

GOVERNMENTAL AFFAIRS AND LEGAL MATTERS (A)

50 Elimination of the Medicare Face to Face Reimbursement
Introduced by the MSSNY Long-Term Care Subcommittee

SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, that the Medical Society of the State of New York work with the American Medical Association to advocate to simplify the Medicare requirements for a “Face to Face” visit by a physician to a patient as a precondition for Medicare home health coverage, including advocating for alternatives for such “Face to Face” visit such as by telehealth; and be it further

RESOLVED, that the New York delegation present this resolution at the 2017 AMA House of Delegates

51 Sale of Health Insurance Across State Lines
Introduced by the Suffolk County Medical Society

SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, that the Medical Society of the State of New York oppose federal and state legislative proposals that would permit the sale of health insurance products in a state that do not comply with that state’s law and regulations; and be it further

RESOLVED, that the New York delegation introduce a similar resolution at the June AMA House of Delegates meeting calling for similar action.

52 Improving EHR Technology to Enhance and Track Clinical Outcomes
Introduced by the 9th District Branch, MSSNY

SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, that the Medical Society of the State of New York re-affirm MSSNY Policies 117.975 and 117.985; and be it further

RESOLVED, that the Medical Society of the State of New York advocate that electronic health record companies assure that their products provide physicians with real time clinical feedback and focus on episodes of care.

117.975 Recommendations of White Paper: Improve EHR Satisfaction: MSSNY adopts the following recommendations to improve implementation and satisfaction among users of Electronic Health Records (EHR):

1. Improve design and workflow so that a. EHR doesn’t take away time spent with patients b. does not interfere with doctor-patient relationship and c. Reduce total time spent on EHR per patient.
2. Workflow should be customizable not only to fulfill various needs of different specialties but also to accommodate needs of every individual physician.
3. Reduce documentation that serves functions other than care of patients and reconsider incentives and penalties

4. Reduce cost of EHR
 5. EHR should help generate necessary billing reports and allow e-prescription of medications
 6. EHR should prompt physicians about gaps in care of their patients and also help with clinical decision support
 7. Improve interoperability between physicians and all healthcare providers. Peer to peer exchange should be the goal whether it's direct or through an exchange.
 8. Improve value of notes in telling the patient's story and the thought process of the physician rather than the volume of data.
 9. EHR should capture episodes of care rather than encounters
- (Adopted, Council April 17, 2016; Full white paper available upon request)

117.985: EHR Standardization : MSSNY will seek legislation or regulation to require all EHR vendors in New York State to utilize standard and interoperable software technology components to enable cost efficient use of electronic health records across all health care delivery systems, including institutional and community based settings of care delivery, and will transmit a copy of this resolution to the AMA for consideration at its next House of Delegates meeting. (HOD 2013-104; Reaffirmed HOD 2016-112 & 114)

53

EHR Data Access and Data Migration

Introduced by Parag H. Mehta, MD

SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, that the Medical Society of the State of New York work with the AMA to pursue regulations which would require EHR vendors to provide data to the next EHR vendor in a timely and meaningful way and at reasonable cost when requested to do so by the users; and be it further

RESOLVED, that MSSNY work with the AMA to ensure that vendors provide access to legacy charts on a server for the legal statutory requirement of the specialty and the State for the longest required time and additionally they must certify and attest to its accuracy and completeness; and be it further

RESOLVED, that MSSNY work with the AMA to ensure that all upgrades and updates to an electronic health record provide the records in the format of the previous version; and be it further

RESOLVED, that MSSNY work with the AMA to ensure that vendors are held responsible if litigation results from imperfections or errors caused by their product.

54

Reduce Physician Practice Administrative Burden

Introduced by the 9th District Branch, MSSNY

SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, that the Medical Society of the State of New York work with the AMA and the federation of medicine to advocate to repeal the law that conditions a portion of a physician's Medicare payment on compliance with the Medicare Merit-

Based Incentive Payment System (MIPS) and Alternative Payment Models (APM) programs; and be it further

RESOLVED, that should full repeal not be achievable, the Medical Society of the State of New York work with the AMA and the federation of medicine to advocate for legislation and/or regulation to significantly reduce the administrative burdens and penalties associated with compliance with the MIPS and APM programs; and be it further

RESOLVED, that the New York delegation introduce a resolution at the June AMA House of Delegates meeting calling for similar action

55

Truth in Advertising with Regard to Board Certification

Introduced by: Natalie Adler, MD, Gregory Pinto, MD and 3d and 4th District Branches, MSSNY

SUBSTITUTE RESOLUTION ADOPTED

RESOLVED the Medical Society of the State of New York support legislative and regulatory efforts to require a medical doctor or doctor of osteopathic medicine may not hold oneself out to the public in any manner as being “certified” by a public or private board including but not limited to a multidisciplinary board or "board certified," unless all of the following criteria are satisfied:

1. The advertisement states the full name of the certifying board.

2. The certification is accurate, current and in good standing

3. The certifying board either:

i. Is a member board of the American Board of Medical Specialties (ABMS), or the American Osteopathic Association (AOA); or

ii. Is an organization that requires successful completion of a postgraduate training program approved by the Accreditation Council for Graduate Medical Education (ACGME) or the AOA that provides complete training in the specialty or subspecialty certified, followed by prerequisite certification by the ABMS or AOA board for that training field and further successful completion of examination in the specialty or subspecialty certified.

iii. The organization must have written proof of a determination by the Internal Revenue Service that the certifying board is tax exempt under the Internal Revenue Code pursuant to Section 501(c)

4. The terms “board eligible”, “board qualified”, or any similar words or phrase calculated to convey the same meaning may not be used in physician advertising.

5. A physician who is not board certified by, or a member, fellow, or diplomate of an organization that meets the above requirements in section (3) may not advertise a field of interest, except that the physician may advertise that his or her practice is “limited to” a certain area of practice.

56 Truth in Advertising with Regard to the Title "Doctor"
Introduced by: Natalie Adler, MD, Gregory Pinto, MD and 3d and 4th District Branches, MSSNY

SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, that the Medical Society of the State of New York continue to work with the federation of medicine and the AMA to seek legislation or regulation to ensure that any advertisement for a health care provider specify the degree held by such health care provider.

57 Percentage-Based Billing Services Arrangement
Introduced by the New York County Medical Society, New York State Society of Plastic Surgeons, and Suffolk County Medical Society

SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, that the Medical Society of the State of New York work for repeal of the New York State law barring percentage-based payment arrangements between physicians and their billing agents; and be it further

RESOLVED, that the Medical Society of the State of New York continue to work with hospital associations and other allied organizations to oppose efforts by state government officials to demand refunds from physicians based upon allegations that claims were submitted to Medicaid using percentage-based arrangements between physicians and their billing agents; and be it further

RESOLVED, that the Medical Society of the State of New York continue to educate physicians regarding the laws applicable to payments for billing services.

58 Collection of Deductible and Co-Insurance
Introduced by the Suffolk County Medical Society

SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, that the Medical Society of the State of New York advocate to ensure, including if necessary seeking the enactment of legislation or regulation, that health insurance companies and their vendors provide easy to understand written notice to their enrollees regarding their out of pocket costs that they face in their insurance coverage; and be it further

RESOLVED, that the Medical Society of the State of New York advocate to ensure, including if necessary seeking the enactment of legislation or regulation, that a physician's office can easily and accurately determine a patient's out of pocket costs from their health insurer; and be it further

RESOLVED, that the Medical Society of the State of New York advocate to ensure, including if necessary seeking the enactment of legislation or regulation, that physicians are permitted to collect out of pocket costs from patients at the time of

delivery of services, as well as permitted to waive collection of such costs when warranted based upon each patient's circumstances.

- 59 MSSNY Statement on Increased Health Insurance Deductibles
Introduced by the Suffolk County Medical Society
REFERRED TO COUNCIL

RESOLVED, That due to the dramatically increasing patient cost-sharing responsibilities, often resulting in patients decisions to delay or forego medically necessary services, that the Medical Society of the State of New York issue an official policy statement that any deductibles in excess of \$500 represents an unacceptable patient burden and barrier to achieving health care for the majority of New York citizens; and be it further

RESOLVED, That a similar resolution be introduced at the June AMA House of Delegates, calling for the AMA to issue a similar policy statement on a national level.

- 60 All Payor Database (APD) Not Appropriate as Reimbursement Standard
Introduced by the New York State Society of Plastic Surgeons, and the New York State Ophthalmological Society
ADOPTED

RESOLVED, that the Medical Society of the State of New York advocate to ensure that the payment data collected in an All Payer Database (APD) NOT form the basis for a reimbursement standard to health care providers, because the APD does not include payment data from ERISA plans, which results in an artificial narrowing of the range of fee data collected by the APD.

- 61 Out of Network Insurance Benefit Availability in Individual Market and Self-Funded Plans
Introduced by the 9th District Branch, MSSNY
ADOPTED

RESOLVED, That MSSNY seek, through legislation and/or regulation, the availability of out-of-network benefits including plans utilizing usual, customary and reasonable (UCR) payment methodology for out-of-network benefits in all tiers, including the individual market and New York State of Health; and be it further

RESOLVED, That the MSSNY Delegation to the American Medical Association (AMA) introduce a similar resolution at the next meeting of the AMA House of Delegates for similar requirement in federally sponsored plans, federal exchange, and/or self-funded plans.

- 62 New York State Health Care Delivery System
Introduced by the Medical Society of the County of Sullivan
REFERRED TO COUNCIL

RESOLVED, That MSSNY support a healthcare delivery system based on a universal, single payer healthcare system; and be it further

RESOLVED, That physicians must have direct input and ongoing involvement on all aspects of a single payer system; and be it further

RESOLVED, That MSSNY lobby the New York State Legislature position in support of a single payer healthcare system.

63 MSSNY Support Single Payor Health Insurance
Introduced by the Medical Society of the County of Kings

REFERRED TO COUNCIL

RESOLVED, that MSSNY support a New York State single payer health insurance bill; and be it further

RESOLVED, that MSSNY introduce a resolution at the AMA to support federal single payer health care legislation.

64 MSSNY Support Universal Health Insurance
Introduced by the Medical Society of the County of Kings

SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, that the Medical Society of the State of New York advocate for legislation to assure that all New Yorkers have at least basic health insurance coverage.

65 Changing MSSNY Goals on Medical Liability
Introduced by the New York County Medical Society

SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, that the Medical Society of the State of New York will work to lower medical liability premiums