical students and residents to become New York's future health care leaders
- Reject inappropriate scope of practice expansions of non-physician practitioners
- Prevent big-box, store-owned medical clinics that will negatively impact community primary care delivery
- Proceed very cautiously on paradigm shifting proposals such as legalization of recreational marijuana and creating a single payor health insurance structure.
- Reject proposed unfair cuts to physicians treating patients covered by both Medicare and Medicaid;

Register at www.mssny.org.

83rd Annual Meeting

The Alliance is pleased to announce that their 83rd Annual Meeting will be held April 11-12 at the Westchester Marriott, 670 White Plains Road (Route 119) in Tarrytown, NY. This meeting will be held conjunction with MSSNY's House of Delegates meeting. All Physicians spouses/significant others are invited to join us as we review the activities of the Alliance over the past year and plan for the future of the Alliance. Please come to network and learn about the issues facing our physician spouses.

Our meeting hours are 2:30 -5:30 PM Thursday, and 8:30 AM - noon on Friday. Friday's activities also include a celebration luncheon at 12:30 PM. To make hotel reservations, go to

[http://www.mssny.org/MSSNY/About MSSNY/House of Delegates/2019HOD/Hotel Information](http://www.mssny.org/MSSNY/About/MSSNY/House_of_Delegates/2019HOD/Hotel_Information). The deadline to make your reservations at the special MSSNY rate is March 19. The Call to the Annual Meeting will include registration forms. We thank you for your continued support of your Alliance and look forward to your participation.

Legislation

Federal

President Donald Trump has signed into law legislation, the "Preventing Maternal Deaths Act", to provide millions of dollars in funding to states to establish maternal mortality committees. The bill was passed by the US Congress in early December. The purpose of such committees is to investigate pregnancy-related deaths and use the findings to prevent others. The CDC Reports the maternal mortality rate is 26.4 deaths per 100,000 (about 700 per year). That rate increased 250% between 1987 and 2014. CDC estimates that 60% of the deaths are preventable. The death rate for African-American women is 3 times higher than that of white women. MSSNY supported 2018 legislation that would have established a Maternal Mortality Review Board. The board's primary focus will be on quality improvement rather than punishment. MSSNY will again work with ACOG in 2019 to establish the MMRB.

New York State

Governor Andrew Cuomo proposed a \$175 Billion Budget for the FY 2019-20 Fiscal Year that would close a \$3 billion Budget deficit. The Budget contains \$1.3 Billion in revenue actions, including a 5 year extension of the surcharge on high earners.

Positive items include:

- 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;
- Extension of the Excess Medical Malpractice Program for an additional policy year;
- Reduce the current 9% interest rate on court judgments, which could have the effect of reducing liability

premiums

- Require Medicaid to cover services under the National Diabetes Prevention Programs for individuals diagnosed with Prediabetes;
- Expand health insurance coverage for IVF;
- Create a statewide Maternal Mortality Board with necessary confidentiality protections.

Areas of concern include

- Legalize the sale of recreational marijuana to those 21 and over. The Governor would create an Office of Cannabis Management to oversee the program. Municipalities would be able to opt out of sales in their local jurisdictions. The program is expected to generate \$300 million in annual revenue.
- Expands the existing medical marijuana program to add additional health conditions which would be eligible for “Medical Cannabis”;
- Permit PAs, NPs, social workers, acupuncturists and licensed social workers to treat injured workers under Workers Compensation;
- Repeal “prescriber prevails” protections for prescriptions for Medicaid FFS patients for medications that are not on the Medicaid formulary;
- Eliminate 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

Contact your state legislators to urge that they reject several proposals contained in the 2019-20 Executive Budget. Letters are available at the Grassroots Action Center. Reject the dual eligible payment cuts which would significantly cut the payments that Medicaid makes to physicians to cover the Medicare Part B deductibles of their “dually eligible” patients. While the exact cut for each physician would depend on the physician’s patient mix and services provided, MSSNY estimates that the cut would be \$80 per patient. Remove the legalization of recreational marijuana from the budget proposal. MSSNY supports efforts to remove the threat of criminal sanction for marijuana possession, but has also expressed concerns with efforts to legalize recreational marijuana use.

Items of interest and further review include:

- Codify New York’s Health Insurance Exchange, and assure NY has continued coverage for pre-existing conditions,
- Essential Health Benefits and an easy way to appeal medications not included on insure formulary.
- Require ED physicians to check I-STOP database;
- Launch a comprehensive education and training program to reduce implicit racial bias in health care facilities Statewide;
- Launch an uterine fibroid and endometriosis research and public outreach campaign;
- Encourage more prescribers to become designated buprenorphine prescribers by directing OASAS, OMH and DOH to oversee implementation of statewide learning collaborative;
- Make \$5 million available to regional perinatal centers and other health care providers to expand their telehealth capabilities in rural communities;
- Create a Commission on Universal Access to Health Care comprised of health policy and insurance experts to devise ways to achieve universal access to high quality, affordable health care.

NYS Legislature passed the Reproductive Health Act and it was immediately signed into law by Governor Andrew Cuomo. A.21, Glick and S.240, Krueger amended the public health law by codifying the abortion procedure within New York State’s public health law and removing it from the penal law. It states that an abortion may be performed by a licensed, certified or authorized practitioner acting within their defined scope of practice under Title 8 of the Education Law. Under the law, an abortion can be performed within 24 weeks from the commencement of pregnancy, an absence of fetal viability or at any time when necessary to protect a patient’s life or health.

The NY State Legislature passed the Conversion Therapy Bill and was signed by Governor Cuomo on January 25, 2019. A.576, Glick/S. 1046, Hoylman provides that any sexual orientation change efforts attempted on a patient less than 18 years of age by a licensed mental health professional shall be considered unprofessional conduct and shall subject the provider to discipline by the provider’s licensing entity. Frank Dowling, MD, MSSNY Secretary participated in the bill signing ceremony. The Medical Society of the State of New York has supported this measure and it has been part of the legislative program for several years.

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

A.585-A, Cahill/ S.659-A, Salazar (the Comprehensive Contraception Coverage Act) requires health insurance policies to include coverage of all FDA-approved contraceptive drugs, devices and productions. The bill also requires insurance coverage for emergency contraception and voluntary sterilization procedures for women and men and would require coverage for patient education and counseling about contraception.

A.2684, Fahy/S. 2448, Sepulveda, prohibits the possession, manufacture and transport of rapid-fire modification devices which are commonly referred to as a "bump stock" mechanism and awaiting action in the Senate and Assembly Codes Committees.

A.2690, Paulin/S. 2374, Gianaris establishes a waiting period before a firearm; shotgun or rifle can be sold or transferred. The bill requires either the National Instant Criminal Background Check System (NICS) or its successor to issue a "proceed" response to the licensee or a 30 day waiting period to expire. The measure is awaiting action in the Senate and Assembly Codes Committee.

A.2689, Simon/S.2451, Kavanaugh establishes an Extreme Risk Protection Order (ERPO) which is an order of protection prohibiting certain persons from purchasing, possessing or attempting to purchase or possess a firearm, rifle or shotgun. Under the measure, a police officer, a family or household member, a school administrator or his/her designee, can request a court-issued order of protection when it is believed that a person has threatened or committed an act of violence towards themselves or others, or situations where an order of protection has been violated, or where there is a pending charge or conviction for an offense involving the use of a weapon. The bill provides grounds for the request and surrendering of the firearm. The measure is in the Senate Judiciary Committee and the Assembly Codes Committee.

A.1715,Griffin/S.101A Kaminsky 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.

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

MSSNY supports the following legislation

- A2393, Gottfried: gives independently practicing physicians the right to collectively negotiate with insurance companies on patient care issues in certain instances, under close state supervision.
- A3038, 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.
- A2983, 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.
- A2899, Gottfried/S.873, Rivera: prevents insurance companies from using extrapolation (except in certain circumstances) to unfairly assert and attempt to recoup purported overpayments.
- A2799, Gottfried: ensures "prescriber prevails" protection for all prescriptions written for patients covered by Medicaid, giving physicians the final say in prescribing.
- A.2969, 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.

Assemblyman Gottfried and Senator Rivera indicated a revised New York Health Act would be introduced soon. 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.

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 MSSNYPAC 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) for an application.

AMA Alliance News

The AMA Alliance (AMAA) and ITN Productions are producing a news and current affairs-style program, "The Opioid Epidemic: Empowering Community Action," designed to raise awareness of effective practices individuals and communities are using to stem and reverse the epidemic. The program will address key issues such as the safe storage and disposal of opioids, comprehensive treatment and support for substance use disorders, public education and training that helps to both tackle the epidemic and end the stigma and misperceptions associated with having an opioid-use disorder. The Opioid Epidemic: Empowering Community Action' will be an in-depth, online program featuring interviews, news items and sponsored editorial profiles of leaders and key organizations, spotlighting the research into combatting the epidemic as well as the work that takes place every day in communities across the United States. The series includes several reports:

- A report from the AMA Alliance Annual Meeting about its national initiative to educate physician families and communities about how they can help to combat the epidemic.
- A feature on the role of emergency nurses as first-line responders to help alleviate the opioid epidemic at the ground level and in local communities, led by the Emergency Nurses Association.
- A visit to the Texas A&M Health Science Center, which is implementing programs to reduce stigma and opioid misuse, as well as training future medical professionals, to properly administer opioid overdose reversal medications.
- An exclusive interview with Dr. Patrice Harris, AMA President-elect and Chair of the AMA's Opioid Task Force, about task force recommendations and the involvement of local communities to find solutions for the nationwide opioid epidemic.

For more information or to watch the video series, visit www.amaalliance.org.

The AMA Alliance Health Promotion Policy Grants (HPPG) provides seed money to county and state Alliances so they can implement a new program or activity inspired by AMA Alliance Health Policies. Currently there are a limited number of \$100-\$250 grants available. Projects should provide ongoing opportunities for promoting the AMA Alliance and build healthier communities. Applications must be received at least two weeks before your event. Alliances are eligible for one HPPG award per year. The funding cannot be used to issue prize money or gift cards. The HPPG application can be completed online.

Health News

CVS-Aetna Merger

Although the US Department of Justice and the New York Department of Financial Services had approved the merger, US District Court Judge Richard Leon ordered the US Department of Justice to respond to numerous comments filed to it raising concerns with the proposed mega merger between CVS and Aetna. According to media reports, this development is expected to delay approval of the merger until at least spring 2019. New York had been one of the last states to approve the merger, but with multiple conditions to insure fair business including:

- Prohibiting use of funds from any Aetna company or affiliate covering New Yorkers to pay for its acquisition;
- Prohibiting costs derived from the acquisition, including executive compensation, from being passed on to any domestic or foreign Aetna New York insurer;
- Prohibiting increased health insurance rates to pay for the cost of the acquisition;
- Prohibiting dividends to be paid by Aetna without the express prior approval of DFS for 3 years;
- Prohibiting preferential PBM pricing to any Aetna-affiliated health insurer licensed in New York, to better ensure insurance competitors can continue to fairly purchase PBM services from Caremark;
- maintaining access to non-chain New York pharmacies;
- Contributing \$40 million to New York State, to support health insurance education and enrollment activities and strengthen New York health care transformation activities, which may include payments to the New York State Health Care Transformation Fund;
- Requiring an independent third-party audit to assess whether Aetna employees have accessed Confidential Information in violation of firewall policies.

Physicians fully expect that the merger will further reduce competition in New York's health insurance market.

New York Health Exchange

The Congressional Budget Office predicted that “the repeal of the penalty (for the individual mandate) would move 4 million people to drop their health insurance next year or not buy it in the first place and 13 million in 2027.” The article says some consumers “who from the start hated the Affordable Care Act, or Obamacare as it is often called, will drop their coverage as a political statement,” while others will do so because of affordability. However, enrollment through the NYS Exchange is up for 2019 coverage. More than 930,000 consumers had enrolled in coverage in a Qualified plan or the Essential Plan, including 51,000 new consumers. More than 1 million New Yorkers had enrolled in non-Medicaid coverage in the Exchange through December 15, representing an increase of about 83,000 people over last year. New York's uninsured rate is currently under 6%, with about three-quarters of the uninsured eligible for subsidized coverage. Specifically, there were 247,411 enrolled in a qualified health plan; 776,481 enrolled in the Essential Plan; 413,576 enrolled in Child Health Plus, and 3,283,564 enrolled in Medicaid.

I-STOP

I-STOP needs to be better according to NY Comptroller Tom DiNapoli: The audit found that treatment programs did not always check the state's Internet System for Tracking Over-Prescribing (I-STOP) database. The study found a sample of 25 patients from three treatment programs received more than 1,000 Medicaid opioid prescriptions while in treatment for abuse over the four-year period. New York law requires treatment programs to check the I-STOP database every time a medication-assisted opioid was prescribed for take-home use. DiNapoli recommended that the DOH develop a method for notifying treatment programs when the database shows Medicaid recipients receive potentially dangerous prescriptions. His office also suggested the programs upload their own patient info when accessing the database, and that the DOH conduct risk assessments for individuals receiving medication-assisted treatment.

Midwife-Led Birthing Centers

MSSNY has joined other stakeholders in an ongoing series of discussions organized by the NYS Department of Health seeking to establish regulations permitting midwife-led birthing centers (MBC) in New York. Legislation permitting these centers was signed into law by Governor Cuomo in 2016, but regulations have not yet been completed such as:

- the implementing definition of which expectant mothers are “a patient at low risk”;
- the required level of review by the State to establishing a MBC including whether it should require a certificate of need (con);
- the scope of collaborative agreements between midwives and OB-GYNs;
- the scope of transfer agreements between MBCs and area hospitals;

There should be a required agreement of an MBC to a regional perinatal center (RPC) to assure that the best interests of expectant mothers and their babies are met.

Online Provider Networks

A 2017 CMS audit report found that 45.1% of provider directory locations listed in online directories were inaccurate. The types of inaccuracies remain the same from a previous report: the provider was not at the location listed; the phone number was incorrect; or the provider was not accepting new patients when the directory indicated they were.

CMS

CMS launched a new online tool that allows consumers to compare Medicare payments and copayments for certain procedures that are performed in both hospital outpatient departments and ambulatory surgical centers. The Procedure Price Lookup tool displays national averages for the amount Medicare pays the hospital or ambulatory surgical center and the national average copayment amount a beneficiary with no Medicare supplemental insurance would pay the provider. Procedure Price Lookup, part of the agency's e-Medicare initiative, joins other patient-oriented transparency tools, including an overhauled version of the agency's drug pricing and spending dashboards, which provide patients with Medicare and Medicaid spending information for thousands more drugs than ever before and, for the first time, list the prescription drug manufacturers that were responsible for price increases.

CMS has unveiled a new Medicare information mobile app called "What's Covered?" "What's Covered?" released on iOS and Android on January 28, aims to quickly bring information to users' mobile devices. The app now provides another solution—users can look up medical devices or services to find out how much Medicare covers and what they'll have to pay. It also lets users browse preventative health services for which they are already eligible.

Telemedicine

Thirty-two states passed laws that required parity in insurance coverage and reimbursement for telemedicine by 2016, so the researchers looked at insurance claims data from OptumLabs Data Warehouse for the period from 2005 to 2017 to see how the laws affected those claims. They found telemedicine visits rose from 206 visits in 2005 to "more than 202,000 visits in 2017," with most of the growth occurring in the last years of the study period. Those visits translated to "an average annual compound growth rate of 52 percent from 2005 to 2014 and an annual average compound growth rate of 261 percent from 2015 to 2017. In 2016, 15.4 percent of physicians worked in practices that used telemedicine for a wide spectrum of patient interactions, including e-visits as well as diagnoses made by radiologists who used telemedicine to store and forward data. In the same year, 11.2 percent of physicians worked in practices that used telemedicine for interactions between physicians and health care professionals. In addition to specialty, larger practice size was an important correlate of telemedicine use.

Life Expectancy

Data from the Centers for Disease Control and Prevention show that life expectancy for Americans declined again last year by one-tenth of a year, to 78.6 years. An increase in suicides, as well as the continued effects of the opioid crisis, influenza, pneumonia, and diabetes factored into these statistics. Life expectancy for men was 76.1 years, down a tenth of a year from 2016, and life expectancy for women in 2017 was 81.1 years. Dr. Robert Redfield, the director of the CDC, said, "These sobering statistics are a wake-up call that we are losing too many Americans, too early and too often, to conditions that are preventable."

Teen Vaping

Teen vaping nearly doubled in 2018, with one in five high school seniors reporting current use of e-cigarettes. More than 3.6 million teens in the U.S. reported that they regularly used the vaping products. Recommendations in an advisory by Surgeon General Jerome Adams, MD, include banning vaping from establishments now covered by indoor smoke-free air policies, further restricting youth access to e-cigarettes in retail establishments, implementing new price policies, and banning marketing to youth. Sales of Juul increased by 600% in 2017 alone. The e-cigarettes, which resemble USB flash drives, have high levels of nicotine — as much in a single cartridge as a pack of 20 regular cigarettes. Monthly e-cigarette and cigarette exposure calls to the U.S. poison centers, increasing from 0.3% in September 2010 to 41.7% in February 2014.

Opioid

Researchers for a *JAMA* study looked at more than 2,000 counties across the United States to see whether overdose death rates changed in the year after doctors in the area received payments and/or marketing material from opioid manufacturers. The counties that got more marketing attention did later experience higher overdose death rates. While most overdose deaths are related to illicitly obtained opioids, mainly heroin and fentanyl, the authors say using prescription opioids first may lead to OD deaths from any type of opioid.

Overdoes Death Rates

A new report from the Centers for Disease Control and Prevention published Jan. 11 in the *Morbidity and Mortality Weekly Report* “reveals that drug overdose deaths among females aged 30 to 64 have skyrocketed in recent years.” The website reports that “deaths from drug overdoses increased by 260 percent among women aged 30 to 64 between 1999 and 2017.” In addition, “the rate of drug overdose deaths from opioids increased by an enormous 492 percent among women aged 30 to 64.”

Planning Calendar

Physician Advocacy Day	March 6, 2019
Doctor’s Day	March 30, 2019
AMSSNY Annual Meeting, Westchester Marriott	April 11-12, 2019
AMAA Annual Meeting, Chicago, IL	June 8-11, 2019



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:

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