



Network New York The Alliance Voice

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

News from the Tri-President, Joan Cincotta



I attended the 83rd AMSSNY Annual Meeting held in Tarrytown, NY on April 11-12 at the Westchester Marriott. A raffle was held at the MLMIC dinner the evening before and raised nearly \$1,400 with a third each being donated to the AMA Foundation (the Dr. Duane & Joyce Cady Physicians of Tomorrow Scholarship Fund), Physicians’ Home and the Belle Tanenhaus Educational Fund. Installation of officers took place during the meeting and the following were installed for 2019-2020: Tri-presidents – Joan Cincotta (Onondaga/MAL) May 1 – August 31, Helena Mirza (Schenectady) September 1 – December 31, Barbara Ellman (Albany/MAL) January 1, 2020 – April 30, 2020. Nuise Bhitiyakul

(Ulster/MAL) will serve as Vice President, Corrie Verde (Richmond/MAL) will serve as Treasurer and Lois Gullott (Schenectady) will serve as Secretary. The Alliance made a generous contribution – \$5,000 – to MSSNYPAC. They were very appreciative and invited the Board to make an appearance at the PAC’s Executive Committee meeting the afternoon of the 11th so that the Committee could thank them personally.

I submitted my report for the MSSNY Council Meeting to be held on May 30th and ended my report with a plea to the Council members to please encourage their spouse/partners to support the Alliance with their dues. My report for the September meeting has also been submitted.

I attended the AMA Alliance Annual Meeting in Chicago June 8-10 and sent everyone a comprehensive report of my time there. I was honored to represent New York State and grateful to have been given the opportunity to once again take part in the workings of our national Alliance, re-acquainting with many colleagues from the past. The topics were timely and well-presented and I found them to be very informative and useful. It is a great occasion to familiarize ourselves with our organization and I would encourage all members to take advantage of attending an Annual Meeting in Chicago. AMSSNY underwrites the cost and it is an opportunity you will forever appreciate.

On July 10, we held a Long Range Planning Committee meeting via teleconference. Ten of our members attended and much was accomplished for the coming year. Fall Conference will take place on October 6-7 at the

Courtyard by Marriot, Mohawk Harbor, Schenectady. We hope you will be able to join us! The Nominating Committee will meet on the 6th. Topics to be discussed will be Marijuana Legislation (presented by Pat Clancy of MSSNY) and the use of helmets in girls' lacrosse (presented by a representative of Hummingbird Sports). As you know, Cheryl Stier (Schenectady) has worked tirelessly over the past several years trying to get US Lacrosse to make it mandatory for girls to wear helmets thus decreasing their chances of brain injury. (AMSSNY appropriated helmets for an inner-city school in Schenectady only to have the girls refuse to wear them.) This has been a frustrating venture which we hope to see through to a positive conclusion in the near future. Nuise Bhitiyakul is investigating having Fall Conference 2020 in Kingston with a function at the Culinary Institute of America. Barbara Ellman reminded everyone that Legislation Day for 2020 will be on March 4. She urged all to try to attend. AMSSNY's next Annual Meeting will be April 23-24 at the Westchester Marriott in Tarrytown. *Please* mark your calendars and plan to attend.

Please follow our legislative updates and advocate for our physicians. Your membership dues are needed to continue our mission as an Alliance – *PLEASE* support our efforts by sending in your application (in this newsletter) *today*. Thank you.

AMAA Annual Meeting

The 2019 AMA Alliance's 97th Annual Meeting was held in Chicago, June 8-10. Joan Cincotta represented AMSSNY and joined 104 other delegates. Her report summarizes the keynote and other speakers as well as a synopsis of the business meetings. Speakers included:

-The Keynote speaker, Dr. Donna Van Natten, an expert in body language, spoke on communication. Words are only 7% of our communication with tone of voice being 38% and non-verbal being 55%. She emphasized that we must be intentional because other people make about eleven decisions about us within the first seven seconds since we are visual people. She discussed seating arrangements stating that sitting next to each other increases talk time about 3X while sitting diagonally increases talk time by about 6X because it is a much more intimate position. She also discussed personal space with one foot from someone being an intimate zone, three feet being a personal zone, eight feet being a social zone and 12 feet being a public zone.

-Speaker Brian Dunlap, CEO of Design Social Media, talked about different media sites and how to navigate them.

-Joyce Golbus Poll discussed writing successful grants and offered a comprehensive guide. She also explained the different tax categories: 501 (c) (3), 501 (c) (4) and, 501 (c) (6) and the rules concerning them when writing a grant. She clarified Family Foundations vs other Foundations. She also stressed brevity and focus (short sentences /bullets) when writing a grant.

-Laura Lewis-Ball spoke on the secrets of successful public speaking. She stated that 90% of nervousness doesn't show and is simply energy. She cautioned not to write our speeches and not to read or memorize it, but to practice it out loud. She suggested getting to the venue early and taking long breaths until it is time to speak. The speech should be two or three main points with each point having a story. The brain is wired for stories. She also suggested simplifying, giving up perfection and to be free to walk around rather than standing behind a podium.

-Attorney James Provenza presented Bylaws that Work. He stated that boards should not be more than ten people and should have staggered terms. Bylaws should allow electronic meetings, but a minimum notice must be stated. Directors/officers can be removed without cause. The Treasurer should not have to do everything and some of the financial duties can be shared. Committees should be composed of 3-5 people and can give members a voice without being on the board. He stated that an Executive Committee is not a good idea. He emphasized that the bylaws should state how often directors meet and their term limits.

-Barbara Savage spoke on the AMAA National Opioid Initiative which is a collaboration with National PTA to prevent opioid misuse. A webinar was released on June 20 and will be carried on the AMA Alliance website and the National PTA website. Local Alliances may use materials from this initiative and can remove the PTA logo and add their local logos. Several videos were also presented.

President Cami Pond presided over the business meetings. She recognized past presidents, the Board of Directors, Councils, Committee chairs and members, and state presidents. Nominations, the Election Committee, Finance and Bylaws all presented reports. Discussions were held about the finance and bylaws with several amendments suggested.

The HAP Awards were presented at the next business meeting: Texas received an award for their Doctor's Day Tribute which benefitted a local not-for-profit; to Missouri for their Opioid Misuse Prevention Initiative; to South Carolina for their Docs Who Rock Project. Media Awards went to Nevada for their Community Engagement/Spring Fashion Show; and to South Carolina for its Throw Back Thursday – Make New Friends and Treasure the Old. (They

posted on Facebook old letters from former members dating back to the 1950s.) The Centennial Club also reported that they already raised over \$20,000. The Centennial of the Alliance will be in 2022.

Attendees were divided into various “Hot Topics.” Joan attended membership along with 30-40 members. Most suggested using social media to “get the word out.”

The next business meeting included the President’s report, Pat Troy’s Executive Director report, the Finance report, the Elections report as well as the unfinished bylaws work. Pat Troy stated that she will no longer be the Executive Director, but will from now on be referred to as the administrator, making the organization a more volunteer-driven organization. There will be no more staff – Pat will be part-time as a management company. She re-assured all of us that our membership problem IS solvable – it won’t be quick and it won’t be easy, she said. She offered that the causes of the problems with membership in the Alliance now are structural, systematic, and cultural. We must be pro-active, she said, we cannot maintain *status quo*. Hospital-based Alliances/Auxiliaries are doing fine – “the hospitals are where it’s at”, she said. On your county and state dues invoices/forms, she said to write “recommended” after national dues. President Cami Pond presented the first-ever President’s Award – to Donna Rovito for her efforts in the founding/editor-in-chief of the Physician Family Magazine.

Social events included the AHEI dinner and auction on Sunday night and the welcoming party for incoming president, Mary Beth Ellison, sponsored by the Ohio State Alliance on Monday night. The AHEI event raised \$10,000 after spirited bidding.

Tuesday’s meeting included an update for the AMA Foundation, an address by the 2018-2019 AMA president, the oath of office, presentation of the pin and gavel, the installation of officers and Mary Beth Ellison’s inaugural address.

New for this coming year is a new format for the “board”: now to be split up into six councils of focus – Governance (bylaws/nominating/strategic planning), Finance, Membership (marketing), Communication (media/magazine/digital), Programs (leadership development/public health), and Events (annual meeting/board meetings).

Fall Conference

The Alliance with the Medical Society of the State of New York will hold its annual Fall Conference on October 6th and 7th at the Courtyard by Marriott, 240 Harborside Drive, Schenectady, NY. The nominating committee will meet Sunday at 3PM followed by the Board of Directors meeting. Sunday dinner at 6PM will feature a speaker from Hummingbird Sports concerning girls’ lacrosse helmets and efforts to require their mandatory use. The cost for this buffet dinner is \$40 and you can make your checks payable to the Alliance and send it to Kathy Rohrer at AMSSNY, 865 Merrick Avenue, Westbury, NY 11590. Reservations can be made directly with the hotel at 518-579-6620 at \$175/night.

Fall Conference will resume at 9:00 AM on Monday, October 7 with a presentation on marijuana legalization and legislation by MSSNY’s Senior Vice President for Public Health and Education, Pat Clancy. Pat will speak with us from 9:00 AM – 11:00 AM and the conference will conclude following Pat’s presentation.

For additional information on the Conference or any other Alliance matter, please contact Kathy Rohrer at 516-488-6100 x396 or by e-mail at krohrer@mssny.org.

Your attendance and input at Fall Conference would be invaluable to your Alliance.

Legislation

Federal

Your advocacy is needed! Members of Congress will be considering legislation in September concerning surprise medical bills. But instead of considering a bill consistent with New York’s, the bill (S.1895, The Lower Health Care Costs Act) and its companion bill HR.3630 bases reimbursement on benchmarking which allows insurance companies to set prices on medical treatment. Please advocate for the Ruiz-Roe legislation (HR3502) that mirrors New York’s law that allows for a “baseball arbitration” Independent Dispute Resolution System to determine payment for out of network care and uses charge data from an independent database. For more information go to

www.physicianadvocacyinstitute.org or www.outofthemiddle.org. Send a letter to Senators Schumer and Gillibrand, as well as your local US Representative urging your member of Congress to fight for a “surprise medical billing” law that is consistent with New York’s approach. To contact legislators using various media go to <https://www.freeroots.com/campaign/mssny-end-surprise-billing>.

The AMA is expecting changes to the Medicare Access and CHIP Reauthorization Act (MACRA) with legislative action in September. MACRA was passed in 2015 and the law had provided for modest payment increases, but payment rates still have not kept up with inflation. To make matters worse, the statute calls for a 0% per year payment update for years 2020-2025. Among the improvements being fought for by organized medicine:

- Implementing positive payment adjustments for physicians in lieu of a payment freeze over the next six years;
- Extending the Advanced Alternative Payment Models (APM) bonus payments for an additional six years, and;
- Implementing additional technical improvements to MACRA

You can send a letter using the Physicians Grassroots Network.

New York

The 2019 Legislative session saw many bills, supported by MSSNY, passed, as well as some adverse bills defeated.

Thank you to those who contacted the legislators to advocate for MSSNY's position. Legislation included:

- Enactment of legislation supported by MSSNY which ensures that medical contraindications are the only acceptable exception to vaccine requirements (no religious exemptions);
- Passage of legislation (A2969/S.2849) supported by MSSNY which significantly curtails health insurers making mid-year changes to their prescription formularies; or increasing patient cost sharing;
- Passage of legislation (A2836A/S.6531) supported by MSSNY which will provide extensive new regulation of Pharmaceutical Benefit Managers (PBM);
- Passage of legislation (A3918/S.1813) supported by MSSNY that permits a prescriber to arrange with a pharmacist to "partially fill" a patient prescription for opioid medication;
- Passage of legislation (A.2880-B/S.5328-B) supported by MSSNY to reduce insurer prior authorization (PA) requirements when a PA for a related procedure has already been received;
- Defeat of legislation (A.8420/S.6579A) opposed by MSSNY that would have legalized adult use marijuana, as well as proposals that would have significantly expanded the medical marijuana program. Instead, legislation was enacted and supported by MSSNY that provides further "decriminalization" of small amounts of marijuana;
- Defeat of every major scope of practice expansion bill opposed by MSSNY, including pushing back against aggressive efforts by podiatrists and optometrists;
- Defeat of numerous trial lawyer backed bills opposed by MSSNY which could have greatly expanded lawsuits or damage awards against physicians, or made it much more difficult to defend a lawsuit. It should be noted that the Legislature did pass a couple of smaller measures opposed by MSSNY and many other groups that will affect certain cases involving multiple defendants and where an adverse judgment has been reached;
- Defeat of several bills opposed by MSSNY that would have overridden physician clinical judgment and added even more requirements on physicians prior to prescribing opioid medications to patients;
- Passage of legislation (S.6529/A.8338) to make technical changes to the maternal mortality legislation board that was passed earlier this year, & supported by MSSNY & ACOG;
- Defeat of legislation (A.318/S.2888) that would have required physicians and other health care providers to provide maternity patients with written information regarding the risks associated with Cesarean section.

Please ask the governor to sign the legislation prohibiting mid-year formulary changes (A2969/S.2849) and the legislation allowing patients to partially fill a prescription (A3918/S.1813) using MSSNY's Grassroots Advocacy Center.

With significant objections from MSSNY, numerous specialty societies, HANYS and GNYHA, the Legislature did pass 2 bills affecting certain cases involving multiple defendants where the jury has awarded a judgment for the plaintiff:

- A.2372/S.6081 – would permit a plaintiff to collect on a court judgment directly against a third party defendant that had been sued by the original defendant for contribution and indemnification. The concern is that this type of practice could encourage those parties unable to satisfy their apportioned share of liability to dodge their responsibility, while allowing a plaintiff to target a deep-pocketed third party.
- A.2373/S.6552 – would require a non-settling co-defendant in a tort action, where another co-defendant has settled, to choose whether to reduce his/her liability exposure by the stated settlement amount or the settling tortfeasor's equitable share prior to a trial, instead of after a jury verdict has been reached. The concern is that it forces the non-settling defendants to make a blind choice without knowing the ultimate outcome of the trial, with

the risk that if the co-defendant makes the “wrong choice”, a plaintiff could receive a recovery above what the jury awarded.

Please ask the governor to veto these bills.

MSSNYPAC - The Political Voice for NY Physicians

Supporting MSSNYPAC with a financial contribution is an important investment. If you are not a member, please consider joining along with your spouse. MSSNYPAC is a separate, segregated fund established by MSSNY to engage in campaign activities in New York State. It accepts contributions from New York physicians, residents, students and Alliance members to achieve political recognition for physicians. A well-funded MSSNYPAC can support the candidates who truly understand the concerns of physicians trying to assure their patients receive the best possible care. It targets support for elected state and federal officials and candidates who advance physicians’ goals and strengthens physicians’ voice in governmental affairs.

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

Girls Lacrosse Helmet Update

At the present time, US Lacrosse has still not mandated that helmets be worn as part of the mandatory equipment for girls’ lacrosse. Until a mandate is instituted, girls will continue to play unprotected in this fast paced sport. As the representative organization tasked with establishing rules and standards for the girls game, US Lacrosse has an obligation to do its utmost to ensure that the game is regulated to create the safest playing environment possible. Our board approved our organization being listed as a partner on the website www.brainsafetvalliance.com and listed as an organization that is passionate about the need for helmets in girls’ lacrosse with Cheryl Stier acting as our representative. This website has been developed to provide evidence based information on why helmets are needed. The intent is to blast the link to the website across all communities in the country to reach as many people as possible. It is hoped that this will begin the conversation about why the girls sport is being treated differently than the boys and the importance of protecting these young female athletes.

The number of recorded concussions in girls’ lacrosse has become recognized as among the highest per player of any sport. A study by the National Center for Biotechnology Information states that the prevalence of concussions in girls lacrosse ranks second only to boys football. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6094348/>) (<https://www.futuremedicine.com/doi/full/10.2217/cnc-2017-0005>)

The science behind headgear and concussions refutes the primary arguments against the mandate of headgear for girls’ lacrosse. The arguments most commonly advanced by those opposed to introducing headgear are (1) Helmets don’t prevent concussions, (2) wearing helmets will create a “gladiator effect” and (3) it is preferable to reform rules and educate coaches and players instead. The argument that “helmets don’t prevent concussions” is based on a flawed premise which relates the type of concussion in girls’ lacrosse to that incurred most commonly in full contact sports such as football or men’s lacrosse. The *science* explains the flaw in this comparison. In full contact sports, the main cause of concussion is body to body collision. This type of impact creates a rotational force to the brain for which a helmet is of little benefit. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5005709/>. However, *scientific* studies show that the main cause of concussions in girls’ lacrosse results from linear impacts from a ball or a stick. There has even been discussion about modifying the ball itself to reduce the concussive impact. The US Lacrosse ASTM standard ensures that the headgear available for girls’ lacrosse is equipped to significantly reduce these kinds of impacts and therefore, the frequency and severity of brain injuries. It is also notable that research shows that the player on the field who most likely sustains the greatest number of impacts to the head with a ball, the goalie, is also the player who sustains the fewest concussions on the field. She alone is required to wear a helmet.

<https://www.futuremedicine.com/doi/full/10.2217/cnc-2017-0005>

Members of the Brain Safety Alliance drafted a letter to US Lacrosse citing the scientific evidence and asking them to reconsider and mandate helmets. Cheryl drafted a position paper which can be viewed on the website www.brainsafetvalliance.com under the *About Us* section. Cheryl also circulated the following open letter to AMSSNY members, physicians, coaches, parents, athletes and community representatives:

If given the opportunity to provide your child, or grandchild with a league approved protective helmet, shown in laboratory testing to reduce impact forces from ball to head and stick to head impact, would you refuse such protection?

The question posed may seem ludicrous, yet in the sport of girls' lacrosse, parents, guardians, coaches, and athletes are choosing to disregard the addition of US Lacrosse approved helmets and female athletes are taking to the field unprotected. The, "Great Helmet Debate" in the sport of girls' lacrosse has been an ongoing controversy for more than a decade. Simply "Google" the topic and you will find passionate articles as to why helmets should or should not be added to the list of mandatory equipment for the sport of girls' lacrosse.

In 2013, a community member in Schenectady County brought this public health issue to the attention of the Alliance with the Medical Society of the State of NY. After extensive research on the topic, AMSSNY drafted and approved a position statement on the importance of mandating protective head gear (helmets), in the sport of girls'/women's' lacrosse. In 2015, the need for approved, protective headgear in the sport was supported by the Medical Society of the State of NY through MSSNY Resolution 157, and the American Medical Association House of Delegates through AMA H-470.955. In 2017, an ASTM regulation standard was set for the manufacturing of helmets for girls' lacrosse. ASTM standard F3137 required that approved head gear meet the following criteria:

1. A drop impact test that simulates a 45 mph stick swing
2. A 60-mph ball impact test
3. A deformation test to ensure level of flexibility

Hummingbird Sports and Cascade Sports developed and marked helmets which met all 3 requirements and were deemed acceptable for play by US Lacrosse. The helmets were however categorized as "optional" equipment, rather than mandated equipment for play. At the present time, few teams across the country have chosen to mandate helmets, with the exception of the state of Florida, in which all athletes playing girls' lacrosse must wear an approved helmet. We recently learned that the Public Schools Athletic League of NYC had mandated the use of helmets in girls' lacrosse.

In an effort to educate the public as well as the medical community, a task force has been assembled, and a website established to provide a central site for information sharing: www.brainsafetvalliance.com

Please consider visiting the website, read the research, testimonials, and request for rule change application which was submitted on May 31, 2019, and then share the information with your families, friends, coaches, and medical colleagues. The site is fluid, and changing daily as new information, and testimonials become available.

In 1984, amid much heated debate, NY State led the way in requiring seatbelts for front seat passengers. Opponents at the time, much like those in opposition of helmets in the sport of girls' lacrosse, argued that the mandating of seatbelts would result in more aggressive and reckless driving due to a false sense of security. More than 30 years later the decrease in morbidity and mortality in motor vehicle accidents has made the use of seatbelts a nationwide norm. Change is never easy, and there will always be those who disagree. Education is an important component to effect change. Please consider joining our efforts to make the playing field a safer place for our female athletes.

We thank you in advance for your support,

Sincerely,

Cheryl Stier RN, MSN

Co-Chair, Health Promotions

Alliance with the Medical Society of the State of NY

Health News

Prescribing Opioids:

JAMA Network Open on August 30 revealed that physicians were more likely to prescribe opioids later in the day and when appointments were running behind schedule. The study utilized claims and electronic health data in 2017 for 678,319 patients with new pain who saw 5,603 physicians at health care clinics. The patients' complaints ranged from back pain and headaches to muscle and joint aches. The researchers looked at the order of appointments and whether an appointment started at its scheduled time. Opioid prescriptions were compared to prescriptions of non-steroidal anti-inflammatory drugs and physical therapy. Overall, physicians were 33% more likely to prescribe opioids later in the day and 17% more likely to do so if the appointment was running later than its scheduled time. NSAIDs and physical therapy prescribing did not change throughout the day.

In 2017, there were six times the number of opioid related deaths compared to 1999. While much of the opioid epidemic is due to illicit drug use, prescription opioids still play a large role. The authors note that if prescribing practices remained constant throughout the day, 4,459 opioid prescriptions would not have been written.

Opioid Prescribing Down:

Opioid prescribing by New York State physicians has decreased 37.5% percent between 2013-2018 and opioid prescriptions also decreased by 11.2% from 2017 to 2018 according to data recently released by the IQVIA, Danbury, CT, a data collection firm within the healthcare industry. Additionally, the American Medical Association (AMA) has released its 2019 Opioid Progress Report—the third year that the AMA has reported on actions that physicians have taken to help end the nation’s opioid epidemic. The report shows significant decreases in opioid prescribing as well as increases in PDMP use and naloxone prescriptions. New York State physicians and other users of the prescription monitoring program logged 23,931,571 inquiries in 2018, a 42% increase since 2014. Nationally, the report found: Between 2013-2018, opioid prescriptions decreased 33 percent, from 251.8M to 168.8M;

- PDMP use increased to 462M since 2014 (up from 61.4M in 2014);
- More than 700,000 physicians and other health care professionals completed CME and related trainings or accessed other resources focused on opioid prescribing, pain management, screening for substance use disorders and other areas;
- Naloxone prescriptions increased to nearly 600,000 in 2018—a 338 percent increase from 2016;
- More than 66,000 physicians and other health care professionals now have a federal waiver to prescribe buprenorphine in-office for the treatment of opioid use disorder—an increase of more than 28,000 since 2016;
- Many states have also taken action to remove prior authorization and other barriers to evidence-based treatment for an opioid use disorder. New York State is at the forefront by removing the prior authorization for Medicated Assistance Treatment (MAT)

Vaping Blamed in Outbreak of Severe Lung Disease:

Health officials are warning against the use of black market or unauthorized products for vaping as they investigate at least 215 cases of pulmonary illness potentially related to e-cigarette use. The *Washington Post* reports that authorities are investigating whether contaminants may be involved. Officials also caution against using e-cigarettes in ways that are not intended by the makers, like dripping or dabbing. For dripping, users drop e-cigarette solvents onto the hot coils of the e-cigarette, resulting in more concentrated compounds. For dabbing, substances containing high levels of tetrahydrocannabinol (THC) or cannabidiol (CBD) are superheated in the device. Gov. Cuomo has told everyone to stop vaping while they are examining the cause of the increasing cases being seen of severe lung disease.

Marijuana’s Effects on Young Brains:

U.S. Surgeon General Jerome Adams is warning about the dangers that marijuana poses to the developing brains of youth and fetuses. In an advisory released Thursday, he writes: “No amount of marijuana use during pregnancy or adolescence is known to be safe. Until and unless more is known about the long-term impact, the safest choice for pregnant women and adolescents is not to use marijuana. “The percentage of pregnant women who said they had used marijuana in the past month doubled between 2002 and 2017 (from 3.4% to 7%). In 2017, over 9 million young people aged 12 to 25 said they had used marijuana in the past month. The Surgeon General says that frequent marijuana use during adolescence is tied to brain changes related to memory, attention, decision-making, and motivation. Fetal exposure is linked to disruption of the endocannabinoid system and lower birth weight.

3500 Kidneys Discarded Yearly:

There are 93,000 people in the United States waiting for a kidney transplant, and kidney disease kills about 5,000 U.S. residents on the kidney waiting list annually. A study published in *JAMA Internal Medicine* estimated that the United States throws away at least 3,500 donated kidneys every year, mainly because of the “intense regulatory scrutiny of U.S. transplant programs.

Telemedicine:

Telemedicine may be leading to the overprescribing of antibiotics to sniffling children according to a new study in the journal *Pediatrics*. Children with cold symptoms seen via telemedicine visits were far more likely to be prescribed antibiotics than those who went to a doctor’s office or clinic, researchers found. A higher proportion of those prescriptions disregarded medical guidelines, raising the risk they could cause side effects or contribute to the rise of antibiotic-resistant germs. Children received prescriptions for antibiotics more than half the time during telemedicine visits, compared with 42% at urgent care clinics and 31% at doctors’ offices.

The researchers also found that in looking at telemedicine doctors' decisions about whether to prescribe or not prescribe antibiotics, 4 out of 10 failed to meet medical guidelines on matching treatment to diagnosis. That mainly had to do with doctors prescribing bacteria-fighting drugs to treat viral illnesses, such as colds and flus that are unaffected by antibiotics or by diagnosing strep throat without a throat swab or a lab test. In comparison, 3 out of 10 urgent care clinic decisions were inappropriate and about 2 out of 10 doctors' office decisions were.

Medical Liability:

Medical liability payouts and premiums in New York State continue to be considerably out of proportion with the rest of country. A recently released report showed that New York State had the highest number of cumulative medical liability payouts of any state, and that this cumulative number had increased by 11% from 2017 to 2018. Claimants in New York were awarded nearly two times more than the state with the next highest amounts, Pennsylvania, and payments in New York far exceeded states such as California and Florida. New York had the highest per capita medical liability payment as well, averaging over \$35 per New York resident, more than 20% higher than the second highest state, New Jersey.

Emergency Room Costs:

The nonprofit Health Care Cost Institute (HCCI) found that hospital emergency rooms substantially increased prices for care from 2008 through 2017. The average emergency room visit cost \$1,389 in 2017, up 176% over the decade. That is the cost of entry for emergency care; it does not include extra charges such as blood tests, IVs, drugs or other treatments.

Planning Calendar

AMSSNY Fall Conference, Schenectady, NY

October 6-7, 2019

Physician Advocacy Day

March 4, 2020

Doctor's Day

March 30, 2020

AMSSNY Annual Meeting, Westchester Marriott, Tarrytown

April 23-24, 2020



Member-At-Large Membership

The Alliance is doing important works within our state and across our country, taking an active voice in medical legislation and a meaningful role in health issues. The Alliance needs YOUR support in order to continue with these efforts. Though you may not have the time or inclination to become involved presently, payment of your dues will help those who are already actively engaged. If you desire to become involved, members-at-large have the opportunity to serve on the board and can be delegates to our convention. Alliance members continue to work on projects concerned with violence, internet safety, bullying, peaceful conflict resolution, awareness for the need of organ and tissue donation, health literacy, smoking cessation, the growing problem of obesity- especially in children, and many other health and legislative issues. JOIN US NOW!

If you are already a member... THANK YOU...

Don't forget to renew. Please Print Information

Name: _____ Spouse's Name: _____

Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Work Phone: _____ E-Mail: _____

Payments of dues for county, state and national should be made directly to your County Alliance (if unsure if your county Alliance is active, call 1-800-523-4405). If your County does not have an active Alliance, you may become a Member-At-Large (MAL) by sending your State (\$35) and National (\$65) dues (Total of \$100). Senior/Widows (65+ and 20 years active service) State dues are \$17.50. (\$82.50 if State and National) Please make checks payable to AMSSNY-MALs and submit to:

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