



MEDICAL SOCIETY

OF THE STATE OF NEW YORK

DIVISION OF
GOVERNMENTAL AFFAIRS

Albany, NY



2022

MSSNY LEGISLATIVE PROGRAM

INTRODUCTION

The Medical Society of the State of New York (MSSNY) champions quality, accessible and affordable physician-led health care for all New Yorkers. Further, MSSNY advocates best medical practices based on science, with a commitment to public health and addressing longstanding equity issues in our healthcare delivery system.

The enormous suffering endured by New Yorkers and the rest of the country during 2020 related to the COVID pandemic unfortunately did not come to the quick end in 2021 that many had hoped. To end the COVID-19 pandemic, it is imperative that our policymakers continue to work closely with health care professionals to develop the appropriate community infrastructure to ensure that all New Yorkers become vaccinated, while at same time educating the public on steps to minimize the continuing transmission of the virus.

We must also work to fix the gaps in our health care system that were exacerbated by the pandemic, such as ensuring availability of affordable personal protective equipment including for community-based physician practices and promoting health equity to ensure necessary care is made accessible to disparate populations. We must also take steps to further invest in enhancements to our care delivery system that improved patients' ability to receive timely care, such as telehealth delivery of services.

The pandemic has left an indelible mark on many, including our health care workforce. Physicians and other health care workers had already reported significant symptoms of burnout before the pandemic began, but the pandemic made this far worse. A 2021 Medscape report noted that 51% of critical care physicians reported feeling burnout, as well as 51% of all female physicians. The overwhelming highest contributing factors to burnout that physicians cited were too many bureaucratic tasks (58%).

Similarly, an AMA survey of 42 health care organizations across the U.S. which assessed over 20,000 physicians and other workers found that 61% of those surveyed felt high fear of exposing themselves or their families to COVID-19 while 38% self-reported experiencing anxiety or depression. Another 43% suffered from work overload and 49% had burnout. Nearly half of female survey respondents experienced burnout, while 41.5% of the male respondents experienced burnout during the pandemic.

With the demands on our health care system growing with an aging population and increasing co-morbidities, we must take steps to ensure that we have a physician workforce ready to meet the health-care demands of our population. That includes taking steps to reduce the excessive administrative, non-patient care delivery demands that are far too prevalent, as well as refraining from enacted well-intended, but often misguided, legislation that adds additional unnecessary administrative burdens and requirements to those delivering patient care.

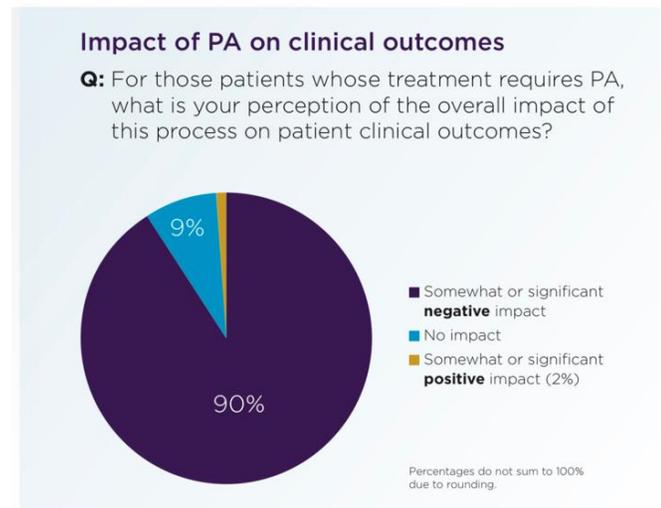
Most importantly, we need our policymakers to enact measures to reduce the excessive administrative hassles imposed by health insurance companies, such as those related to the pre-authorization of needed patient care, as well as excessive documentation demands related to the payment of care.

It's time for a change. New York is regularly ranked at or near dead last in the country in the [list of the best states in which to practice medicine](#) because of a lack of competitive compensation, excessive regulatory requirements and excessive liability risk and costs. New York has already lost countless physicians to other states with practice environments more welcoming to physicians than New York. During the 2022 Legislative Session, it is imperative our policymakers invest in enhancing and protecting New York's physician workforce. This includes acting to improve New York's practice environment, to protect the ability of patients to received needed care from the physician of their choice.

The Problem. Legislation is needed to counteract pervasive, health insurer-imposed, excessive administrative barriers interfering with patient care delivery. Health insurers impose these burdens because of their market dominance. According to the [2021 AMA Competition in Health Insurance report](#), in most regions of New York there are just two insurers that collectively control over 60% of that regional market. Physicians must either accept insurers terms or join large health systems to stay in business and continue to deliver patient care in the communities they serve.

The Solution. To counteract the disproportionate market power of insurers, MSSNY supports:

- **Collective Negotiations.** Legislation will allow independently practicing physicians to collectively negotiate contract terms, including administrative processes such as prior authorizations (PAs) with insurance companies. Physicians can then better advocate for their patients, pushing back against policies that delay access to care and are used by insurers to increase profits. Reduced administrative burdens will save physician practices time and costs that can be shifted to caring for patients.
- **Reduce Needless Insurance Hassles.** Recognizing the disproportionate market power of insurers, the legislature directed a workgroup convened by the New York Department of Financial Services (DFS) and Department of Health (DOH) to reduce administrative burdens in health care. MSSNY actively participated in this workgroup, which recommended a number of modest steps to reduce excessive PA requirements, claims hassles and delays in credentialing. However, far more needs to be done, including:
 - **Prior Authorization (PA) Reform.** Enacting [comprehensive PA reform](#) including limiting the time for health plans to review PA requests, prohibiting repeat prior authorizations once an approval has been granted, ensuring health insurers utilize peer reviewed clinical review criteria that account for disparate patient populations and requiring health plans to involve similarly trained physicians in making PA determinations.¹
 - **Network Adequacy Reform.** Ensuring availability of comprehensive physician networks and protecting against unfair narrowing of these networks by providing [due process protections](#) for physicians whose contracts are not renewed by insurance companies. Further, legislative or regulatory reforms should be enacted to improve: (1) old standards that DFS and DOH use to determine network adequacy; (2) transparency, so consumers understand the size and quality of the network to comparison shop; (3) ensuring networks are truly sufficiently comprehensive to meet the health care needs of the diversity across New York State and (4) enforcement, through increased regulatory oversight of faulty participating provider lists.



¹ According to an [AMA study released in April 2021](#), 94% of physicians surveyed reported care delays because of prior authorization (PA), while 74% said that PA can lead to patients abandoning their treatments. Moreover, 90% reported that excessive PA burdens have had a negative impact on clinical outcomes, while 85% reported the burden as high, or extremely high. Instead of spending countless hours on the phone with insurance companies and waiting/hoping that procedures will be approved, physicians should be spending more time directly with patients. For many physicians, these excessive burdens are even more frustrating given the enormous profits many health insurers realized during 2020 that even [prompted an investigation by the House Energy & Commerce Committee](#).

- **Enforcement.** Ensure aggressive DFS/DOH investigation and enforcement actions against health insurers that engage in patterns of excessive medical record requests that inappropriately delay the payment of routine health care claims.
- **Protect Against Cumbersome Billing Requirements.** Oppose legislation that would require the use of single hospital bills that would force physicians into subservient relationships with the hospitals that they serve. MSSNY will continue to discuss options that could work for both patients and physicians.
- **Out-of-Network Disputes.** Oppose legislation that would make New York’s Independent Dispute Resolution process for determining out-of-network surprise bills less balanced and biased towards health insurers.

Questions Regarding The New York Health Act. The frustration physicians’ experience with insurers’ administrative burdens and payment hassles has prompted a number of physicians to support ending insurer-driven coverage in favor of a single-payor system. While MSSNY maintains long-standing concerns about a single-payor system, MSSNY will continue to engage with legislators to discuss the strengths and weaknesses of legislation to create a single payor structure, including the New York Health Act. MSSNY appreciates the efforts of legislators to address physician concerns, including changes to the New York Health Act to limit preauthorization burdens. Important remaining questions to address include: Will there be a fair payment schedule that incentivizes physicians to stay in New York rather than move to other states? What would occur if there were substantial state budget shortfalls? In recent years, there have been several occasions where the medical community has had to advocate to prevent implementation of steep proposed Medicare and Medicaid cuts in response to Budget shortfalls. It is certainly foreseeable that a similar situation could occur under a single payor system.

Support Enhanced Insurance Coverage. MSSNY supports efforts to enhance the availability of affordable, comprehensive health insurance coverage for our patients, including limiting often astronomical deductibles, enhancing subsidies for the purchase of comprehensive health coverage, and expanding Medicaid coverage for patients one year post birth.

Support Telehealth Services and Payment Equity for Physicians. To ensure continued patient access to needed and cost-effective telehealth services, MSSNY supports legislation requiring health insurers to make [fair payment for telehealth services](#). The impact of the COVID-19 crisis prompted significant changes in care delivery in New York and across the country, including a dramatic increase in telehealth as a medium to deliver patient care.² Physician payment for audio and video services has often not kept pace with rates paid for in-office visits and the gap is often wide. This threatens the gains made in expanded telehealth access. Paying physicians at substantially lower rates for telehealth services also disproportionately impacts patient access in traditionally underserved communities--including low-income families and those with transportation or childcare challenges-- who often benefit most from the flexibility of telehealth. As a result of vaccine hesitancy, the Delta variant and emerging variants, physicians and public health officials expect COVID-19 to remain a public health threat for the foreseeable future, making it imperative that policies that have promoted telehealth services become permanent. Moreover, with many patients from marginalized groups not having adequate access to necessary technology, it is important for the State to address inequities in access to telehealth services including continued coverage for audio-only telehealth.



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² Mental health and primary care services experienced the biggest uptick in use. Between September 2018 and September 2020, the share of physicians in practices that used videoconferencing to provide patient visits increased from 14.3% to 70.3%, according to the American Medical Association.

CONTAIN EXORBITANT MEDICAL LIABILITY COSTS

Physician practices are still recovering from the financial strain of the pandemic. This strain heightens the need to contain New York's excessive health care liability costs. New York's physicians and hospitals continue to incur the highest liability awards and costs in the nation, far surpassing more populous states like California and Texas.³

Medical liability costs impact consumer affordability and access, as these costs contribute to New York's high premium costs, which also impact small business growth. Malpractice reform is an essential component of efforts to reduce unnecessary healthcare spending because physicians are compelled to practice "defensive medicine", such as ordering additional diagnostic tests of marginal utility to help defend against possible future suits.

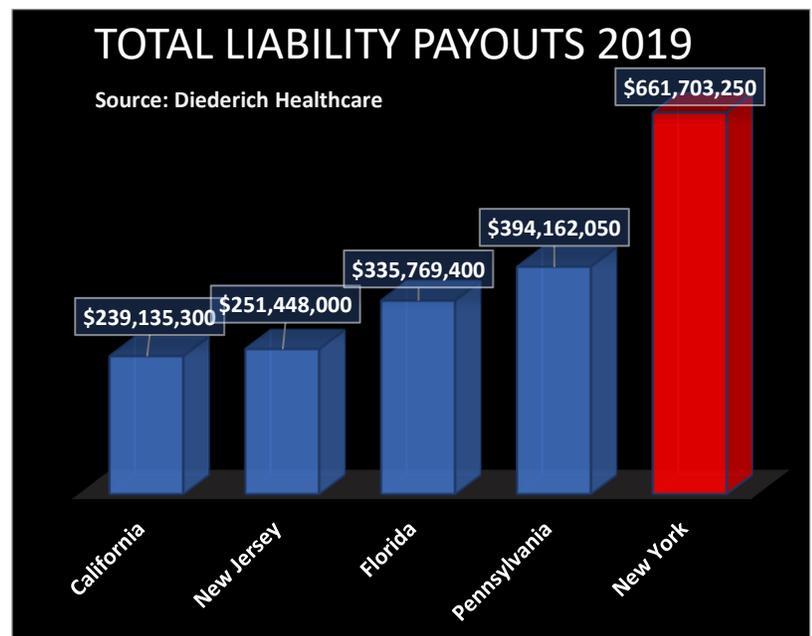
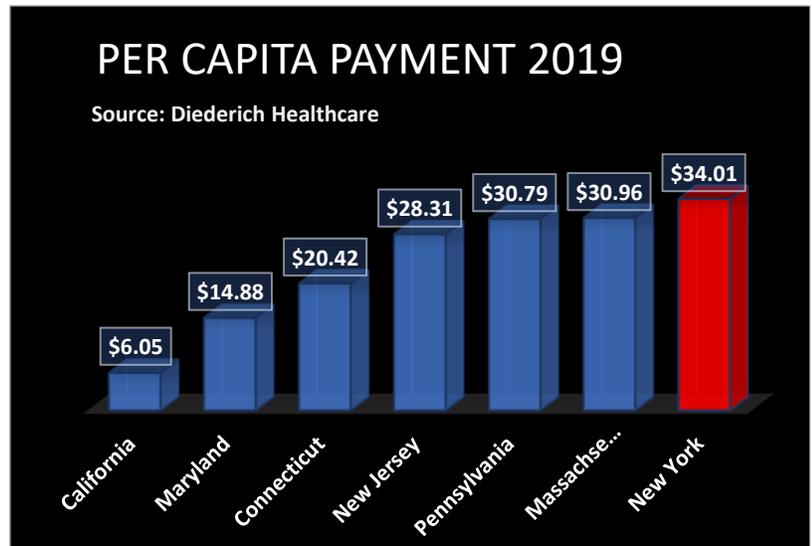
MSSNY Supports legislative initiatives to reduce malpractice costs and non-meritorious claims, including many that have proven successful in dozens of other states, including:

- **Certificates of Merit.** Supporting more detailed Certificates of Merit as a precondition of lawsuits against physician defendants and stronger expert witness standards.
- **Apologies.** Ensuring statements of apology from a physician to a patient are not 'discoverable' in future litigations.
- **Reasonable Damages.** Placing reasonable limits on non-economic damages.
- **Alternative Resolutions.** Creating alternative systems for resolving liability claims such as medical courts or a Neurologically Impaired Infants Fund.

³ A recent report from Diederich Healthcare showed that in 2019, New York once again had the highest cumulative medical liability payouts of any state in the country, 68% more than the state with the second highest amount (Pennsylvania). It also had the highest per capita liability payment, 10% more than the 2nd highest state (Massachusetts).

Moreover, recent data from the National Practitioner Databank (NPDB) showed that New York has the largest amount of medical liability lawsuits from the period 2009-2018 (16,688), 27% more than the second highest state California (13,157) and 53% more than the 3rd highest state Florida (10,877).

Moreover, New York had by far and away the highest total medical malpractice payments over that same time period, totaling over \$7 billion, more than twice the second highest state, Pennsylvania.



- **Funding Excess Malpractice Coverage.** Continuing an adequately funded [Excess Medical Malpractice Insurance Program](#) without imposing unfair cost-sharing requirements on physicians receiving this essential coverage.

MSSNY Opposes stand-alone measures to increase malpractice insurance costs, given New York’s already exorbitant liability burden, including:

- **Pain + Suffering Expansion.** Oppose expansion of “[wrongful death](#)” damages to permit “pain and suffering”. One recent study estimated that this bill could increase premiums by nearly 50%.
- **Anti-Consumer Attorney Fee Increases.** Oppose the elimination of consumer protections against exorbitant attorney contingency fees.
- **Pre-Trial Cost-Sharing.** Oppose proposals to force litigants in multi-defendant actions to make decisions before trial regarding post-verdict cost-sharing.
- **Reducing Defense Rights.** Oppose the elimination of important defense rights that would limit the ability of a defendant physician’s counsel to question plaintiff’s treating provider.

PRESERVING AND ENHANCING PHYSICIAN-LED TEAM-BASED CARE

Our patients benefit from the combined care of a team, led by a physician whose education and training enables them to oversee the care to ensure optimal medical treatment for the patient. Ensuring treating professionals are acting within their scope of practice is a matter of patient safety.⁴

MSSNY has repeatedly expressed grave concerns with various Governor’s Executive Orders (EO) in the last 2 years that waived otherwise applicable statutory collaboration and supervision requirements for nurse practitioners (NPs), physician assistants (PAs), and nurse anesthetists (CRNAs). A recent MSSNY survey reported that 75% of the physician respondents indicated that these advanced care practitioners working independently since the issuance of these EOs had committed an error while treating a patient. Furthermore, 90% of physicians indicated that the error could have been prevented had there been physician oversight.

MSSNY has also raised concerns that proposals to sever existing collaborative and supervisory requirements could result in increased health care costs due to overprescribing and overuse of diagnostic imaging.⁵

MSSNY Opposes legislation that would create health care silos, including by:

- **Inappropriately eliminating statutory collaboration** requirements between [nurse practitioners and physicians](#) practicing in that specialty.

⁴ Most physicians must complete 4 years of medical school plus 3-7 years of residency and fellowships, including 10,000-16,000 hours of clinical training before they are permitted to treat patients independently. During this training physicians receive approximately 5,000 hours of clinical experience in medical school, 4,000 hours of clinical experience in internship, and 6,000 to 18,000 clinical hours during specialty training. Therefore, MSSNY has strong patient safety concerns with any proposal to expand the scope of practice of various non-physician health care providers that will enable them to practice beyond their education and training.

⁵ One study showed that, in states that permit independent prescribing, NPs were 20 times more likely to overprescribe opioids than those in prescription-restricted states. Another study in the *Journal of the American College of Radiology*, which analyzed skeletal x-ray utilization for Medicare beneficiaries from 2003 to 2015, found ordering increased substantially – more than 400% by non-physicians, primarily NPs and PAs during this time frame. Another study published in *JAMA Internal Medicine* found NPs ordered more diagnostic imaging than primary care physicians following an outpatient visit. The study controlled for imaging claims that occurred after a referral to a specialist. The authors found that greater coordination in health care teams may produce better outcomes than merely expanding non-physician scope of practice alone.

- **Inappropriately permitting independent practice** for CRNAs.
- **Inappropriately permitting independent physician assistant practice** including to perform fluoroscopy.
- **Inappropriately expanding the ability of podiatrists** to treat up to a patient’s knee.
- **Inappropriately permitting pharmacists** to [order and conduct patient lab tests](#) without physician coordination.
- **Inappropriately granting psychologists** prescribing privileges.

MSSNY Supports the ability of otolaryngologists to dispense hearing aids at fair market value.

RESPONDING TO THE COVID-19 PANDEMIC

MSSNY will continue to be actively engaged in legislative and regulatory policy addressing the COVID-19 pandemic, as well as supporting state vaccination and other efforts to combat the spread of COVID-19. Of course, COVID-19 ranges from minimal to life-threatening and its impact on young and old is significant.⁶ Unfortunately, it now appears that this pandemic will be with us for some time, unless public health measures can more effectively combat the outbreak.

Vaccination. MSSNY supports vaccination as a key to ending this pandemic. MSSNY has supported Governor Hochul’s Executive Order requiring mandatory vaccination of healthcare workers. Unfortunately, misinformation has contributed to vaccine hesitancy among many New Yorkers. MSSNY is committed to addressing vaccine hesitancy. Centralized, state-run mass vaccination efforts made some sense in the early days of the pandemic, when vaccines were scarce. However, vaccines are now readily available to the public. MSSNY has been working with the state and local health departments to make vaccine distribution more routine and available through treating physician’s offices, particularly in diverse and underserved communities where misinformation, lack of transportation and other hurdles are more prevalent.

Other Preventive Measures. MSSNY has also actively supported other preventive measures, including social distancing, wearing face masks in public, and handwashing as standard precautions for any type of infectious disease outbreak. SARS-CoV-2 infection is transmitted predominately by inhalation of respiratory droplets generated when people cough, sneeze, sing, talk, or breathe. The Center for Disease Control (CDC) recommends community use of masks, specifically non-valved multi-layer cloth masks, to prevent transmission of SARS-CoV-2.⁷ MSSNY has advocated strongly for requiring facial masking among all healthcare workers and support staff who regularly interface with the public, as well as all students, teachers, and administrative and support personnel in all settings. There is also hope that various drugs will help alleviate the symptoms and can inhibit the virus.

Educating Our Physicians. Throughout the height of the pandemic, MSSNY’s Committee on Emergency Preparedness and Disaster/Terrorism Response has worked with the NYS DOH to provide up-to-date information to our physicians,

⁶ Two years after the first on-set of cases, the virus has killed over 800,000 Americans—more than the 1918 Spanish Flu. World-wide there have been nearly 5 million deaths— and the United States leads the world in the number of deaths—well behind India and Brazil. Today, more than 1 in every 500 Americans die of COVID-19. As of this writing, New York State’s death rate is at 55,498. For two years, travel restrictions, lockdowns, testing protocols, business closures and workplace requirements have been imposed to mitigate the spread of COVID-19. There has been the stoppage of elective surgeries, a decrease in patients seeking timely care for various diseases and/or not moving forward with the preventive screening measures to keep patients well. The pandemic has resulted in severe global social and economic disruption, including supply shortages.

⁷ According to the CDC, “Masks are a simple barrier to help prevent your respiratory droplets from reaching others.”

including numerous “live” webinars that educated countless numbers of physicians and other members of the healthcare team. These efforts continue.

PHYSICIAN WELLNESS

The outbreak of COVID-19 tested the wellness and resiliency of New York’s physicians, residents, and medical students like never before. A recent AMA national survey of the mental health aspects of COVID-19 on physicians shows that 63% of all survey respondents indicated that they worry about being exposed to COVID-19 or exposing their family. Over 52% reported at least some symptoms of “burnout” and 16% reported persistent symptoms of “burnout” that won’t go away. Further, 39% reported experiencing symptoms of anxiety and depression “moderately” or “to a great extent” as a result of COVID-19.

Promote Peer Support. Physician suicide is a growing professional and public health concern. Despite working to improve the health of others, physicians often sacrifice their own well-being to do so. Furthermore, there are systemic barriers in place that discourage self-care and help-seeking behaviors among physicians. The suicide rate among the profession has exploded in recent decades. The suicide rate among male and female physicians is 1.41 and 2.27 times higher than that of the general male and female population, respectively.

In response, MSSNY has implemented a Peer-to-Peer (P2P) program that offers an opportunity to talk with a peer about some of life’s stressors. The MSSNY P2P program allows trained peer supports to assist their colleagues who need help in dealing with work, family stressors, and COVID-19. To further enable this program, MSSNY supports legislation to facilitate the ability of physicians to have therapeutic “peer-to-peer” conversations by providing confidentiality protection for organizations and individuals that provide physician peer support, like protections provided to the NYS Bar Association peer support activities.

Promote Wellness Through Practice Transformation. During the height of the COVID-19 pandemic, MSSNY became involved in the American Medical Association (AMA) and the Physicians Foundation’s Practice Transformation Initiative. The goal of this program is to help physicians and institutions reduce physician burnout by implementing evidence-based solutions, and best practices within the organization. This initiative has helped various New York State institutions assess the wellness of physicians and then implement an intervention and then reassess well-being a year after the implementation of the intervention. Currently, MSSNY has joined with the following institutions on this PTI project: Bassett Healthcare, Ellis Medicine, Northwell Healthcare, St. Peter’s Health Partners, and NY Presbyterian/Brooklyn. All 6 practice sites have administered an assessment survey and have implemented various practice interventions tailored to specific results.

In August 2021, MSSNY joined with the AMA and the Physicians Foundation to collectively develop relevant educational content, resources, measurement tools, and evaluation support to help practices with implementing, optimizing, or sustaining telehealth as a modality of delivering patient care. As a collaborating partner, team leaders will participate in a “kick-off” meeting with leaders from practice sites in New York and in other states. Each practice site will be involved in dissemination of a telehealth survey assessing practice/physician experience using telehealth. In addition to participation in the Telehealth Survey, the project team will collect baseline, mid-point, and final data points to measure the impact of telehealth in their practices using the Return on Health framework. Participants will receive access to educational resources from the AMA and expert mentoring to discuss optimization and sustaining telehealth into practice, virtual events and discussions which provides a network for physicians and care teams to share experiences.

HEALTH EQUITY

In June, the MSSNY Council adopted a statement developed by the MSSNY Committee on Health Equity that says in part that MSSNY affirms that racism is a public health crisis and that MSSNY's mission statement will be evaluated to ensure that it supports equity in all aspects of its work. Furthermore, MSSNY will systematically evaluate its policies and procedures to be clear that it supports equity in all aspects of its work, in both existing and in future policies and procedures, and that record of this process be visible to all members. MSSNY will also work with the county medical societies to ensure that their mission statements are inclusive of the needs of underrepresented minority patients and physicians. MSSNY will also work with medical schools to ensure that underrepresented minority students are successfully recruited and supported to reinforce the pipeline of physicians to be representative of the population we serve.

Steps to Promote Health Equity. MSSNY, through its Committee on Health Equity will seek to:

- **Increase awareness** of how discrimination based on factors such as racism, classism, cisgenderism, heterosexism, ableism, patriarchy, and xenophobia contribute to both societal and health inequities and to ensure that all New Yorkers receive the best care possible and can achieve the best health possible.
- **Work with stakeholders**, including the AMA, specialty societies, Albany leadership, community groups, and others to eliminate inequities, particularly those inequities that adversely impact the health and well-being and access to and quality of care for persons who are from historically disadvantaged populations.
- **Prevent and manage diseases** that are prevalent in historically disinvested populations burdened with the worse disease outcomes, including diabetes, hypertension, and cancer, through educational programming for physicians and other stakeholders.
- **Reverse the troubling increases in race/ethnic-based health inequities** such as maternal mortality; and Promote expanded funding for programs that attract a more diversified physician workforce, increasing the number of minority faculty including Black, Latinx, Native American, female, LGBTQ faculty, and faculty with disabilities teaching in medical schools and expanding medical school pipeline programs in rural and urban areas to address the shortage of physicians in medically underserved areas of New York.
- **Support gender affirming care** by advancing the ability of physicians in New York to provide gender affirming care to people including transgender and non-binary youth and opposing the criminalization of providing gender affirming care for youth.

PUBLIC HEALTH

Immunizations. Disease prevention remains a top MSSNY priority. Immunizations are key to prevent disease spread. MSSNY will continue to advocate for mandatory immunizations where appropriate, including:

- **Schools.** In 2019, the New York State Legislature and Governor enacted a law to clarify that medical contraindications were the only acceptable exemptions to state laws requiring that every child attending a public, private or parochial school receive the appropriate immunizations. In addition to protecting children from the unnecessary spread of avoidable illness, vaccines help to protect others, including infants too young to be vaccinated and those who are unable to receive a vaccine due to a health condition. MSSNY will continue to advocate for the preservation of this important law.

- **COVID-19.** As noted above, MSSNY has strongly supported and will continue to advocate for requiring COVID-19 vaccination among all healthcare workers and support staff who regularly interface with the public. Moreover, MSSNY supports mandatory COVID-19 vaccination among all school-aged children, now that the CDC and FDA have confirmed the safety and efficacy of the COVID-19 vaccines in the pediatric population. MSSNY also supports a requirement for the administration of the influenza vaccine for all school-age children who attend childcare, pre-kindergarten, K-12, and college and universities in New York State, unless medically contraindicated. The American Academy of Pediatrics (AAP) also supports this requirement.
- **Education + Reporting.** MSSNY continues to support state funding for a public health campaign to promote immunizations and to address “vaccine-hesitant” parents. MSSNY also supports requiring all public, private, and parochial schools in New York State and New York City to report immunization rates and medical exemptions to one central NYS Department of Health database. This will allow the state to effectively track immunization rates throughout the state. MSSNY further supports universal reporting of adult immunizations to the New York State Immunization Information System (NYSIIS), either directly or via health information exchanges, and supports removing the requirement for patient permission to report adult vaccines to the registry.

Substance Use. As a member of the AMA’s Substance Use and Pain Care Task Force, MSSNY is focused on helping to end the nation’s drug-related overdose and death epidemic. Recently, the task force developed recommendations for actions physicians can take as well as those policymakers and public health officials must take. This includes broad efforts to remove barriers and improve access to evidence-based care for patients with pain, a substance use disorder (SUD) or mental illness. The task force also will work to address the drug overdose epidemic more directly, focus on removing racial, gender, sexual orientation and other health-related inequities.

Address the Opioid and Pain Crisis. MSSNY actively works to increase physician awareness and leadership to combat the opioid and pain crisis. New York State physicians are increasing the prescribing of Medicated Assisted Treatment (MAT) and are seeking to encourage the use of naloxone by patients and family members. MSSNY continues to support legislative efforts to enhance insurance coverage for treatment beds. MSSNY also strongly encourages all physicians and hospitals to advocate to patients the substance use treatment options, including buprenorphine, available to them in treating addiction and supports increased reimbursement for MAT. MSSNY supports the following recommendations of the AMA task force:

- **Develop Infrastructure.** Support patients with pain, mental illness or a substance use disorder (SUD) by building an evidence-based, sustainable and resilient infrastructure and health care workforce rather than continuing a crisis-driven approach that has led to multiple unintended negative consequences, including one-size-fits-all strategies, continued stigma and widespread gaps in data, evidence-based treatment, and prevention efforts.
- **Coverage.** Support coverage for, access to, and payment of comprehensive, multi-disciplinary, multi-modal evidence-based treatment for patients with pain, a substance use disorder or mental illness. Additionally, coverage, access and payment should directly address racial, gender, sexual orientation, ethnic and economic inequities as well as social determinants of health. This includes removing barriers to evidence-based treatment for SUDs, co-occurring mental illness and pain.
- **Harm Reduction.** Broaden public health and harm reduction strategies to save lives from overdose, limit the spread of infectious disease, eliminate stigma and reduce harm for people who use drugs and other substances.
- **Collaboration.** Improve stakeholder and multi-sector collaboration to ensure that patients, policymakers, employers, and communities benefit from evidence-based decisions.

Enhance New York’s PMP. MSSNY will seek legislative or other regulatory interventions to require the reporting of methadone into the state’s Prescription Monitoring Program (PMP) and supports requiring the interconnectivity between the state PMP and methadone clinics. Federal regulations now allow a program to report to state PMPs, but state regulations do not require this. Legislation or regulation is necessary to effectuate this change. MSSNY also supports efforts to ensure medical marijuana dispensing information is reported to the state PMP. Additionally, MSSNY continues to strongly advocate for interconnectivity with the PMP and the physicians’ electronic medical records. This interconnectivity is allowed in 48 other states, but not in New York.

Find the Right Solutions. MSSNY remains concerned with legislative efforts that would place further arbitrary limits on the prescribing of controlled substances and legislation that is duplicative of requirements that currently exist under the ISTOP law. MSSNY is concerned about the potential for significant costs and burdens that may be associated with mandatory naloxone co-prescribing. MSSNY will encourage that all licensed drug treatment programs offer treatment for substance use disorders and that staff employed at these facilities be trained in the referral and provision of MAT.

Safe Injection Facilities. MSSNY also supports the creation of pilot studies to assess the role of Safe Injection Facilities (SIF) in the state and that any pilot study include New York City and two other areas outside of New York City. Additionally, MSSNY advocates that these pilot studies provide screening, support, referral for treatment of substance use disorders and co-occurring medical and psychiatric conditions and provide education on harm reduction strategies including Naloxone training.

End-of-Life Care. Challenging decision-making concerning end of life care has increased the burden on physicians, patients and family members. These challenges have divided family members, physicians, and the social fabric of society. When intimate knowledge of end-of-life choices have not been discussed between doctor and patient, an ever-changing medical environment with shifting social mores, economic influences, and legislative mandates can muddle the already difficult medical decisions. Further complexities arising from an acute crisis in the use of narcotic analgesics has also frustrated patients and providers in dealing with prevention and relief of pain at end-of-life. MSSNY Task Force on End-of-Life Care offers the following recommendations:

- **Community Hospice.** For the NYSDOH to convene a group of stakeholders to standardize community hospice programs around the state as well as the distribution of those programs; and that MSSNY work with the NYSDOH to develop culturally competent guidelines.
- **eMOLST.** Support the development of a state central depository for eMOLST (Medical Orders for Life Sustaining Treatment).
- **Reimbursement.** Urge the NYS Legislature to create adequate reimbursement for end-of-life care.
- **Coverage.** Research and develop proposals to create a basic public long-term care coverage benefit for all New Yorkers.
- **Education.** That the NYSDOH develop educational resources for physicians, allied health professionals, and patients on end-of-life care and that MSSNY offer end-of-life educational programming to its members.
- **Recertification.** That the NYS DOH simplify the hospice recertification process.
- **Suicide.** Re-affirming [MSSNY Policy 95.989](#) in opposition to Physician-Assisted Suicide.

MSSNY also supports the development of a registry for nursing home medical directors and will work with the New York State DOH to effectuate this change. MSSNY supports providing family caregivers with a tax credit for providing care at home.

Improve Women’s Health. Preserving the ability for women to have access to reproductive and sexual health care services is a key public health goal. MSSNY supports efforts to expand access to emergency contraception, including making it more readily available, and will continue to support sexual health education programs amongst adolescents. MSSNY opposes any legislation that criminalizes the exercise of clinical judgment in the delivery of medical care. MSSNY will seek to ensure that the HPV vaccine does not require prior authorization.

Other Public Health Priorities.

- MSSNY supports requiring commercial insurers and Medicaid to permit physicians, at their discretion and based on patient compliance, to prescribe non-controlled substances for 15 months.
- MSSNY supports legislation to ensure that community physicians and patients served by a hospital have the meaningful opportunity to participate in discussions regarding the potential closure of that hospital.
- MSSNY supports safety measures and stricter penalties for hit-and-run e-scooter and e-bikes offenses.
- MSSNY supports a ban on all flavored tobacco products, including menthol, and supports state funding for a public health campaign on the dangers of liquid nicotine and e-cigarettes.
- MSSNY supports increasing the tobacco tax by \$1 per pack to pay for important public health programs and to create parity for other tobacco products.
- MSSNY supports maintaining funding for prevention programs that improve health, such as the Obesity Prevention Program, the Healthy Heart (Hypertension) Program, and the Tobacco Control Program.
- MSSNY will closely review the implementation of the marijuana program to ensure that youth are not adversely impacted.

Joseph R. Sellers, MD *MSSNY President*

Parag H. Mehta, MD *MSSNY President-Elect*

Paul A. Pipia, MD *MSSNY Vice President & Chair, Legislation & Physician Advocacy Committee*

Bonnie L. Litvack, MD *MSSNY Immediate Past President*

Gregory L. Pinto, MD *Commissioner, Governmental Relations*

Thomas T. Lee, MD *Assistant Commissioner, Governmental Relations*

Mark J. Adams, MD *Vice-Chair, Legislation & Physician Advocacy Committee*

Rose Berkun, MD *Vice-Chair, Legislation & Physician Advocacy Committee*

Brian P. Murray, MD *Vice-Chair, Legislation & Physician Advocacy Committee*

Troy Oechsner, JD *MSSNY Executive Vice-President*

Morris M. Auster, JD *Senior Vice-President & Chief Legislative Counsel, MSSNY Division of Governmental Affairs*

Patricia Clancy *Senior Vice-President, Public Health & Education & Managing Director*

Zina D. Cary *Senior Associate Director of Governmental Affairs*

**MEDICAL SOCIETY
OF THE STATE OF NEW YORK**

99 Washington Avenue, Suite 408
Albany, New York 12210

www.mssny.org

518-465-8085
albany@mssny.org

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