GOVERNMENTAL AFFAIRS AND LEGAL MATTERS (B)

Nursing Home Inspections Should Include Physicians

*Introduced by Fifth and Sixth District Branches*

**ADOPTED**

**RESOLVED,** That the Department of Health of the State of New York (NYSDOH) be required to assign at least one physician as a member of every health department nursing home inspection team; and be it further

**RESOLVED,** That physicians involved in Nursing Home inspections be involved in any appeals; and be it further

**RESOLVED,** That the NYSDOH physicians be made available to review and answer questions and appeals from physicians working with patients in the home being reviewed.

Promote Legislation To Ensure Confidentiality of Peer Support

*Introduced by MSSNY Committee for Physician Health Advisory Committee*

**ADOPTED AS AMENDED.**

**RESOLVED,** that the Medical Society of the State of New York (1) adopt a position affirming the confidentiality of peer support excluding reporting requirements existing under current state law.

Copying and/or Scanning Costs

*Introduced by the Suffolk County Medical Society*

**SUBSTITUTE RESOLUTION ADOPTED**

**RESOLVED,** That MSSNY transmit a resolution to the AMA seeking changes to the Federal HIPAA regulations so that charges related to providing patient records defer to state law to determine charges for searching, retrieval and matters relating to charges that may be imposed for providing patients with medical records.

Pharmacy Benefit Managers Medical Necessity Criteria for Prescribed Medications

*Introduced by The Suffolk County Medical Society*

**SUBSTITUTE RESOLUTION ADOPTED**

**RESOLVED,** That MSSNY seek regulation or legislation limiting Pharmacy Benefit Manager requests for information to pertinent and relevant information which demonstrates that a patient meets medical necessity for prescribed medications.
Disclosure of Physician Protected Health Information (PHI) on Universal Health Care Professional Applications
*Introduced by MSSNY Committee for Physician Health Advisory Committee*
RESOLUTION NOT ADOPTED.

Expanded Clinical Roles for Medical Assistants in New York State
*Introduced by: Nassau County Medical Society*
SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, that MSSNY will work with New York State approved medical assistant teaching programs to develop suitable rules defining clinical work guidelines that can be incorporated into current New York state regulations.

Medicaid Payment of 20% Residual Medicare Fee
*Introduced by: Nassau County Medical Society*
SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, That MSSNY pursue state regulatory and/or legislative action seeking to restore funding for “crossover” payments, cut in previous years, for care provided by physicians to patients who are dually eligible for Medicare and Medicaid.

Medical Liability Coverage through the Federal Tort Claims Act
*Introduced by the Fourth District Branch*
SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, That MSSNY once again seek legislation that would lead to malpractice insurance coverage through the Federal Tort Claims Act for all physicians who participate in Medicare and/or Medicaid and all Federal Insurance plans; and be it further that MSSNY introduce a similar resolution to the AMA’s annual meetings in June 2017.

Further Limitation to Insurer Recovery Activity
*Introduced by the Monroe County Medical Society Eighth District Branch of MSSNY*
MSSNY POLICY RE-AFFIRMED IN LIEU OF RESOLUTION

Study and Promotion of Telemedicine Payment Parity
*Introduced by Monroe County Medical Society Eighth District Branch of MSSNY*
SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, That MSSNY will work with individual legislators throughout the state to introduce legislation that would require parity of payment between services provided in-person and via telemedicine.
Substitute Resolution Adopted

Resolved, That MSSNY seek legislation or regulation requiring important information contained in a Claim Remittance or Explanation of Medical Benefits be sent to all treating physicians.

Resolved, That MSSNY seek legislation or regulation prohibiting insurers from using the term “co–insurance” to refer to the obligation of individual policy holders and suggest insurers to use a more applicable term such as “patient’s responsibility”.

Any Willing Provider with Universal Credentialing

Introduced by the Ninth District Branch

Resolved, That MSSNY seek, through legislation and/or regulation, mandates for insurer acceptance of any willing provider provision for its members/insured as long as nationally recognized credentialing criteria is met by the provider; and be it further

Resolved, That MSSNY, affirms Policy 130.941; and be it further

Resolved, That MSSNY seek, through legislation and/or regulation, requirements for insurer to accept and reimburse, at in-network level, out-of-network providers willing to provide elective services to patients with no out-of-network benefits as long as the provider meets nationally recognized credentialing criteria; 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 with no out-of-network benefits.

Providing Income Tax Credit to Health Care Professionals for Clinical Preceptorships

Introduced by Abhimanyu Amarnani, Kings County, Frank Dowling, MD, MSSNY Assistant Treasurer

Resolved, That our MSSNY support the development of a New York state-wide clinical preceptorship tax credit, whereby health care professionals can report on their tax returns the time that they precept for New York state training institution students, and be further

Resolved, That our MSSNY refer any legislation specific commentary of this resolution to our MSSNY Medical Education Committee, and be it further

Resolved, That our MSSNY delegation bring forward any finalized proposal related to preceptorship tax credits to the AMA to seek similar relief in the form of a federal tax credit.