



# Network New York The Alliance Voice

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## Contact Us

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

## News from the Tri-President, Barbara Ellman



Important work is done by our state and county Alliances each year. In addition to fundraising projects to improve the lives of needy children; helping non-profit organizations fulfill their missions; providing scholarships for students going to college to study health-related topics; providing reminders for high school students at prom time not to drink or text and drive; working to protect the safety of children including trying to avoid concussions when playing sports, and helping to fight the opioid epidemic that has consumed our country, there is another facet of the Alliance. Alliance members provide legislative advocacy through responding to legislators about proposed bills and attending advocacy

events.

Each year, in March, the Medical Society of the State of New York holds a Legislation Day, in which the Alliance participates. This year the event begins at 8:00 am on March 7 in the Lewis Swyer Theater in the EGG, which is near the Convention Center on the concourse by the Capitol. It begins with speakers from MSSNY Leadership and from Legislative Leaders, giving updates on current bills, budget issues and more. There is a panel of Health Committee and Insurance Committee Chairs from the Senate and Assembly. Following the morning session, lunch is provided and attendees have an opportunity to sit and talk with their Legislator while they eat. Following lunch, appointments are scheduled with Senate and Assembly Members from Districts around the state for their constituents to meet with them in their offices and discuss their support or concerns about various legislative initiatives. After this, attendees may leave to return home.

This is a very important day, and an opportunity for Alliance Members to help MSSNY by joining their voices with physicians to help achieve passage of good legislation or to help defeat bad legislation. For many, this is the only face-to-face meeting they will have with Legislators, and your Legislator wants to hear what you think. Remember, your Legislator needs your vote to help him or her get re-elected, so they want you to be happy with them. Your physician spouse needs your help too. I hope to see many Alliance members at Legislation Day this year.

Last, but not least by any means, we need you. Membership is a vital part of any organization and in order for us to continue doing all that we do, we need members. If you can't be an active member right now, your dues will help us to continue our great work and when you are ready, there are many jobs that don't require a lot of your time that would be very helpful to us. Whatever your interest is, we have a spot for you. Please consider joining us. We also want to invite you to join our annual meeting during the House of Delegates on Thursday afternoon, March 22, and Friday, March 23. More information about our meeting and legislative issues is included in this newsletter.

It is an honor to be your Alliance Co-President this Year.

Barbara Ellman, Alliance Co-President 2017-2018

## Physician Advocacy Day -March 7th

MSSNY's "Physician Advocacy Day" will be held on Wednesday, March 7<sup>th</sup> in the Lewis Swyer Theatre in the Egg located at the Empire State Plaza, Albany NY. The New York State Osteopathic Medical Society will be holding their Lobby Day on the same date. Please take this opportunity to meet with your legislators and urge them to:

- Reject the inappropriate scope of practice expansions proposed in the Executive Budget
- Prevent big-box store owned medical clinics that will hurt community primary care delivery
- Reduce excessive health insurer prior authorization hassles that needlessly delay patient care
- Reduce the high cost of medical liability insurance
- Reject unfair and counterproductive proposed Medicaid cuts to Patient-Centered Medical Homes
- Preserve opportunities for our medical students and residents to become New York's future health care leaders

After the morning program, there will be a brief luncheon to which members of each House are invited to speak with their constituents. County medical societies will arrange meetings with their local legislators in the afternoon. Register at [www.mssny.org](http://www.mssny.org).

## 82nd Annual Meeting - It's Not too late to register!

The Alliance is pleased to announce that their 82nd<sup>h</sup> Annual Meeting will be held March 22 and 23rd at the Adams Mark Hotel, 120 Church Street, Buffalo, NY. This meeting will be held conjunction with MSSNY's House of Delegates meeting. All Physicians spouses/significant others are invited to join us as we review the activities of the Alliance over the past year and plan for the future of the Alliance. Please come to network and learn about the issues facing our physician spouses.

Our meeting hours are 2:30 -5:30 PM Thursday, and 8:30 AM - noon on Friday. Friday activities also include a celebration luncheon at 12:30 PM at the Harbor Bistro and Bar. Registration forms can be obtained by e-mailing Kathy Rohrer ([krohrer@mssny.org](mailto:krohrer@mssny.org).) We thank you for your continued support of your Alliance and look forward to your participation.

## Fall Teleconference

In an effort to include more of our Alliance members, the Fall Conference was held via teleconference/webcast this year on Monday, October 16 from 10 am to 12 noon. We discussed state business including the possibility of bringing in an opioid speaker for a joint session with MSSNY with CME credit on March 22. Kim Moser, AMA Alliance President, provided a national update. The AMAA has a membership engagement initiative and have initiated a State Ambassador project in 7 states to foster better communication. Their main areas of focus have been on the opioid issue and physician burnout.

Opioid: Phase I of the national opioid initiative was the development of a flyer, postcard and professional video. Phase two has been a distribution campaign of Mallinkrodt's biodegradable medication disposal pouch which can be used to dispose of up to 45 pills. The goal is to distribute 1.5 million pouches. Six sample pouches can be obtained at

[www.mallinkrodt.com/corporate-responsibility/safe-drug-disposal](http://www.mallinkrodt.com/corporate-responsibility/safe-drug-disposal). Kim pointed out that this addiction crosses all socioeconomic boundaries. Phase three will be training and a toolkit for school presentations.

Physician Burnout: There is a quiz on the AMAA website on physician burnout and it was also addressed in the summer issue of *Physician Family* which can be assessed at [www.physicianfamilymedia.org](http://www.physicianfamilymedia.org).

Additionally, the Alliance is trying to strengthen its relationship with the AMA. It has representatives on the AMA Opioid and Physician Burnout task forces. They will sponsor a coffee bar at the AMA Interim Meeting to encourage physicians to join the Alliance.

Kim also requested that we update our profile on the Membership Section of the AMAA website annually.

## Legislation

### Federal

The Federal budget agreement passed in February included health care provisions including:

- Repeals the Independent Payment Advisory Board (IPAB) – The IPAB was a Medicare cost-cutting Board that MSSNY, the AMA and many other physician associations had urged be repealed
- Funds the Children's Health Insurance Program (CHIP) that provides insurance coverage for nearly 9 million children for 10 years
- Delays implementation of the "Cadillac Tax" on comprehensive health insurance coverage and the medical device tax.
- Extends flexibility to CMS in MIBS implementation
- Extends funding for Community Health Centers for 2018 and 2019
- Prevents cuts to Disproportionate Share Hospital (DSH) Funding for 2018 and 2019
- Increases funding for Graduate Medical Education for 2018 and 2019

The final package also contains a “pay-for” that would reduce the Medicare Part B conversion factor increase slated for 2019 from +0.5% to +0.25%. However, that is an improvement from a more adverse proposal that had been close to adoption.

New York State filed a \$575M Lawsuit against the Federal Government to help pay Health Republic claims. As part of the liquidation process for the dissolution of Health Republic, the New York Department of Financial Services (DFS) has initiated a suit against the federal government seeking to recover over \$575 million owed to Health Republic under various ACA programs.

Governor Andrew Cuomo and New York Attorney General Eric Schneiderman announced a lawsuit against the US Department of Health and Human Services (HHS) for ending \$1 billion in federal funding for New York’s Essential Plan. It provides health insurance coverage to over 700,000 lower income New Yorkers who earn between 138% and 200% of the Federal Poverty Level which is too much to qualify for Medicaid. There is no deductible for this coverage, and the plan covers preventive care without cost sharing. The suit alleges that HHS withheld legally-required funding owed to New York to operate their insurance program without adequate justification and in disregard of lawful procedure. Bi-partisan legislation sponsored by Senator Lamar Alexander (R-Tennessee) and Senator Patty Murray (D-Washington), has been introduced that would continue necessary cost sharing reduction (CSR) health insurance subsidies including those that support New York’s Essential Plan.

The US Department of Labor has formally proposed rules that would “broaden the ability of small businesses and sole proprietors to have more freedom to band together” to establish Association Health plans (AHPs), the rule would:

- Allow employers to form a Small Business Health Plan on the basis of geography or industry. A plan could serve employers in a state, city, county, or a multi-state metro area, or it could serve all the businesses in a particular industry nationwide;
- Allow sole proprietors to join Small Business Health Plans, clearing a path to access health insurance for the millions of uninsured Americans who are sole proprietors or the family of sole proprietors.

The major concern about this rule is that AHPs would not have the oversight of state governments and might result in “more consumers purchasing plans with even more exorbitant out of pocket costs, fewer choices of physicians and a reduction in the ability of patients and physicians to enforce provisions of a health insurance contract”

## New York State

In his State of the State address, the governor has introduced recommendations to deal with the opioid epidemic: He indicated that he will advance legislation to restrict subsequent refills to no more than one additional seven day prescription of opioids for acute pain without having an in-person visit with the prescriber. Additionally, the proposal includes a requirement for emergency department prescribers to consult the Prescription Monitory Program (PMP) prior to prescribing opioids. The governor also proposes the establishment of a Statewide Pain Management Steering Committee through the Department of Health and the Office of Alcoholism and Substance Abuse Services (OASAS) to make recommendations on pain management issues, taking into account the latest Centers for Disease Control and Prevention guidelines. Other proposals include:

- Elimination of the insurance barriers to addiction treatment and recovery services by limiting requirements for prior authorization and co-payments for outpatient addiction treatment.
- Directing state agencies to implement regulatory and policy reforms that increase access to substance use disorder services including the development of new regulations to include subacute pain as a qualifying condition for the use of marijuana for medical purposes.
- Moving 11 fentanyl analogs to Schedule I of the controlled substance schedules under New York Public Health Law and moving 35 different synthetic cannabinoids to New York’s schedule of controlled substances list. The governor also proposed giving the state health commissioner the authority to add to the state controlled substances schedules any new drugs that have been added to the federal schedule. (This action would require legislation.)
- The governor also proposed to hold pharmaceutical companies accountable for their hold in perpetuating the opioid epidemic. He and the New York Attorney General will take enforcement actions against pharmaceutical opioid distributors for breaching their legal duties to monitor, detect and report suspicious orders of prescription opioids.

Other proposed legislation would include price transparency proposals to address the rising costs of health care requiring health plans to provide members with information, such as cost-estimator tools and quality ratings about healthcare

providers in their network; expanding awareness and guidance for financial assistance programs; expanding existing patient legal protections, simplifying medical billing and expanding telehealth services.

Governor Cuomo released his proposed \$168.2 Billion Budget for the 2018-19 Fiscal Year on January 16. The budget proposal seeks to close a \$4.4 billion budget gap, and includes \$1 billion in “revenue raisers”. It also addresses uncertainty regarding continued federal funding for key New York health programs such as the Essential plan, Community Health Centers, and Disproportionate Share (DSH) payments for hospitals.

Positive items include:

- Extending the Excess Medical Malpractice Insurance Program, providing additional liability coverage for over 20,000 physicians for another year at the historical level of \$127,400,000.
- Continuing funding for MSSNY’s Committee for Physicians Health program at historical funding level of \$990,000 (Legislation is needed to extend the program beyond March 30).
- Re-appropriation of \$150,000 for MSSNY’s Veterans’ Mental Health Initiative

Items of concern include

- Expanding the use of Nurse-Anesthetists. Expands scope of practice by allowing CNAs to administer anesthesia without the supervisions of a physician.
- Permitting corporate-owned clinics in pharmacies and grocery stores, provided they have a collaboration with a hospital, physician practice, ACO or PPS. Services to be offered would include treatment of minor episodic illnesses, episodic preventive and wellness services such as immunizations, administration of opioid antagonists, lab tests, and limited screening and referral for behavioral health conditions.
- Permitting collaborative drug therapy arrangements between pharmacists and nurse practitioners. Allows nurse practitioners and pharmacists to provide comprehensive medication management to patients with a chronic disease or diseases who have not met clinical goals of therapy and are at risk for hospitalization.
- Increasing prior authorization demands on physicians by eliminating “prescriber prevails” protections for prescriptions for patients insured by Medicaid except for atypical antipsychotic and anti-depressant medications
- For the period of 5/1/18-6/30/18, slashes from \$7.50 PMPM to \$2 PMPM the Patient-Centered Medical Home (PCMH) add-on Medicaid payment that many primary care practices receive to help manage and coordinate needed patient care services. It would potentially require all PCMH primary care practices to have a Level 1 Value-Based payment contract on July 1, 2018, or face further steep cuts in PMPM payments.
- Allows emergency medical personnel to provide non-emergency care in residential settings. The bill’s language only includes general references to collaboration with the patient’s treating providers, rather than specific requirements for collaboration.
- Eliminates the Empire Clinical Research Investigator Program (ECRIP).
- Consolidates 30 public health appropriations into four pools, and reduces overall spending by 20%.

Send a letter to your legislators in opposition of these proposals by using the Grassroots Action Center at [www.mssny.org](http://www.mssny.org).

Other Items of Interest

- Establish a “Healthcare shortfall fund” to pay for continued health insurance coverage program (Essential Plan, CHIP, etc.) to be funded by health insurer conversion dollars (such as the Centene purchase of Fidelis).
- Establish a 10 cent per milliliter tax on vapor products
- Establish an opioid surcharge on pharmaceutical manufacturers of 2 cents per milligram of active opioid ingredient on prescription drugs
- 14% surcharge on health insurers for underwriting gains from health insurance policies
- Medicaid coverage for telehealth services initiated in a patient’s home
- Board for Medicine would include physician experts in women’s health and disparities
- Conduct a study regarding the potential legalization of marijuana in New York
- Prohibiting the suspension of professional licenses for those who fall behind in student loan payments.

Lavern’s Law: Thank you for your advocacy concerning Lavern’s Law. While this statute of limitations expansion bill was enacted without comprehensive malpractice reform, the advocacy did lessen the cost impact of this legislation. The Governor and the Legislature reached an agreement and enacted “chapter amendments” to the “Lavern’s law” legislation (S.6800.) .While under current law the plaintiff would have 2.5 years from the date of alleged negligent act to bring a lawsuit, under the new law, a patient would have 2.5 years from the date they discover or should have reasonably



discovered the alleged negligence to file a malpractice lawsuit, up to 7 years from the date of the alleged negligent act. Specifically, the amendments:

- Clarify ambiguous language that would have applied the expanded Statute of Limitations for all potential claims of malpractice, not just the alleged failure to diagnose cancer; and
- Eliminate provisions that would have allowed plaintiffs to revive already-expired claims based on alleged acts of negligence that occurred up to 7 years prior to suit being filed. Instead, the effective date is for acts or occurrences up to 2.5 years prior to the effective date (January 31, 2018) – in other words, claims which had not yet expired. It would, however, provide a limited re-opener for claims that expired after March 31, 2017 under the old non-“Date of Discovery” rules, which must be filed by July 31, 2018.

Legislation supported by MSSNY

MSSNY’s top priority is to renew its push for bill (A.4472/S.3663) It would allow independent physicians to form groups to negotiate payment rates with insurers.

MSSNY is also advocating for a bill that would give doctors access to an appeal hearing if an insurer doesn’t renew their contract and another that would require health plans to offer a product that covers out-of-network care.

(A.2317-B, Peoples-Stokes) Protects patients from unforeseen changes in prescription drug formularies during a health insurance policy year. Passed the Assembly and identical legislation has been introduced by Senator Sue Serino (S.5022-B).

(S.7537, DeFrancisco) Prohibits a hospital from requiring board certification as a condition of having staff privileges, and prohibits a health insurance company from requiring board certification as a condition of being a participating physician in such plan. The legislation is designed to provide physicians with some ability to push back against the extraordinary time and cost demands associated with completing Maintenance of Certification (MOC) requirements imposed by some specialty boards. It is substantially similar to (A.4914, Schimminger).

(S. 5585 A, Boyle/A.7218, Jaffee) Prohibits children under the age of 18 from using tanning facilities. It removes the procedures in granting 17 to 18 year olds access to tanning booths. It exempts licensed physicians who use or prescribe a phototherapy device with respect to a patient of any age. Current law prohibits children less than 16 years of age from using tanning facilities.

(A.9588, Gottfried) Reduces insurer-imposed administrative hassles consistent with the recently released document entitled *Prior Authorization and Utilization Management Reform Principles*. Requires health plan utilization review criteria to be evidence-based and peer reviewed. Reduces the time frame for reviewing prior authorization requests from 3 business days to 48 hours (and to 24 hours for urgent situations). Prohibits mid-year prescription formulary changes. Assures that once a prior authorization is given, it cannot be withdrawn if eligibility is confirmed on the day of the service.

## MSSNYPAC - The Political Voice for NY Physicians

Supporting MSSNYPAC with a financial contribution is an important investment. If you are not a member, please considering 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’ voices in governmental affairs. However, it is currently being outspent nearly 5 to 1 by the trial lawyers and almost 3 to 1 by dentists!

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 ([krohler@mssny.org](mailto:krohler@mssny.org)) for an application.

## AMA Alliance News

Alliance Health Education Initiative (AHEI) Grants are available! The Alliance Health Education Initiative (AHEI) is accepting grants now through February 28th (midnight CST). All grant applications are to be submitted online and applications and supplemental information can be found at <http://alliancehei.org/programs/>. Up to \$2500 is available for each grant. Any organization that supports the mission of the AHEI and AMA Alliance is eligible to apply for funds. Applicants must include the endorsement of a local physician. Please direct any questions to Grants Chairman, Danita Horne at [danitahorne@bellsouth.net](mailto:danitahorne@bellsouth.net).

The Early Career Section of the AMA Alliance has developed a model “relocation toolkit” for physician families on the move. The winter issue of *PHYSICIAN FAMILY* is available at [www.physicianfamilymedia.org](http://www.physicianfamilymedia.org). It is filled with practical advice, encouragement and helpful hints on how to keep YOUR medical marriage happy. A recurring theme is: A successful medical marriage, or any kind of relationship with a physician, requires TEAMWORK.

## Health News

### New York Health Exchange

NY State of Health, New York’s Health Insurance Exchange announced that 4.3 million people have signed up for health insurance coverage. Nearly 3 million were enrolled in Medicaid, with the remaining divided between a Qualified Health Plan (253,102), an Essential Plan (738,850) and Child Health Plus (374,577). There are 12 insurers offering “Qualified Health Plans” in the individual marketplace, 15 insurers offering “Essential Plan” coverage and 5 insurers offering coverage in the “Small Business Marketplace. These figures represent an increase of 700,000 enrollees.

### Telehealth

Reuters reports a growing number of employers are covering telehealth services through their insurance plans and are also pushing employees to use the services. The article reports that five years ago, only 7 percent of employers covered telehealth visits through their health insurance plans, but today 96 percent of employers do. Usage remains low.

### Hypertension

The American Heart Association, the American College of Cardiology and nine other groups redefined high blood pressure as a reading of 130 over 80, down from 140 over 90.” This “change means that 46 percent of US adults, many of them under the age of 45, now will be considered hypertensive.” “Under the previous guideline, 32 percent of US adults had” hypertension”. The number of men under age 45 with a diagnosis of high blood pressure will triple, and the prevalence among women under age 45 will double.

### Diabetes Prevention Program

The Medical Society of the State of New York has partnered with the American Medical Association to bring its Prevent Diabetes STAT initiative to New York. The DPP model encourages physicians to screen patients for prediabetes, a condition in which blood glucose levels are higher than normal, but below the threshold for a diabetes diagnosis. Patients identified as pre-diabetic are referred to diabetes prevention programs that meet certain criteria established by the Centers for Disease Control and Prevention. MSSNY developed a short survey to sample physician’s knowledge of the National Diabetes Prevention Program (DPP) and the Prevent Diabetes STATTM program and has developed webinars and is working on educational podcasts for physicians and patients. Patients identified as pre-diabetic are referred to diabetes prevention programs that meet certain criteria established by the Centers for Disease Control and Prevention. This initiative will help bridge the gap between the clinical care setting and communities to reduce the incidence of type 2 diabetes by educating and connecting more patients to evidence-based lifestyle change programs. MSSNY’s website showcases a diabetes webpage. Diabetes affects more than 25 % of American ages 65 and older and is projected to have its prevalence increase two fold for all US adults by 2050 if the current trends continue. Additionally, there are estimated 84 million Americans who live with prediabetes. 700,000 New Yorkers have this disease, but nearly a third are unaware. Medicare will be launching the Medicare Diabetes Prevention Program Expanded Model in 2018 by providing coverage and reimbursements for diabetes prevention programs.

### Opioid

In 2016, NY physicians and other prescribers made over 18 million checks of I-STOP – a 9% increase from 2015. As a result, the prescribing of opioids in New York State has decreased 13% from 2013-2016. New York State has the lowest opioid prescribing rates in the country for Medicare Part D prescriptions. According to the Centers for Medicare and Medicaid Services (CMS), the 2015 national average percentage for prescribing opioids to the Medicare population stands at 5.52 %, while New York’s is 3.05%. The Centers for Medicare and Medicaid Services (CMS) has updated its Medicare opioid prescribing mapping tool and this tool is an “interactive, web-based resource that visually presents geographic comparisons of Medicare Part D opioid prescribing rates.” It also identifies county-level hot-spots and outliers, which “may identify areas that warrant attention.” The updated version of the mapping tool presents Medicare Part D opioid prescribing rates for 2015 as well as the change in opioid prescribing rates from 2013 to 2015.

### Imodium

People addicted to opioid painkillers are using dangerously high doses of the diarrhea drug Imodium (loperamide) either to get high or to help ease withdrawal. On Tuesday, the U.S. Food and Drug Administration said it’s putting new restrictions on the packaging of the medication, dubbed by some as “the poor man’s methadone.” Packaging of Imodium should now only “contain a limited amount of loperamide appropriate for use for short-term diarrhea.” For example, that might mean a package would only contain eight 2-milligram capsules of the diarrhea drug in a blister pack, the FDA said. Taking more than prescribed or listed on the label can cause severe heart rhythm problems or death. The new rules will also seek to eliminate the sale of loperamide in large bottles — sales that typically occur via the Internet.

In *Behavioral Health News* (10/26), Dr. Frank Dowling, a clinical associate professor of psychiatry at SUNY-Stony Brook and the Secretary of the Medical Society of the State of New York, writes that medication-assisted treatment (MAT) is an effective, but underutilized treatment for opioid use disorder. Dowling says that “there is a shortage of access to MAT,” and that many patients and clinicians remain opposed to MAT, because of “well intended but misguided perceptions” that “are often reinforced by drug treatment program staff and by peers in 12-step programs.”

### **CVS-Aetna Merger**

Dr. David Barbe, President of the AMA, issued the following statement in reaction to the proposal: “This proposed \$69 billion transaction – one of the largest merger deals in the history of American health care – would have long-term impact on the markets for health insurance and pharmaceutical benefit management services. These markets are already dominated by few participants with large market shares, including Aetna in health insurance and CVS in pharmaceutical benefit management. The AMA is committed to reviewing all issues triggered by this proposed merger to preserve the benefits of competition, including increased access and choice, lower prices and higher quality care for patients.” MSSNY is concerned about the merger particularly - if minute clinics are approved by the legislature. This merger has the potential to keep other health insurers from entering the market and forcing others out of business. This sort of consolidation has not been good for consumers or their doctors. Additionally, Assembly Insurance Committee Chair Kevin Cahill has written to the New York State Department of Financial Services and Department of Health urging an investigation of this proposed transaction. He noted that “CVS has been leading the lobbying effort to legalize so-called “minute clinics” in New York State, in direct competition with private practice doctors and not-for-profit clinics. We have already seen the way prescription business has been steered to this giant entity, often at the expense of the neighborhood pharmacy.” This megamerger will give the retail pharmacy 22 million health plan members who can take advantage of 1,100 retail clinics notes Forbes.

### **Marijuana**

The United States Attorney General Jeff Sessions has rescinded the Obama Administration guidelines that allowed states that had authorized the use of marijuana under state law not fear federal prosecution. This action may allow federal prosecutors to more aggressively enforce marijuana laws. Under the New York State statute establishing the marijuana program, the Governor or the Commissioner of Health has the ability to suspend the program at any point. According to the Department of Health, New York State’s marijuana program for medical use has 1,384 providers that are approved to certify patients for marijuana and has 40,286 patients that use marijuana for medical conditions.

### **Opioid Fraud and Abuse Detection Unit**

US Attorney General Sessions also announced an Opioid Fraud and Abuse Detection Unit, a new data analytics program focused on opioid-related health care fraud. DEA collects some 80 million transaction reports every year from manufacturers and distributors of prescription drugs,” Sessions said. “These reports contain information like distribution figures and inventory. DEA will aggregate these numbers to find patterns, trends, statistical outliers – and put them into targeting packages. That will help us make more arrests, secure more convictions – and ultimately help us reduce the number of prescription drugs available.

### **Life Expectancy**

“Life expectancy in the US has fallen for the second year in a row, thanks to a combination of drug and alcohol use and suicides, according to a study released online Feb. 7 in the *British Medical Journal*. The drop in life expectancy was especially “large among middle-age white Americans and those living in rural communities, experts” found after examining “2016 data from the World Bank.

### **Malpractice**

“The Empire Center’s new report on tort liability confirms a reality that New York doctors (particularly those practicing in downstate New York) already know, New York physicians pay higher liability costs than physicians in almost every other state.

## **News from Around the State**

### **Broome**

We fundraised for our scholarship fund this fall by selling poinsettias and soliciting donations to be included in our annual holiday card. 84 physicians’ families participated in the holiday card. These two projects raised close to \$5,000. Adult unwrapped items were donated to the Holiday Shoppe of the Glove House, a non-profit child welfare organization. Our annual holiday dinner was held at PS Restaurant on December 7 where we collected \$190 in gift cards for the RISE (domestic violence) Shelter. We will donate \$2000 to the nursing program at Broome Community College and \$1,000 to the Broome County Medical Student Scholarship Fund. We will hold Health Career, Krizinofski and Mamlok scholarship selections this spring.

### **Onondaga**

Our Raffle Basket, the Stickley Silent Auction item and the Art Sale raised \$2,037 for our Scholarship Fund. Fifty-four physician families participated in our Holiday Ad which netted an additional \$2,425 for our Scholarship Fund. At our holiday luncheon on December 6<sup>th</sup>, we raised \$2,027 in gifts and money for Jowonio. Our Doctors’ Day event is scheduled for Wednesday, March 21, in the Capital Room of the Genesee Grande Hotel at 6 PM for appetizers and dinner. The Alliance will be presenting its award for support and advocacy to Dr. Raja Karim. Fifty florists in our area will receive business cards saying *Think! Don’t Drink or Text* to

be included in flower boxes at prom time urging students to drive responsibly. Scholarships selection will be made in May and eight to ten \$1,000 scholarships will be presented at the Spring Luncheon on June 6 at the Cavalry Club

### Schenectady

The Schenectady County Medical Alliance through its Philanthropic fund sponsored a Luncheon and Fashion Show, Aren't We...The Cat's Meow, for the fourth year on December 7, 2017. The show includes a Silent Auction and a benefit raffle with prizes donated by Alliance members and friends. In past years we have helped at least ten organizations that serve the needs of at-risk children in the community through this event. This year, the proceeds were awarded to two organizations: Wildwood Programs and Schenectady Day Nursery. Wildwood School is a school serving people with learning disabilities, neurological impairments, or autism. The site describes programs for all children and families throughout the community to help them live independently. Schenectady Day Nursery is a non-profit, licensed child care company offering day care services and early learning programs for kids between the ages of six weeks old to twelve years old. We were able to award \$4,000 to each organization. At our year end meeting, a representative of these groups will speak to us about their work. At that time, we will present them with the remainder of our Philanthropic fund which includes money collected at our monthly meetings.

### In Memorial

We are sad to report that we lost a long time member of our state board on November 24<sup>th</sup>. Elizabeth (Betti) Jabbour served as Kings County Auxiliary President in 1974 and then served faithfully as Physicians Home liaison for many years resigning in Spring, 2017 due to her health. She was 97 years old.

## Planning Calendar

AHEI Grant Deadline	February 28, 2018
Physician Advocacy Day	March 7, 2018
Annual Meeting, Adams Mark Hotel, Buffalo, NY	March 22-23, 2018
Doctor's Day	March 30, 2018
LEAP, HAP, Social Media awards application deadline	March 31, 2018
AMAA Annual Meeting and Leadership Development, Chicago, IL	June 10-12, 2018



## 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