Legislature Finalizes $175 Billion Budget; Several Positive Items for Physicians

The New York State Legislature completed passage of a $175.5 Billion Budget for the 2019-2020 Fiscal Year. The State Budget contained a number of positive items for physicians and their patients in terms of new proposals adopted, and adverse proposals defeated. We thank the many physician leaders and county society staff who took the time to meet, send letters and make phone calls to their local legislators on these issues.

Some of these positive outcomes include:

- **Rejection of the proposed approximate $80/patient Medicaid cut for deductibles for patients covered by Medicare and Medicaid that had been strongly opposed by MSSNY.** This action prevents the imposition of potentially tens of thousands of dollars in cuts to physicians who treat many such “dual eligible” patients as part of their practice.

- **Rejection of a proposed measure opposed by MSSNY that would have placed new prior authorization on physicians prescribing medications to their patients covered by Medicaid.**

- A proposal to legalize recreational or “adult use” marijuana was not included in the final Budget, though discussions on this issue will continue for the remainder of the Legislative Session.

- **Funding for the Excess Medical Malpractice Insurance Program was continued at its historical level, as well as continuation of the authority**

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**Resolution Highlights:**

**MSSNY’s 2019 House of Delegates**

**NUISANCE PRIOR AUTHORIZATIONS**

Medication prior authorizations must have a sound clinical justification, including, but not limited to, promotion of adherence to guidelines, promotion of generic alternatives, prevention of adverse reactions, and be available upon request from the Pharmacy Benefit Manager. MSSNY will advocate with the NYS Department of Health and NYS Department of Financial Services to prevent health insurers from imposing prior authorizations without appropriate clinical justification. MSSNY will advocate to the NYSDOH to instruct Medicaid managed care contractors to approve prior authorizations for a minimum of one year.

**SINGLE PAYER**

MSSNY reaffirmed its opposition to the concept of single payer. MSSNY will continue to consider the feasibility of other payment methodologies including single payer and will also continue to work collaboratively with physicians who both support and oppose such proposals in order to assess the strengths and weaknesses of such proposals. MSSNY will

(Continued on page 6)

**INSIDE NEWS**

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MSSNY’s 213th House of Delegates

(left to right): MSSNY President Dr. Arthur Fougner; MSSNY Immediate Past President Dr. Thomas Madejski; Cardinal Timothy Dolan, MSSNY Executive Vice President Philip Schuh

Queens County (front row, left to right): MSSNY President Arthur C. Fougner, MD; Steven Schwalbe, MD; Sandhya Malhotra, MD; Lorraine M. Giordano, MD; Allen C. Small, MD; Leah McCormack, MD; Liana H. Leung, MD; Paul Aaronson, MD; Fred Fensterer, MD (back row, left to right): Vivian Williams, Office Manager; Cornelius J. Foley, MD; Michael L. Richter, MD; Saulius J. Skeivys, MD; Robert L. Kraft, MD; L. Carlos Zapata, MD

(left to right): MSSNY President Dr. Arthur Fougner; MSSNY Immediate Past President Dr. Thomas Madejski; MSSNY Speaker Dr. William Latreille

MSSNY presidents gather at the HOD: (front row, left to right): Charles Rothberg, MD; John Ostuni, MD; Thomas Madejski, MD; Leah McCormack, MD; Andrew Kleinman, MD; Charles Aswad, MD (back row, left to right): Michael Rosenberg, MD; Stuart Orscher, MD; Malcolm Reid, MD; Robert Hughes, MD; Arthur Fougner, MD; Robert Goldberg, MD; Robert Scher, MD; Paul Hamlin, MD; Joseph Maldonado, MD

Bronx County (front row, left to right): Vilma Joseph, MD; Breyer Coffin, MD; Thakor C. Rana; Christina Kratschmer and Michelle Stern, MD. (back row, left to right): Jessica Atrio, MD; Madan Paul, MD; Sana Bloch, MD; Peter Wyer MD; Ronald Blount, Executive Director; Nina Huberman, MD; Sarah Catherine, MD; Naglaa Hussein, MD

New MSSNY President Arthur Fougner, MD enjoys the dinner dance with his family
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- Warren Buffett, CEO, Berkshire Hathaway

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Welcome to the Twilight Zone of Insurance

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The push for Single-Payer health insurance has never been stronger. A bill in the NY legislature, the NY Health Act, proposes to eliminate present private and government health plans and substitute a new bureaucracy to take over all of NY’s health coverage. This bill would not have the traction it now has with physicians were it not for what I call Stupid Insurer Tricks.

Perhaps the process of Prior Authorization tops the list. We’ve all been there – hanging on the phone, waiting to get prior authorization for a procedure, an imaging study, a prescription drug. This almost SNL-worthy video demonstrates the theater of the absurd that is the present process. https://www.youtube.com/watch?v=zb20y4v4A604

A physician in NJ who enjoys a significant following online needed an orthopedic procedure. The prior authorization process took weeks but finally, authorization obtained, the procedure was performed. You would think that would have been the end of the story but if you thought that, you would be wrong. Three months post op, the insurer issued a payment denial, stating the procedure was “medically unnecessary.” You see, prior authorization to perform the procedure does not mean payment will similarly be authorized.

**WHY ARE THEY EXEMPT?**

Were this any other business enterprise, you’d see the Arnold Díaz’s of the world pointing the “Shame on You” finger at these scurrilous practices. You’d no doubt see legal action by various agencies. But somehow, the insurers have insulated themselves against such retribution. Insurers win. Doctors and patients lose.

And they call Medicine a “Learned Profession.”

If you feel the way I do, feel free to email me: afougner@mssny.org

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**MSSNY-PAC**

**Recruit, Optimize and Maximize**

To understand and prioritize the needs of an organization with a membership as diverse as MSSNY’s is a difficult task – but it is vital to successfully chairing our political action committee (MSSNY-PAC). Taking that understanding and effectuating a plan to advance its interests, uniting differing viewpoints and working toward a common goal takes a special kind of talent, foresight and intelligence that is demonstrated by very few.

Dr. Joseph Sellers, the distinguished former chair of our PAC has exemplified all of the qualities – and many more – necessary to drive our PAC forward. He has dedicated countless hours to our cause since becoming chair of the PAC in 2010 and has set a shining example for us to follow as we take the helm. As he moves on to become Vice President of MSSNY, we want to extend our sincerest gratitude for everything that he has done to help make New York a better place for you to practice medicine.

As co-chairs of MSSNY-PAC our goals are threefold: recruit new members, increase participation in the PAC and optimize and maximize our resources to lead successful advocacy efforts for the physicians of New York. We plan to function as co-equals, combining our skills, knowledge and networks to lead the PAC’s executive team and members in identifying opportunities, rooting out weaknesses and innovating new ways to raise awareness of the importance of our PAC.

We firmly believe that further develop... (Continued on page 11)
**Zocdoc Pricing Change; DOH Says Change is Not Illegal Nor is it Fee Splitting**

At the request of MSSNY, our General Counsel, Garfunkel Wild, P.C., met with the New York State Department of Health (DOH) to discuss DOH’s opinion concerning Zocdoc’s new pricing model scheduled to go into effect on April 1, 2019.

DOH had issued an opinion that Zocdoc’s change in pricing model from charging customers a flat annual fee, to a reduced annual fee with per booking fees based on physician specialty, does not constitute an illegal referral business or fee splitting under New York law. After that meeting, DOH advised Garfunkel Wild that DOH’s opinion is still valid.

Zocdoc previously advised that it was also seeking guidance on its new pricing model from the federal government. To date, Zocdoc has not advised us that it has received such guidance.

However, Zocdoc had previously advised that it has modified its electronic scheduling platform to not accept appointment requests from patients who self-identify as Medicare or Medicaid beneficiaries. **Whether to participate with Zocdoc under its new pricing model remains a business decision for physicians and their practices.** Any MSSNY member who requires specific guidance or has questions should contact MSSNY for further information.

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**Where VA Hospitals Lead and Lag in New York State**

A recent study comparing Veterans Affairs (VA) and non-VA hospitals across the nation found that VA hospitals provided the best care in most regions for at least 9 of 15 quality measures. But how do they compare in New York State? Many of the nearly 800,000 veterans in New York State do not live near a VA hospital, and nearly half of veterans in the State prefer to get their care from outside the VA.

A new NYSHealth data snapshot examines levels of performance on various quality measures for each of the 10 VA hospitals in New York State. The measures span four domains of care: patient satisfaction, patient safety, health outcomes and the timeliness and effectiveness of care.

VA hospitals and community-based hospitals perform similarly on most measures in this snapshot—and with a few exceptions, VA hospitals do not consistently out- or under-perform relative to community-based hospitals. These mixed results underscore the value of veterans having options to choose from both VA and community-based care.
physician credentialing improvement

MSSNY will advocate for regulation or legislation asserting that a physician who has submitted a completed application for credentialing, until which time that application is accepted or rejected, may bill for services under the general supervision of a physician who is already credentialed by that plan. This shall be applied to all insurance plans, including state-sponsored plans such as worker’s compensation.

Reducing physician barriers to mental health care

MSSNY will promote the work of its Physician Wellness and Resilience Committee and the survey on physicians’ stressors that are faced on a daily basis. MSSNY will design educational resources and continuing medical educational programs on physician wellness and resiliency and will explore the possibility of establishing a physician, resident and medical student wellness program.

Lasers hair removal

MSSNY will advocate that laser hair removal only be performed by an appropriately trained and educated individual under physician supervision and will encourage provision of public education regarding the risks of laser use for aesthetic services.

Financial penalties and clinical decision-making

MSSNY opposes the practice of a payer utilizing statistical targets to determine the cost-effectiveness of a therapeutic choice and opposes the practice of a payer imposing financial penalties upon individual imposing financial penalties upon individual physicians and/or associated physicians based upon use of statistical targets without first considering the clinical factors unique to each patient’s claim.

Benzodiazepine and opioid warning

MSSNY will raise the awareness of its members of the increased use of illicit sedative/opioid combinations leading to addiction and overdose death and will bring this resolution to the AMA so that it may warn members and patients about this public health problem.

Promoting addiction medicine during a time of crisis

MSSNY will endorse and support the incorporation of addiction medicine science to medical student education and residency training and will send the resolution to AMA, Liaison Committee on Medical Education, Commission on Osteopathic College Accreditation, American Osteopathic Association, and Accreditation Council of Graduate Medical Education. The following two resolutions were referred to Council for further study:

Urgent care in the doctor’s office

This resolution asks that MSSNY seek payment reform to ensure site neutrality such that urgent, same-day services provided outside of usual business hours or for emergency care are paid equivalently regardless of the site of service.

Shortage of specialists in workers’ compensation system

This resolution asks that MSSNY work with the Workers’ Comp Board, and, if necessary, the legislature to promulgate new regulations or laws that are necessary to increase voluntary participation of necessary specialists and subspecialists in locations and in specialties where there is a shortage of qualified providers and work with specialty societies that represent the specialties that are in short supply in the Workers’ Comp system to develop a joint strategy, including review of the current inadequate payment structure, to resolve this public health problem.

Resolution Highlights: MSSNY’s 2019 House of Delegates

(Continued from page 1)

continue to advocate that physicians are ensured direct input and ongoing involvement on all aspects of any single payer system or other system that may be considered by the New York State Legislature or United States Congress.

Mental health services for medical students

MSSNY will encourage Medical Schools in New York State to provide confidential in-house mental health services at no cost to students, without billing health insurance, and set up programs to educate both students and staff about burnout, depression and suicide and bring this resolution to the AMA. MSSNY will encourage Medical Schools in New York State to offer, affordable, confidential off-site counseling.

Continuing certification of medical competence

MSSNY will adopt the position that verifiable demonstration of currency and competence in medical practice should include as an acceptable alternative to continuing board certification by the appropriate medical specialty board(s) the following: written attestation of good professional standing in the appropriate community(s) of practice by a minimum of two peers also in good standing in the same community; satisfactory completion of a minimum of 50 hours every two years of CME experiences related to the specialty(s) of medicine in which one currently practices, in accordance with the current practices of the appropriate medical specialty(s); and validated self-assessment of current cognitive knowledge following no fewer than 20 hours every two years from the above cited CME experiences.

Advancing gender equity in medicine

MSSNY will promote pay structures based on objective, gender-neutral criteria; promote educational programs to empower physicians of all genders to negotiate equitable compensation; advocate for training to identify and mitigate implicit bias in compensation decision making for those in positions to determine salary and bonuses; collect and analyze comprehensive demographic data and produce a report on gender equity within MSSNY with recommendations to support ongoing gender equity efforts.

MSSNY policy on gender equity in medicine

MSSNY will support institutional, departmental and practice policies that promote transparency in defining the criteria for initial and subsequent physician compensation; advocate for pay structures based on objective, gender-neutral criteria; encourage a specified approach, sufficient to identify gender disparity to oversight of compensation models and create an awareness campaign to inform physicians about their rights under the Lilly Ledbetter Fair Pay Act and Equal Pay Act.

Right for gamete preservation therapies

MSSNY will officially recognize fertility preservation services as an option for the members of the New York transgender and non-binary community who wish to preserve future fertility through gamete preservation prior to undergoing gender affirming medical or surgical therapies and will officially support the right of transgender or non-binary individuals to seek gamete preservation therapies.

Increased accessibility of emergency epinephrine for anaphylactic response

MSSNY will support legislative action to bring about training on and accessibility to emergency epinephrine in areas deemed to be high risk, including but not limited to those focused on children and food service, such as childcare facilities, schools, school buses, food-service areas and restaurants.

Benzodiazepine and opioid warning

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Spine Surgery
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Vladimir Y. Dadashev, M.D.
Spine Surgery
Castle Connolly “Top Doctor”

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Pediatric Neurosurgery
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Benjamin R. Cohen, M.D.
Spine Surgery
Castle Connolly “Top Doctor”

John Pile-Spellman, M.D.
Endovascular Neuroradiology
Castle Connolly “Top Doctor”

Roger W. Kula, M.D.
Chiari Neurology
Castle Connolly “Top Doctor”

Sundeep Mangla, M.D.
Endovascular Neuroradiology
Castle Connolly “Top Doctor”
PAI Releases New Research From Avalere: Physician Employment, Hospital Acquisition of Physician Practices Continue to Increase

New data compiled by Avalere Health on behalf of PAI updates earlier research, showing a sustained nationwide trend of hospital-driven consolidation, marked by continued growth in hospital acquisitions of physician practices and physician employment.

This latest study analyzes eighteen months of data – between July 2016 and January 2018 – during which hospitals acquired 8,000 medical practices, and an additional 14,000 physicians left private practice in favor of employment. This continued an ongoing trend that earlier PAI-Avalere research documented for the period between July 2012-July 2016, which witnessed an intense increase in hospital acquisitions and growth in physician employment.

The cumulative study period – from July 2012 through January 2018 – saw a dramatic, sustained trend of physicians leaving independent practice to enter into employment arrangements with hospitals and health systems. Over the full 5 ½-year study period, the number of hospital-acquired physician practices increased from 35,700 in 2012 to more than 80,000 in 2018. Forty-four percent of U.S. physicians were employed by hospitals or health systems by January 2018, compared to just one in four in July 2012.

These latest cumulative findings highlight striking changes in health care delivery, marked by consolidation between the hospital and physician sectors in every region of the country.

Throughout this period, hospitals aggressively pursued acquisitions of physician practices, growing from 35,700 hospital-owned practices in July 2012 to 80,000 in January 2018. This 128 percent growth represents more than doubling in the number of hospital-owned practices nationwide. Physician employment increased overall by more than 70 percent, growing from 94,700 employed physicians in mid-2012 to 168,800 employed physicians in January 2018, with increases in every six-month time period measured over five-and-a-half years.

All regions of the United States saw an increase in hospital-owned practices, with a range of total increase from 91 percent to 303 percent by region.

**PREVIOUS PAI-AVALERE STUDY UNDERSCORES COST IMPLICATIONS OF TREND ON TAXPAYERS AND BENEFICIARIES**

This study demonstrates that the overall trend continues and is dramatically reshaping the landscape for physicians by creating an increasingly concentrated health care system that costs more. This is because the same services performed in the hospital outpatient setting are reimbursed by Medicare at higher rates compared to the independent physician office setting. Previous PAI-Avalere research underscored the impact of this policy as it relates to health care spending by taxpayers and patients: Medicare paid $2.7 billion more for four specific cardiology, orthopedic and gastroenterology services performed in the hospital outpatient setting than if the same services were delivered in the physician office setting from 2012 to 2015. For these same services, Medicare beneficiaries faced $411 million more in out-of-pocket costs due to higher cost-sharing.

**WHAT’S DRIVING CONSOLIDATION?**

The complex, powerful economic and regulatory forces driving consolidation in health care affect both independent physicians, as well as the physicians increasingly employed by hospital systems. The Affordable Care Act continues to shift health care from paying for procedures to paying for quality, and this trend has meant physicians need new tools and resources to help them measure performance and comply with federal regulations governing performance-based payment. PAI advocacy has drawn attention to concerns about system-wide consolidation and its impact on patients.

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New York AG’s Office Releases Report Detailing Health Care Bureau Intervention in 2018

The New York Attorney General’s Health Care Bureau released a report summarizing the results of its Health Care hotline from 2018. Specifically, the report noted that the hotline handled nearly 2,000 consumer complaints and another 2,400 were referred to other agencies with appropriate jurisdiction.

Among the notable cases in the report where AG intervention led to a positive result for the patient:
- A reversal of an insurer Medical Necessity denial for coverage for an Amyotrophic Lateral Sclerosis (“ALS”) medication;
- A reversal of a denial of coverage for an anti-cancer drug;
- A Health Plan incorrectly processed coverage for fertility treatments as an Out-of-Network Benefit.
- A health plan error delays payment for Emergency Surgery.
- A health plan delay in updating credentials leads to incorrect claim processing.
- An In-Network Ambulance provider improperly bills a consumer.
- A physician improperly coded a “preventive” colonoscopy as “diagnostic”.

Specifically, the report noted that, among the complaints:
- 41% were related to Provider billing;
- 15% were related to health plan claim processing/payment complaints, which include health plan mistakes in preparing, processing or paying claims;
- 13% were related to health plan denials of care or coverage, such as denials based on the treatment not being “medically necessary” or the care provided not being a covered benefit;
- 10% were related to misleading advertising and other business deceptions;
- 9% were related to problems obtaining and keeping health insurance coverage, including helping 216 consumers in having their health insurance coverage re-instated;
- 6% were related to problems accessing prescription medications.
Congratulations
Arthur Fougner, MD.

On behalf of our Physicians, Staff and Administrative team, we congratulate you and wish you much success in your new role as President of the Medical Society of the State of New York.

JASON NAIDICH, MD
Senior Vice President
Regional Executive Director

MICHAEL GOLDBERG
Executive Director
Long Island Jewish Medical Center

ALESSANDRO BELLUCCI, MD
Executive Director
North Shore University Hospital

CHARLES SCHLEIEN, MD
Executive Director
Cohen Children’s Medical Center

SUSAN BROWNING
Executive Director
Long Island Jewish Forest Hills Hospital

NORTHWELL
Health

With great pride, we congratulate our Brother, Dr. Arthur C. Fougner, as President of the Medical Society of the State of New York

Elizabeth, Robert & John Fougner

SOCIETY OF THE STATE OF NEW YORK
of the DFS Superintendent to set medical liability premium rates.

- Comprehensive reforms to better ensure insurance coverage parity for mental health conditions (MHC) substance use disorders (SUD) and Autism Spectrum Disorder (ASD):
  - Prohibits prior authorization for formulary forms of prescribed medications for treatment of SUD.
  - Provides coverage for ALL MHCs, SUDs, and ASDs as each is defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the most recent edition of another generally recognized independent standard of current medical practice such as the International Classification of Diseases (ICD).
  - Prohibiting preauthorization and concurrent utilization review of SUD services during the initial 28 days of treatment;
  - Medical necessity criteria with respect to benefits for MHCS/SUDs and ASDs shall be made available to patients and their physicians (and other health care providers) upon request.

Perhaps one of the most significant provisions of this section is an expanded “anti-retaliatory” measure that prohibits a health insurer from taking “any adverse action, including but not limited to refusing to renew or execute a contract or agreement with a health care provider as retaliation against a health care provider for filing a complaint, making a report or commenting to an appropriate governmental body regarding policies or practices of such insurer...”

- Greater oversight on pharmacy benefit managers (PBMs) in their dealings with Medicaid Managed Care plans including imposing new disclosure requirements and limits on PBM fees.
- Health Insurance policies for groups with 100 or more full-time employees will be required to cover at least three cycles of in vitro fertilization.
- A new 20% tax on the sale of “vapor products” to be used in e-cigarettes, e-cigars and vaping pens, and requiring sellers of such products to register with the NYS Tax Department.
- A new $150,000 grant for MSSNY’s Veterans Mental Health Training Initiative physician educational programming.
- Continued funding of $990,000 for MSSNY’s Committee for Physician’s Health
- A re-appropriation of $100,000 to MSSNY to continue its educational programming for physician’s regarding women’s health issues.
- While not specifically in the State Budget, the Legislature passed legislation supported by MSSNY that would raise the tobacco and e-cigarette purchase age from 18 to 21 (see separate article)

**OTHER BUDGET PROVISIONS OF NOTE INCLUDE:**

**Opioid Tax** – The final Budget contained a $100 million tax on opioid manufacturers and distributors. Last week, MSSNY, the NYS Academy of Family Physicians and the NY Chapter of the American College of Emergency Physicians joined patients, pharmacists and several legislators raising concerns with the possibility of the cost being passed on to pharmacies, hospitals and patients.

**Medicaid Cuts** – The proposed 0.8% across-the-board cut in Medicaid payments was not included in the final Budget, however, there is language that provides authority to the state to reduce Medicaid payments during the fiscal year (up to $190 million across the board) in the event of an unexpected drop in revenue such as federal cuts. MSSNY will continue to monitor the potential implementation of this provision.

**Health Insurance Exchange** – The Budget codified the New York State of Health into law, including its structure for providing health insurance products at the bronze, silver, gold and platinum levels, as well as appealing health plan formulary restrictions. It also sets forth in statute the 10 essential benefits that Exchange plans had been required to cover and provides greater assurance of no prohibitions on coverage for pre-existing conditions.

**Workers’ Compensation** – With a new medical fee schedule that begin Monday, April 1 that provides long-overdue increases to physicians treating their patients covered by Workers’ Compensation (WC), the Legislature and Governor agreed to a WC package that would expand the types of practitioners who can treat and be reimbursed for treating injured worker patients while at the same time seeking to reduce some of the carrier-imposed barriers to injured workers receiving needed medical care and treatment.

The bill would expressly permit injured workers to receive treatment by Nurse Practitioners (NPs), Social Workers, Physician Assistants (PAs), acupuncturists, Physical Therapists (PTs) and Occupational Therapists (OTs) acting within their statutory defined scopes of practice. For example, this means that a NP will no longer need to be employed by a physician to provide care to an injured worker.

MSSNY raised concerns during negotiations regarding the lack of an express requirement for some of these professionals to coordinate with a specialized physician for the care of injured workers. However, that concern was not fully addressed. We note that the bill would prohibit these newly listed health care professionals from performing Independent Medical Examinations. It would also specify that Acupuncture, PT and OT care could only be provided pursuant to a referral from a physician, podiatrist or NP, and that the report of a PA, PT, OT or acupuncturist could not be used as evidence to determine that a particular injury or illness is work-related.

Importantly, the bill also contains provisions designed to reduce delays in injured workers receiving needed treatment, and physicians being paid for delivering this care:

- Specify that the purpose of the pre-authorized procedures list maintained by the WCB is for “expediting authorization of treatment of injured workers” and “shall not prohibit varied treatment when the treating provider demonstrates the appropriateness and medical necessity of such treatment.”
- Expressly prohibiting an employer, carrier, or third-party administrator from attempting to interfere with the selection by the injured employee of an authorized medical provider;
- Eliminating the 3-arbitrator panels for review of disputed medical bills, so that every dispute would only need to be reviewed by a single arbitrator in the same profession as the professional bringing the dispute (the arbitrator can continue to be a physician recommended by MSSNY).

Moreover, unlike some previous versions, the budget provision preserves the historical role of the county medical societies to provide peer review of physician applications to participate in the Workers’ Compensation program.

The new provisions will take effect January 1, 2020. There will likely be follow up communications from the WCB regarding how these provisions will be implemented.

The Governmental affairs staff is continuing its review of the thousands of pages of Budget documents and will provide further updates.
MSSNY-PAC
(Continued from page 4)

(Continued from page 4)

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Dr. Rose Berkun, MD is an Anesthesiologist practicing in Buffalo, NY. Licensed in 1993, she has been a member of the Legislative and Physician Advocacy Committee since 2015. Dr. Berkun is a delegate to the House of Delegates and AMA and has served on a variety of MSSNY committees and task forces. She is also the Chair of Erie County Medical Society’s Committee on Legislative Affairs and has been a member of Erie County Medical Society’s Executive Board since 2014 and is a Past President of the NY Society of Anesthesiologists.

Dr. Thomas Lee, MD is a Neurosurgeon practicing in Tarrytown. Licensed in 1999, he has been a member of the Legislative and Physician Advocacy Committee since 2012. Dr. Lee has been a MSSNY Councilor since 2015 (representing Westchester, Putnam, Dutchess, Orange and Rockland Counties), was president of the Westchester County Medical Society and has assisted with formation of MSSNY policy via participation on a variety of MSSNY committees and task forces.

For information or to order FREE cards to distribute to your patients, contact: rraia@mssny.org

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Protecting Gifts to Your Adult Children

By Madelin Zwerling

You recently decided to make a sizeable gift to your married child, motivated by the desire to witness your adult child enjoy the fruits of your lifetime of hard work—rather than simply pass those monies on to her after you pass. Another motivation may be the economic situation of your child, who may be facing financial challenges of magnitude given the difficult landscape that the Gen X generation is facing. (As has been reported, Gen X may be the first generation that does not economically outperform their parents.) Your concern, however, is that while your child appears to be happily married to a person who is wonderful in your view, should she and her spouse divorce monies that you pass on to her while she is married may be commingled with her marital assets and thereby end up in the hands of her spouse following a divorce.

While your concern about this possibility is understandable, fortunately the law provides mechanisms you can employ to avoid such an outcome and give you the assurances you want and should have that your gift to your child will remain with your child and inaccessible to your child’s spouse in the event of a future divorce. Two such instruments to create in order to insulate your gift from such an outcome are a revocable living trust and a post-nuptial agreement.

A “revocable trust” is a trust that specifies what will happen to your assets after you die, but in which you maintain control over the assets during your lifetime with an ability to modify or revoke the trust at any time. If drafted properly, the terms of a revocable trust may prevent gifted money acquired during marriage, and even used by both parties of the marriage, from becoming marital property. By using a properly drafted revocable trust to maintain the character of such property, you, as the grantor or donor of a trust may ensure that certain assets remain outside the realm of consideration should your child divorce her spouse.

A postnuptial agreement is an agreement entered into by spouses following their marriage that delineates the ownership of specified assets in the event of a divorce. Courts will enforce such contracts so long as the facts demonstrate that they were entered into fairly and equitably and without fraud, duress or coercion. It is essential when negotiating postnuptial agreements that both parties have separate, independent counsel who specialize in this area of the law in order to minimize the risk of the contract being held unenforceable by a court. In this context, your adult child can enter into such a contract with her spouse that expressly protects your gift from going to your child’s spouse in the event of a divorce.

Hopefully, your child will never get divorced. That said, however, there is comfort in knowing that, should such a possibility be realized, your original intentions in making a gift to your child will be satisfied.

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Seven Drugs Projected to Become Blockbusters by 2023

Several drugs are slated to make their debuts in 2019, but only seven are projected to achieve blockbuster status within four years, according to a new report from analytic firm Cortellis.

A blockbuster drug is defined as one that reaches $1 billion in annual sales.

Below are the projected blockbusters and their projected 2023 sales:

1. Upadacitinib ($2.2 billion). The drug, manufactured by AbbVie, treats rheumatoid arthritis.
2. Zolgensma ($2.09 billion). The drug is manufactured by AveXis and Novartis to treat spinal muscular atrophy.
3. Roxadustat ($1.97 billion). The drug treats anemia and is manufactured by AstraZeneca, FibroGen and Astellas.
4. Ultomiris ($1.93 billion). The drug treats Paroxysmal nocturnal hemoglobinuria, a rare blood disease that causes red blood cells to break apart. It is manufactured by Alexion.
5. Skyrizi ($1.74 billion). The drug treats psoriasis. It is manufactured by AbbVie and Boehringer Ingelheim.
6. AR101 ($1.17 billion). The biologic drug, manufactured by Aimmune, is designed to protect patients from severe allergic reactions if they are exposed to peanuts.
7. LentiGlobin ($1.12 billion). The drug, manufactured by Bluebird Bio, treats beta thalassemia, a blood disorder that reduces the production of hemoglobin.

SED Issues Emergency Regulations to Allow Nurses to Provide Immunizations Under a Non-Patient Specific Script Due to Measles Outbreak

In light of the measles outbreak in New York State, the State Education Department has issued emergency regulations giving nurses authority to provide immunizations pursuant to a written non-patient specific order and protocol prescribed or ordered by a licensed physician or a certified nurse practitioner. The nurse needs to be certified in CPR and ensure that anaphylactic agents, syringes and needles are available at the location whether the immunizing agents are being administered.

Currently there are two major measles outbreaks in New York State communities with very low vaccination rates. Thus, it is critical to make such vaccines available to as many children and infants as possible to protect them from this disease.

According to the CDC, measles is a highly contagious virus. The emergency regulations expand access to seasonal influenza and measles vaccines for infants, children and adults effective beginning with the current influenza season and measles outbreaks.

The amendment will authorize more registered professional nurses to immunize infants, children and adults against additional infectious diseases, in accordance with current recommendations from the United States Centers for Disease Control and Prevention (CDC). The emergency rule is set to expire on June 9, 2019 but it is anticipated that the amendment will be presented to the Board of Regents at its regular July meeting for adoption into the normal regulatory process.
Kings and Richmond Counties (front row, left to right): Drs. Ronald Solomon, Alfred Leong, Abdul Rehman, Niraj Acharya, Parag Mehta, Pardha Valluru, Deborah Aanonsen, Melissa Grageda, Sherman Dunn, Lisa Eng (second row, left to right): Drs. Lee Loewinger, Adolph Meyer, Leonard Novarro, Jagdish Gupta, Lance Austein, Monica Sweeney (third row, left to right): Liz Harrison, Executive Director; Drs. Clarisse Clemons, Steven Kaner, Robert Frankel, Marc Mendelsohn Missing from Photo: Drs. Jack D’Angelo, John Maese, Steven Sherman, Larry Melniker, Donald Moore, Bharath M. Reddy, Radha Syed, Salvatore Volpe

New York County (front row, left to right): Naheed Van de Walle, MD; Dana Linn, MD; Pratistha Koirala, MD; Madeline Sterling, MD; Mimi Buchness, MD. (second row, left to right): Joshua M. Cohen, MD, MPH; Robert B. Goldberg, DO; Peter C. Lombardo, MD; Paul N. Orloff, MD; Erick Eiting, MD; Stuart Orsher, MD, JD; Milton Haynes, MD; Susan Tucker, JD. (back row, left to right): Edward W. Powers, III, MD; Arthur Cooper, MD; Zebulon Taintor, MD; Thomas Sterry, MD; Michael T. Goldstein, MD, JD; William B. Rosenblatt, MD; Anthony A. Clemendor, MD; Cheryl M. Malone, CAE, NY County Executive.

Nassau County (front row, left to right): Ronald B. Menzin, MD; Anthony J. Battista, MD; Ashley Barlev; Bernadette Riley, MD; Robert Schreiber, MD; David Podwall, MD (second row, left to right): Michael M. Ziegelbaum, MD; Carole L. Moodhe, MD; Daniel J. Nicoll, MD; Paul A. Pipia, MD; Inderpal Chhabra, MD; Aaron Kumar, MD, MBA (third row, left to right): Edward S. Rubin, MD; James Docherty
MSSNY’s 213th House of Delegates

Suffolk County: (bottom row, left to right): Maria Basile, MD, MBA; Nabil Kiridly, MD; Ramin Rak, MD; Daniel Choi, MD (middle row, left to right): Ani Bodouthian, MD, MBA; Christine Doucet, MD; Shantale Chery (top row, left to right): Aaron Kumar, MD, MBA; Sunil Seoparson, MD; Carley Beauge, MD; Stephen Coccaro, MD; Gregory Dash, MD; Beverly Hannah Ortiz, MD; John Franco, MD; Charles Rothberg, MD. Missing from photo: Keith W. Harris, DO; Kara Kvilekval, MD; William R. Spencer, Jr., MD; Richard Schoor, MD; Robert A. Scher, MD; Frank G. Dowling, MD

5th and 6th District Branch (front row, left to right): Mushtaq Sheikh, MD; Brenda Van Nest; Kathi Dyman; Magendra Thakur, MD; Walid Hammoud, MD; Philip Gioia, MD; Suresh Sharma, MD (second row, left to right): Shirley Cosgriff; Debbie Colvin; Sandi Emmi; LouAnn Giangreco, MD, Richard Semeran, MD; Barry Rabin, MD, (third row, left to right): Kevin Hastings, DO; Geoffrey Moore, MD; Jennifer Congdon, MD; Reginald Knight, MD; Robert Hesson, MD; Jeffrey Schneider, MD; Daniel Young, MD; Nancy Merrell, MD; Chris Kjolhede, MD; Brian White, DO; Celeste Johns, MD; Darvin Varon, MD; Charles Aswad, MD; Cynthia Baltazar, MD (back row, left to right): Howard Huang, MD; Corliss Varnum, MD; Sam Gooldy, MD; Brian Johnson, MD; Joseph Mannino, MD; Joseph Maldonado, MD; Bipin Patel, MD; Sally White, MD; MaryAnn Millar, MD; Richard Beers, MD; Jerome Cohen, MD

MSSNY Alliance (front row, left to right): Barbara Ellman; Valerie Semeran; Helena Mirza; Nuise Bhitiyakul; Joan Cincotta (back row, left to right): Beth Perenyi; Bonnie Liebers; Jeannie Hammoud; Kathy Rohrer
Newly elected Vice Speaker Maria Basile, MD, addresses a Reference Committee.

MSSNY Past President Leah McCormack, MD accepts MSSNY’s highest honor, the Henry I. Feinberg Award. The award recognizes a physician who has given their valued time, knowledge and expertise to many of MSSNY’s leadership positions.

NYS Assembly Member David Buchwald talks about the importance of effective messaging and getting involved in physician grassroots advocacy.
State Budget to Include Workers Compensation Package

A new medical fee schedule that began on Monday, April 1 will provide long-overdue increases to physicians treating their patients covered by Workers’ Compensation (WC). The Legislature and Governor agreed to a WC package of reform in one of the State Budget bills (pp.16-32) that would expand the types of practitioners who can treat and be reimbursed for treating injured worker patients while at the same time seeking to reduce some of the carrier-imposed barriers to injured workers receiving needed medical care and treatment.

The bill would expressly permit injured workers to receive treatment by Nurse Practitioners (NPs), Social Workers, Physician Assistants (PAs), acupuncturists, Physical Therapists (PTs) and Occupational Therapists (OTs) acting within their statutory defined scopes of practice. For example, this means that a NP will no longer need to be employed by a physician to provide care to an injured worker.

MSSNY raised concerns during these negotiations regarding the lack of express requirement for some of these professionals to coordinate with a specialized physician for the care of injured workers. However, that concern was not fully addressed. We note that the bill would prohibit these newly listed health care professionals from performing Independent Medical Examinations. It would also specify that Acupuncture, PT and OT care could only be provided pursuant to a referral from a physician, podiatrist or NP, and that the report of a PA, PT, OT or acupuncturist could not be used as evidence to determine that a particular injury or illness is work-related.

Importantly, the bill also contains provisions designed to reduce delays in injured workers receiving needed treatment, and physicians being paid for delivering this care:

With regard to the list of pre-authorized procedures required to be maintained by the WCB, a new provision is added to specify that the purpose of this pre-authorized procedures list is for “expediting authorization of treatment of injured workers” and that it “shall not prohibit varied treatment when the treating provider demonstrates the appropriateness and medical necessity of such treatment.”

Expressly prohibiting an employer, carrier, or third-party administrator from attempting to interfere with the selection by the injured employee of an authorized medical provider, including attempting to direct that the injured employee seek treatment from a specific provider or type of provider selected by the employer, carrier or third-party administrator.

Eliminating the 3-arbitrator panels for review of disputed medical bills, so that every dispute would only need to be reviewed by a single arbitrator in the same profession as the professional bringing the dispute (the arbitrator can continue to be a physician recommended by MSSNY).

Moreover, unlike some previous versions, the budget provision preserves the historical role of the county medical societies to provide to the WCB peer review of physician applications to participate in the Workers’ Compensation program. It also preserves language that permits a county medical society to designate another county medical society to perform this function on its behalf. While it reduces from 60 to 45 days the time to review these applications and to make a recommendation to the WCB, it starts the clock upon receipt of a “completed and signed” participation application. The new provisions will take effect January 1, 2020. There will likely be follow up communications from the WCB regarding how these provisions will be implemented.
Congratulations to the 2019 MSSNY Poster Symposium Winners!

MSSNY’s 14th annual Resident, Fellow and Medical Student Symposium was held on April 12, 2019 at the House of Delegates in Tarrytown. Seventy posters were accepted from a pool of 120 abstracts submitted statewide.

The presenters’ work was reviewed by volunteer judges drawn from the 2019 House of Delegates. The work was judged on originality, significance, presentation, methods and interview, in three categories: Resident/Fellow Clinical Medicine, Resident/Fellow Vignettes and Medical Student Clinical Research/Vignettes.

Following are the winners in each category:

**CLINICAL MEDICINE**

(Above) **1ST Place: Ian Bezahler, MD, Lenox Hill Hospital** - The Secondary Pulmonary Lobule, Not Secondary at All: Its Implications and Importance in Diagnostic Imaging and Patient Management

(Center) **2ND Place: Khayala Balabayova, MD, Richmond University Medical Center** - Central Line Associated Bloodstream Infections (CLABSI):

(Right) **Honorable Mention: Asad Choudhry, MBBS, SUNY Upstate** - Review of Malpractice in Hernia surgery: Damage to Surrounding Structures Remains the Most Common Reason for Litigation

(Above) **2ND Place: Cassandra Koid Jia Shin, MD, Mount Sinai Elmhurst** - Level of comfort and knowledge regarding informed consent amongst Pediatric residents

VIGNETTES

(Above) **1ST Place: Susana Urgiles, MD, Wyckoff Heights Medical Center** - Gas in the what?! A Rare Case of Emphysematous Aortitis due to Clostridium septicum Bacteremia

(Center) **2ND Place: Franklin Ugbode, MD, Long Island Community Hospital** - A Curious Case of Flecanide-Induced Brugada Pattern

(Right) **3RD Place: Kelly Tharp, DO, Orange Regional Medical Center** - Spontaneous Coronary Artery Disease in a Postmenopausal Woman

**MEDICAL STUDENTS**

(Above) **1ST Place: Atif Towheed, Touro Middletown** - Mitochondrial Gene Therapy via Allotopic mRNA Import: Complementation of a Mammalian mtDNA ND6 Frameshift Mutation

(Below) **2ND Place: Charles Zhang, Jacobs School of Medicine** - Effect Of Enchroma Filter On Color Vision Screening Using Ishihara And

(Right) **3RD Place: Lemar Nadi, MD, Jamaica Hospital Medical Center** - Massive Klebsiella Pneumoniae Liver Abscess - An Exotic Cause of Bacteremia

(Left) **2ND Place: Charles Zhang, Jacobs School of Medicine** - Enterobacter Cloacae – Associated Cotton Fever: An Atypical Presentation

(Left) **Honorable Mention: Sara Corderman (presented by Elyse Berlinberg), SUNY Downstate** - Direct Observation of Patient Education by the Healthcare Team on the Day of Discharge

(Below) **1ST Place: Shreya Prashar, Touro Middletown** - The patient-physician interaction from a medical student’s perspective

**Honorable Mention:**

- **Sara Corderman (presented by Elyse Berlinberg), SUNY Downstate** - Direct Observation of Patient Education by the Healthcare Team on the Day of Discharge
- **Divya Shah, Zucker Hofstra/Northwell** - Factors Affecting the Decision of Female Cancer Patients to Pursue Fertility Preservation
- **Munib Francis, Touro New York** - Enterobacter Cloacae – Associated

- **Atif Towheed, Touro Middletown** - Mitochondrial Gene Therapy via Allotopic mRNA Import: Complementation of a Mammalian mtDNA ND6 Frameshift Mutation

- **Charles Zhang, Jacobs School of Medicine** - Effect Of Enchroma Filter On Color Vision Screening Using Ishihara And

- **Sara Corderman (presented by Elyse Berlinberg), SUNY Downstate** - Direct Observation of Patient Education by the Healthcare Team on the Day of Discharge

- **Divya Shah, Zucker Hofstra/Northwell** - Factors Affecting the Decision of Female Cancer Patients to Pursue Fertility Preservation

- **Munib Francis, Touro New York** - Enterobacter Cloacae – Associated
The recent news that New York University (NYU) School of Medicine would offer full tuition scholarships for all current and future students, effective immediately, garnered headlines around the world.

For most medical students, though, debt continues to be a significant concern. According to a recent Analysis in Brief, 76% of students graduate with debt. And while that percentage has decreased in the last few years, those who do borrow for medical school face big loans: the median debt was $200,000 in 2018. At private schools, 21% of students have debt of $300,000 or more. The average four-year cost for public school students is $243,902. For private school students, the cost is $322,767.

Despite the high cost, though, most students say debt was not a huge factor in their decision to enter medical school – or the decision to pursue one specialty over another (see sidebar). Students are usually motivated more by their interest in a specialty or the influence of a role model, says Julie Fresne, AAMC’s senior director of student financial services and debt management.

“Debt never factored into my decision to pursue medical school versus other routes, such as PA school or nursing school,” says T. Austin Witt, a third-year medical student pursuing a career in family medicine at the East Tennessee State University James H. Quillen College of Medicine. “I knew from the beginning that primary care was my passion. Since enrolling in medical school, the mentorship and educational experiences I have received have affirmed my choice a million times over.”

MANAGING COSTS AND DEBT

The primary care myth

By 2030, the United States will suffer a shortfall of up to 49,300 primary care physicians, according to an AAMC report. But one frequently cited reason – that medical school debt is causing students to bypass primary care for higher-paying specialties – simply isn’t true, says Julie Fresne, senior director of student financial services and debt management at the AAMC.

“We’re facing a shortage of all specialties, not just primary care,” she says. “The primary care physician population has increased almost 30% since 2003. It’s just not enough to cover the impending shortage.”

After the New York University School of Medicine’s free-tuition announcement, many news reports suggested that the school wanted to inspire students to focus on primary care. Rafael Rivera, MD, MBA, the associate dean for admissions and financial aid, says that’s not the primary mission. “People talk about a shortage of primary care doctors, but they don’t usually talk about the next sentence in that report, which is that there’s going to be a shortage of up to 73,000 specialty physicians,” he says. “Our goal it to take tuition off the table so that students can pursue career choices based on their passion and their fit for the field, whether they would be a great surgeon, a great internist, or a great psychiatrist.”

While the cost of attending medical school is high, it is not insurmountable, experts agree. Here are seven ways that students have been able to cut costs, manage expenses, and repay loans:

1. Lowering upfront costs

Students can cut costs during the application process, says Sarah Rudasille, a first-year medical student at the David Geffen School of Medicine at UCLA. The average primary application fee is $170 for the first school and $39 for each additional school. Secondary applications range from no-charge to $200. “It all adds up pretty significantly,” says Rudasille in an AAMC video. To save money, she suggests reviewing the Medical School Admission Requirements™ (MSAR®) guide, targeting applications, and applying to fewer schools. Once students receive their first acceptance, they then can rule out other schools, which will reduce travel expenses for interviews. “It saves you a little bit of money in the application process, which I assure you adds up very quickly,” she says. The registration fee for the MCAT® exam is $315, but the AAMC offers an MCAT fee assistance program.

2. Searching for financial aid

Students have a variety of options, from grants to fellowships to scholarships (the AAMC maintains a list of consumer and federal financial aid resources). Other sources include CollegeScholarships.org and the American Academy of Family Physicians. Rudasille suggests reviewing schools’ financial aid policies online and focusing applications on the most generous schools.

3. Improving financial literacy

The smarter students are about finances, the better they’ll be at managing debt. That’s why many medical schools provide financial literacy training. At the University of South Carolina School of Medicine, students participate in one-on-one meetings about finances in their first and fourth years and attend group meetings during years two and three. Topics range from budgets to expenses to loan repayment options. Students also meet with a financial planner.

“The overarching theme across all four years is setting up strong financial foundations,” says Jerel Arceneaux, MS, student services manager at the school of medicine. “If you create bad habits in your 20s, those habits tend to follow you.”

The Albert Einstein College of Medicine in the Bronx, New York, recently instituted a financial literacy requirement for graduation: Students must participate in at least four financial literacy sessions throughout their matriculation, from one-on-one entrance and exit interviews to group sessions on topics like debt management. “We tackle things like insurance, investments, retirement, home buying, and even things as basic as how to find an apartment,” says Damien Jackson, MEd, director of the Office of Student Finance.

Some schools require students to use the AAMC’s MedLoans@ Organizer and Calculator, developed specifically for medical school students, which helps them track loans and run repayment scenarios.

4. Entering an income-driven repayment program

With traditional repayment plans, students make payments based on the amount of money they owe. But with the federal government’s income-driven_repayment_plans, monthly payments are a percentage of discretionary income, which is more manageable for borrowers, says Fresne. With a Pay As You Earn repayment, for example, a monthly payment is 10% of discretionary income based on family size and adjusted gross income. The repayment term is up to 20 years. After that, the remaining balance is forgiven, but taxable. (The AAMC offers a list of loan repayment options). “It gets you in the habit of taking some responsibility toward your loans and chipping away at them,” says Arceneaux.

5. Considering a loan forgiveness program

By working for nonprofit facilities or the government, working in medically underserved areas, or joining the military, students can reduce medical school debt (the AAMC lists a variety of service options). Possibilities include the United States Public Health Service Commissioned Corps and civil service programs such as.

(Continued on page 19)
7 Ways to Reduce Medical School Debt

(Continued from page 18)
the Indian Health Service, the Centers for Disease Control and Prevention, the National Institutes of Health, the U.S. Department of Health and Human Services, and the National Service Health Corps (NSHC).

“I am a huge advocate for programs like the NHSC’s Students to Service program, which provides $120,000 in repayment assistance for students who match into a primary care specialty,” says Jackson. “I think students often overlook both the NIH and NSHC loan repayment programs.”

Many states offer similar programs. Witt was turned down for an NHSC scholarship, but may apply for public service loan forgiveness in Tennessee since he plans to work with underserved populations. The Tennessee Center for Health Workforce Development provides financial incentives for all residents, regardless of specialty, in exchange for working in-state.

Another option is the federal Public Service Loan Forgiveness Program. If students make 120 on-time monthly payments while working in public service, their loans will be forgiven.

6. Sticking with a plan

After working in financial aid for 22 years, Arceneaux has observed that the students who are most inquisitive about debt are the most successful at paying it off. “There are always some fourth-year students who are really interested and ask, ‘What is my student loan debt, what are my options for repaying it, how quickly could I potentially pay it off,’” he says. “When you see those students later, they’re the ones who followed a plan and are out of debt the quickest.”

The students who don’t plan or study their options typically struggle. “Those are the students who brush it off during residency and are like, ‘I’ll deal with it when I have to.’”

Witt has worked with financial aid counselors and says his goal is to make interest payments during his three to four years of graduate training. “If I can tread water through residency, the starting pay as a physician — even in lower-paying specialties such as family medicine — will be enough to pay back my loans in a timely manner and still allow me a more-than-comfortable lifestyle,” he says.

7. Taking advantage of AAMC resources

The AAMC offers a variety of information for applicants, students, and residents through its FIRST (Financial Information, Resources, Services, and Tools) program. This includes videos and webinars on subjects such as repaying student loans and managing loans during residency, as well as online resources on paying for medical school and how to afford it.

Don’t let debt stop your dreams

Despite the expense, medical school remains an outstanding investment. The average salary for physicians is around $303,000, up from roughly $210,000 in 2011, according to the 2018 Medscape Physician Compensation Report.

“Physicians have excellent income potential,” says Fresne. “But most physicians don’t go into medicine for the money. It’s about having a rewarding career and providing patients with the care they need.”

That doesn’t mean new physicians can spend freely once they embark on their careers. Jackson tells the story of a friend who just made the last payment on her $200,000 medical school loan. It took 14 years to pay it off, but during that time she bought two homes, started a family, and contributed to her retirement account. Her success came not only from following a plan, but by avoiding what Jackson calls “the trap of excess.”

“Without a plan, I don’t think students realize just how much money they can spend. They need a plan,” says Jackson. “I think students often overlook both the NIH and NSHC loan repayment programs.”

In April, Governor Andrew M. Cuomo announced that more than 5.6 million people have enrolled in the New York State Donate Life Registry as organ donors. “New York is dedicated to expanding our organ donor registry and we are proud that over 5.6 million enrolled New Yorkers have committed to helping those who need it most,” Governor Cuomo said. According to the federal Organ Procurement and Transplant Network, more than 113,000 people nationwide are currently waiting for organ transplants. As of today, the total number is nearly 9,500 in New York State. Nearly 1,700 New Yorkers have been waiting more than five years for an organ transplant. On average, 22 people die every day in the United States from causes that are treatable with a donated organ. In addition, tissue donated by one person can positively affect the lives of more than 50 other people.

Under Governor Cuomo’s leadership, New York State has taken several steps to increase enrollment in the New York State Donate Life Registry. These measures include:

- The Department of Health worked with Donate Life New York State to launch a more modernized and expanded registry. Enhancements include a more accessible and user-friendly website and the ability to access the registry from multiple state websites to help streamline the registration process. The updated registry application better connects users and offers social media sharing options as well.
- Since April 2017, individuals completing an application, renewing a plan, or making a life status change in NY State of Health, the official state health insurance marketplace, have the option of enrolling in the Donate Life Registry. As a result, more than 197,000 New Yorkers have enrolled.
- As of February 2017, 16- and 17-year-olds can join the Donate Life Registry when they get their learner’s permit, driver’s license or non-driver identification card. Since its enactment, more than 57,000 16- and 17-year-olds have registered to become organ, eye and tissue donors.
- Under “Lauren’s Law,” which was made permanent in 2017, the New York State Department of Motor Vehicles includes on its license renewal form the choice for New Yorkers to enroll in the NYS Donate Life Registry.
- Customers are required to check one of two boxes related to organ donation for their application to be processed. The law honors Lauren Shields, a Rockland County resident who received a life-saving heart transplant at age nine and who is now a formidable advocate for organ donation.
- New Yorkers can enroll in the NYS Donate Life Registry through the following online options:
  - The NYS Department of Health website - health.ny.gov
  - The NYS Department of Motor Vehicles website - dmv.ny.gov
  - The NYS Board of Elections website - elections.ny.gov
  - When applying for a New York City Identification Card - nyc.gov

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MSSNY IN THE NEWS

Albany Times Union – 03/19/19 Wide range of groups say ‘wait’ on N.Y. marijuana legalization (Morris M. Auster, MSSNY VP President of Legislative and Regulatory Affairs, quoted)

WAMC Northeast – 03/20/19 Is Legal Marijuana Faltering In New York? (MSSNY mentioned)

The Daily Gazette – 03/22/19 Impact of legal marijuana on businesses pondered MSSNY CPH and Medical Education Committee Member Dr. Carolyn Jones-Assini

Albany Times Union - 03/22/19 Lawmakers, business leaders voice misgivings on NY marijuana legalization MSSNY CPH and Medical Education Committee Member Dr. Carolyn Jones-Assini

Newsday – 03/22/19 Four state medical societies join to oppose recreational pot (MSSNY mentioned)

NJBiz – 03/22/19 Four state medical societies head says no to recreational marijuana (MSSNY mentioned)

New York Post – 03/22/19 Doctors oppose legalizing marijuana in New York and three other states (MSSNY mentioned)

Smyrna/Clayton Sun Times – 03/22/19 Medical Society of Delaware opposes recreational marijuana (MSSNY mentioned)

Sussex Countian – 03/22/19 Medical Society of Delaware opposes recreational marijuana (MSSNY mentioned)

Milford Beacon – 03/22/19 Milford Society of Delaware opposes recreational marijuana (MSSNY mentioned)

Buffalo News – 03/23/19 Amid public push for pot legalization, U.S. attorney urges caution (MSSNY President Dr. Thomas Madejski quoted)

Delaware 105.9 – 03/24/19 Medical Society of Delaware and other doctors: “NO NO NO NO to recreational marijuana” (MSSNY mentioned)

Democrat & Chronicle - 03/25/19 New York recreational marijuana: What to know about research gaps, medical opposition (MSSNY President Dr. Thomas Madejski quoted)

Crain’s New York Business – 03/25/19 Medical society presidents oppose recreational marijuana: Patients before profits (MSSNY President Dr. Thomas Madejski quoted)

Cape Gazette – 03/26/19 Letters to the Editor: Letter: Medical societies against legalized pot (MSSNY mentioned)

Also appeared in Delaware State News

The Buffalo News – 03/27/19 Health advocates urge more study before state legalizes pot (MSSNY President Dr. Thomas Madejski quoted)

The Jewish Voice – 03/26/19 Cuomo to Remove Proposal to Legalize Pot From Proposed State Budget (MSSNY mentioned)

WNBC – 03/27/19 Opponents Try to Extinguish Marijuana Debate (MSSNY Secretary Dr. Frank Dowling Quoted)

Newsday – 03/30/19 The fight over health care: A look at proposals for reform (MSSNY Immediate Past President, Dr. Charles Rothberg quoted)

Times Union – 04/01/19 Capitol Confidential - State budget React-O-Mat™ (MSSNY mentioned)

Rochester Democrat & Chronicle – 04/05/19 What’s next for trying to legalize marijuana in New York? (MSSNY President Dr. Thomas Madejski quoted)

Also appeared in Ithaca Journal

LoHud.com – 04/05/19 Recreational marijuana: What to know about anti-pot lobbying, pharma, alcohol and tobacco (MSSNY mentioned)

LocalSYR.com – 04/06/19 Lawmakers, doctors discuss current health issues at Onondaga County Medical Forum (MaryAnn Millar, president of the Onondaga Medical Society featured)

NY Post – 04/07/19 Campaign hopes to sway minority lawmakers in NY pot legalization push (MSSNY mentioned)

Rochester Business Journal – 04/16/19 Ur’s Mark Adams named treasurer of Medical Society (MSSNY Treasurer, Dr. Mark Adams mentioned)

POLITICO New York Health Care Digest – 04/16/19 Making Rounds, (News MSSNY President Dr. Arthur Fougner mentioned)

The Daily Star (Oneonta) – 04/18/19 Bassett doctor to lead state medical society (MSSNY VP Dr. Joseph R. Sellers mentioned)

Newsday – 04/20/19 LI People on the Move (MSSNY President, Dr. Arthur Fougner, Assistant Treasurer, Dr. Parag Mehta and Vice Speaker, Dr. Maria Basile mentioned)

Newsday – 04/20/19 LI doctors and the opioid epidemic (MSSNY immediate past president, Dr. Thomas Madejski and Dr. William Spencer quoted)

Rochester Business Journal – 04/24/19 People and Awards (MSSNY Treasurer Dr. Mark Adams mentioned)

BUSINESS SHOWCASE
PHYSICIANS’ SERVICES

IS YOUR BUSINESS WEBSITE COMPLIANT WITH THE AMERICANS WITH DISABILITIES ACT (ADA)? If not you may be subjected to legal action! We can do a free audit of your website and let you know what corrections are needed. Call 516-830-1973 or visit www.adaules.com for more information.

MULTI-SPECIALTY MEDICAL OFFICE LOOKING TO BRING ON MORE DOCTORS!
New York Medicine Doctors Center is a multi-specialty Medical Agency networking some of the best medical professionals and specialists in the New York Tri-State area. Our offices currently serve both Manhattan and Queens, providing a variety of advanced technological on site testing, imaging, and services for the most rapid results. We are actively looking to bring on board an array of Doctors specializing in Primary Care, Gynecology, Gastroenterology, ENT, Urology, Podiatry, and Dermatology.

As we continue to broaden our medical services in both locations, we also provide individualized on-boarding contracts with health benefits, tailored in-house marketing and advertising, practice management assistance, and in house team of administration dedicated in serving any and all concerns whether it be credentialing or equipment related tasks.

If you are interested in joining our growing network, please do not hesitate to contact us at 718-360-9550 or 212-931-8533. Our direct email is drshusterman@gmail.com • Primary Contact: Oksana

OFFICE SPACE FOR LEASE/RENT/SHARE

PARK AVENUE MEDICAL OFFICE FOR SALE
On Park Ave, for sale is a large medical office, in a beautiful full service co-op with two entrances, one of which is an impressive doorman in lobby entrance. The office has high ceilings, easily adaptable to any specialty and priced to sell. Three good size rooms windowed consultation room with adjoining exam room or big windowed consultation room with one or two exam rooms. Lovely bright rooms, lovely reception area and front lobby.

OFFICE SPACE FOR LEASE/RENT/SHARE

FULLY RENOVATED OFFICE SPACE FOR PART-TIME LEASE IN HAUPPAUGE
Available Tuesdays/Fridays, $450 half session, $750 full session. Elegant office space, beautiful waiting room with new stone and granite reception desk, custom molding, large windows, abundant natural light, TV, and refreshment counter. Four new exam rooms and dictation room. New stainless and granite kitchenette. State-of-the-art network infrastructure meets HIPPA & PCI DSS compliance standards. Digital X-ray room with PACS in each exam room available as an option. Located in close proximity to LIE, Northern State Pkwy and Vets Memorial Hwy. Contact us at (631) 486-8855; Please click to see our listing.

OFFICE SPACE FOR LEASE/RENT/SHARE

PARK & LEX RARE FIND -- GREAT OFFICE SHARE
Wonderful office share or sublet in terrific location at great price. Available Full time or Part time. Choice of smaller windowed consultation room with adjoining exam room or big windowed consultation room with one or two exam rooms. Beautiful bright rooms, lovely reception area and front lobby.

HELP WANTED

FULL-TIME-WESTBURY, NY (IN-OFFICE POSITION ONLY)
Excellent opportunity for a RN who is seeking a position performing utilization review. We require 1-2 years recent experience in hospital and/or insurer utilization review and experience using Interqual criteria and/or MCG Guidelines. Data entry/PC skills a plus. Benefits include 401(k), paid vacation and holidays. Send resume and salary requirements to:

Empire State Medical Scientific and Educational Foundation, Inc.
e-mail: chant@mssny.org • Fax: (1-516) 833-4760

SEEKING EXECUTIVE DIRECTOR OF THE ONONDAGA COUNTY MEDICAL SOCIETY
Concept: An exciting opportunity for the right person to provide leadership for physicians
Job Description: Direct day-to-day operations of the Onondaga County Medical Society. Some evening meetings, travel required
Requirements: Experience with leading political advocacy; political sophistication. Must know how to interface with government officials. Good networking and communication skills. Converse with budgets and finance. Excellent media relations skills, including electronic, social media, and written communications. Familiar with medical issues and comfortable discussing them
Education: BA/BS required. MPH or MBA desirable. We expect innovation and project initiation. The Executive Director will receive a contract that increases remuneration commensurate with membership growth.
Application Instructions: Please direct your application to: Dr. Brian Johnson, johnsonb@upstate.edu. Applications should include:
1) a cover letter summarizing qualifications and why you are interested in the position,
2) resume, 3) contact information for three references.

OFFICE SPACE FOR LEASE/RENT/SHARE

PART-TIME LEASE IN HAUPPAUGE
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