2019’s session was packed with legislative action resulting in an historic number of significant legislative proposals being enacted into law. It was also rife with contentious issues that MSSNY was able to fight off. While we were successful in the interim, many of these issues will be priority items for legislators in 2020 and we must make sure to continue to advocate for sensible action.

**SINGLE PAYER**

Many progressive candidates in New York ran on a platform built upon support for a single payer healthcare system in New York. While physicians have divergent opinions on the issue of “single payer”, MSSNY has an official policy in opposition to a single payer system and has advocated for a “go-slow” approach that allows input from representatives from across the healthcare continuum. Regardless of perspective on single payer, most physicians agree on the need to reduce the administrative burden on physicians caused by insurer hassles.

Large blocs in the legislature support some form of a single payer system and the chairs of the Assembly and Senate Health Committees are strong supporters of this legislation. They will be holding public forums throughout the rest of 2019 and have vowed movement on the issue in 2020. This is sure to be a high-profile campaign that will necessitate strong advocacy on behalf of MSSNY.

**RECREATIONAL MARIJUANA**

MSSNY worked with a variety of organizations across New York - including those from the education, law enforcement and public health sectors - to voice strong opposition to the legalization of marijuana for recreational use. Due to strong, continued advocacy, this legislation was tabled in 2019. MSSNY has pushed for an open conversation that considers scientific and medical data and taking into consideration the experiences of other states that have already legalized marijuana.

However, there is fierce support for legalizing marijuana from advocates including many legislators. This will likely be one of the most contentious and publicly debated issues in 2020 and is sure to be at the top of many legislators’ lists of priorities.

**MALPRACTICE EXPANSION**

Each and every year, trial lawyers in New York show up in force, fighting for expansion of the malpractice system that would increase payouts - and as a result - your liability premiums. New York’s tort system is already toxic for physicians, with NY having the highest payouts in the country, and we know that we can’t afford to let the system skew any further toward the plaintiffs. Proposals including those that would expand the type of eligible awards, increase the statute of limitations for commencing suit and allow hearsay arguments, among others, will again be pushed by lawyers and we must be prepared to advocate for physicians’ ability to defend themselves.

**THE NEED TO IMPROVE NEW YORK’S PRACTICE CLIMATE**

New York remains a world class destination for patient care but its reputation is threatened by a regulatory climate that has caused New York State to repeatedly be ranked in national surveys as the worst state in the nation in which to be a physician. To preserve patient access to timely and quality care, it is imperative that steps be taken to reverse the many troubling trends that have led to this dubious distinction.

(Continued on page 2)
(Continued from page 1)

Physicians are increasingly overburdened with unnecessary administrative roadblocks imposed by insurance companies that impede the ability of their patients to receive needed care. Far too much time is spent filling out paperwork or on the phone attempting to secure pre-authorization approval. Cumbersome Electronic Health Record (EHR) systems often conflict with, rather than improve, care delivery. Physicians must fight with market-dominant insurers to be paid fairly for the provision of needed patient care while Medicaid payments continue to be among the lowest in the country. Well-meaning but misguided mandates are imposed that often do not have any connection to the delivery of quality care. All the while, medical liability premiums continue to exceed all other states by a wide margin, giving New York the dubious distinction as being the worst state in the country. 85% more than the state with the 2nd highest amount (Pennsylvania). It also had the highest per capita liability payment, 22% more than the 2nd highest state (Pennsylvania). These disturbing statistics demonstrate a major reason why New York once again received the dubious distinction as being the worst state in the country to be a doctor.

Exorbitant Payouts

In addition to these exorbitant claims payouts, there are substantial costs related to defending against non-meritorious cases. In fact, according to one major malpractice insurer, 74% of malpractice claims that it defended against over the last 10 years resulted in no actual payment to the plaintiff. Yet, that insurer had to spend nearly $900 million on defending non-meritorious claims that insurer had to spend nearly $900 million on defending non-meritorious claims, including those non-meritorious claims.

Enough is enough! Reform is needed to bring down these exorbitant costs, not additional measures to increase them. Moreover, medical liability reform should be an essential component of efforts to reduce unnecessary healthcare spending because of the significant “defensive medicine” costs in health care. These costs generally refer to additional diagnostic tests of marginal utility that a health care practitioner feels compelled to perform in order to help defend against a possible future lawsuit.

MSSNY supports a number of legislative initiatives to reduce these costs and the filing of non-meritorious claims, including many that have proven successful in dozens of other states. These legislative proposals include:

- Requiring more detailed Certificates of Merit against physician defendants and stronger expert witness standards;
- Ensuring statements of apology from a physician to a patient will not be “discoverable” in future litigation; and
- Placing reasonable limits on non-economic damages.

MSSNY also supports alternative systems for resolving liability claims such as medical courts or a Neurologically Impaired Infants Fund. Moreover, as physicians continue to grapple with such exorbitant costs and persistent threats to their personal assets, it is also essential that funding for the Excess Medical Malpractice Insurance Program is preserved.

Furthermore, given New York’s already exorbitant liability

### Containing Ruinous Medical Liability Costs

<table>
<thead>
<tr>
<th>State</th>
<th>Total Liability Payouts 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Jersey</td>
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</tr>
<tr>
<td>California</td>
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<tr>
<td>Florida</td>
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<td>Pennsylvania</td>
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<tr>
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<td>$685,317,000</td>
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(Source: Leverage Rx)

<table>
<thead>
<tr>
<th>State</th>
<th>Per Capita Payment 2018</th>
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</thead>
<tbody>
<tr>
<td>California</td>
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<td>Maryland</td>
<td>$12.02</td>
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<td>Massachusetts</td>
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<td>New York</td>
<td>$35.07</td>
</tr>
</tbody>
</table>

(Source: Leverage Rx)

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(Continued on page 7)
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PRESIDENT’S COLUMN

The Naperville Massacre and Other Examples of Bad Ideas

Fifteen physicians received a Happy Thanksgiving Candygram from Naperville, IL’s Edward Elmhurst Health in a drive to cut cost at their Immediate (Urgent) Care Centers. Health system leadership stated that come 2020, care will be provided by Advanced Practice Nurses.

Last year, twenty-seven Dallas pediatricians were dismissed when their clinics were taken over by another group whose care model leaned heavily on nurse practitioners. Ironically, the new chain goes by the moniker “MD Kids Pediatrics.”

Dr. Wes Fisher in his Dr Wes blog describes the evolution of the demise of the Naperville 15, beginning with events in the Illinois legislature earlier this year. Legislation expanding the scope of practice of nurse practitioners to include everything save surgery passed both houses thanks to aggressive lobbying on the part of the NP’s. This development clearly set the stage for the Holiday firings.

More than ever before, New York’s physicians need a strong Medical Society. There are several Scope of Practice Bills waiting in the legislative agenda for debate. These include:

- Inappropriately grant prescribing privileges to psychologists;
- Inappropriately permit pharmacists to execute lab tests without a physician order;
- Inappropriately permit physician assistants to perform fluoroscopy;
- Inappropriately permit independent practice for nurse-anesthetists;
- Inappropriately permit corporately owned retail clinics; and
- Inappropriately permit professional corporations to operate diagnostic centers.

Let me be clear. MSSNY believes in Team-Based Care. A team has many players but one captain. Healthcare Teams should and must be physician-led. Pitting groups against each other is an invitation to disaster. There is no place for Physician vs Not Exactly.

Busy physicians care for patients, in offices, clinics, emergency departments and operating rooms across the state. This leaves little time to walk the halls of Albany’s Legislative Office Building. But we do have our Grassroots Action Center which can quickly send letters to our legislators and governor on these issues. There’s also our new text system as well. Just text MSSNY to 52886 to get started.

And then again, there’s Lobby Day on March 4, 2020.

“This ain’t no party, this ain’t no disco. This ain’t no fooling around.” (Talking Heads from “Life During Wartime”).

As Morgan Freeman’s character, Red, from The Shawshank Redemption remarked that it was either “Get busy living or get busy dying.”

Let’s roll.

MSSNY-PAC

Deficit Requires Decisions about Healthcare in New York; Push Back!

Whatever the causes of this enormous deficit, addressing this $4 billion gap will require hard decisions that could result in significant cuts to the Medicaid and other health insurance programs.

We are anticipating a major fight when the 2020-21 Executive Budget is proposed come January. Anything could be on the table, including cuts to the Excess Medical Liability Insurance program, cuts to payments for care under the Medicaid and Essential Plan program, expansion of scope for numerous non-physicians and even new taxes and fees to make up this deficit.

The physician community must be ready to push back. Loudly.

MSSNY President Dr. Art Fougner issued a statement reported in Crains Health Pulse that physicians “stand ready to work with the Governor and (Continued on page 8)
Hospital Groups Sue HHS to Block Price Transparency Rule

Four organizations representing hospitals and health systems across the nation sued HHS Dec. 4, challenging a final rule that requires hospitals to disclose the rates they negotiate with insurers beginning in 2021.

The American Hospital Association, the Association of American Medical Colleges, the Children’s Hospital Association and the Federation of American Hospitals filed the lawsuit in the U.S. District Court for the District of Columbia. The groups argue that HHS lacks statutory authority to require public disclosure of individually negotiated rates between commercial insurers and hospitals. The lawsuit further alleges that the rule violates the First Amendment because it requires «highly confidential» negotiated rates to be disclosed.

“America’s hospitals and health systems stand with patients and are dedicated to ensuring they have the information needed to make informed health care decisions, including what their expected out-of-pocket costs will be,” Rick Pollack, president and CEO of the AHA, said in a press release. “Instead of giving patients relevant information about costs, this rule will lead to widespread confusion and even more consolidation in the commercial health insurance industry. We stand ready to work with CMS and other stakeholders to advance real solutions for patients.”

Under the final rule, issued Nov. 15, hospitals will be required to disclose the standard charges, including payer-specific negotiated rates, for all items and services. Hospitals that fail to publish the negotiated rates online could be fined up to $300 a day.

KEY TAKEAWAYS
The hospitals are challenging the rule’s statutory basis, arguing the administration overplayed its hand.

The legal authorities cited by the final rule include two provisions of the ACA, which the administration argues is invalid.

On a policy level, the hospitals contend the mandated disclosure of negotiated rates will lead to widespread confusion.

(Allstar’s Hospital News Dec. 5)

AMA Takes Stand on Vaping
On November 22, the AMA and the State of New York put vaping companies on notice in the wake of President Trump’s apparent retreat from federal action against flavored electronic cigarettes. AMA President Patrice Harris, MD, said, “It’s simple – we must keep nicotine products out of the hands of young people.”

The AMA voted to adopt a set of policies aimed at boosting efforts to prevent another generation from becoming dependent on nicotine. Dr. Harris stated, “It is imperative that we continue efforts to prevent youth from ever using nicotine.” The AMA said it would advocate for additional research on using products to quit tobacco use and on the effects of nicotine dependence and tobacco use disorder on youth populations. In addition, the association pledged to work with health professionals to call on pharmacies to stop selling tobacco products and to develop diagnostic codes for illnesses related to vaping.

Happy Holidays

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December 2019 • MSSNY’s News of New York • Page 5
NSPC
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Looking Ahead to the 2020 Legislative Session

(Continued from page 2)

burden, it is that imperative legislators reject “stand-alone” measures to expand medical liability exposure and costs that would most certainly exacerbate health care access deficiencies. MSSNY urges the legislature to:

• Oppose the expansion of “wrongful death” damages to permit “pain and suffering”. One recent study estimated that this bill could increase premiums by nearly 50%;
• Oppose the elimination of consumer protections against exorbitant attorney contingency fees; and
• Oppose the elimination of important defense rights that would limit the ability of a defendant physician’s counsel to question a plaintiff’s treating provider.

HEALTH INSURANCE REFORM

Liability Reform is Health Care Reform!

MSSNY supports efforts to reform the health insurance industry to enhance coverage for patients and to eliminate obstacles to timely, quality care. Legislation is needed to contain the power of health insurance companies which are increasingly usurping the physician’s role as the clinical-decision-maker for patients in New York. The reason that they have this significant power is because in many regions of the state there are only one or two payers that dominate that region. This monopolistic power allows insurers to dictate terms of delivering care to physicians and the patients they serve. Physicians must either accept these terms or join large health systems if they want to stay in business and continue to deliver patient care in the communities they serve.

Collective Bargaining

To help level the playing field in the physician-payor relationship, legislation is needed to allow independently practicing physicians to collectively negotiate contract terms and administrative processes such as prior authorizations (PAs) with insurance companies, and physician fees in instances where a payer’s market share is overly dominant. This would allow physicians to fight for their patients, pushing back against policies that delay access to care and that insurance companies institute simply to pad their bottom lines. In addition, reduced administrative burdens will save physician practices time and costs that can be shifted to caring for patients.

According to a recent American Medical Association (AMA) study, physician practices report completing an average of 31 PAs per physician per week. This workload consumes 14.9 hours (nearly 2 business days) each week of physician and staff time and reflects time that would be better spent with patients. Moreover, 91% reported that excessive prior authorization burdens have had a negative impact on clinical outcomes and 86% report the burden as high or extremely high. Instead of spending endless hours on the phone with insurance companies and waiting/hoping for procedures to be approved, physicians should be spending more time directly with patients.

In addition to collective negotiation, MSSNY supports the following legislative policies that would improve the health insurance landscape:

• Enacting comprehensive PA reform including limiting the time for health plans to review PA requests, ensuring that a PA, once given, is enduring for the duration of the medication or treatment and requiring health plans to involve similarly trained physicians in making PA determinations;
• Protecting against unfair insurer narrowing of networks by providing due process protections for physicians whose contracts are not renewed by insurance companies;
• Prohibiting health insurers and hospitals from requiring board certification as a condition of network participation and medical staff membership;
• Preserving patient access to community-based physician care by restoring New York State Medicaid payments for patients insured by both Medicare and Medicaid; and
• Opposing legislation that would require the use of single hospital bill that would force physicians into subservient relationships with the hospitals they serve.

While MSSNY has a long-standing position in support of a multi-payor system and in opposition to a single-payor system, MSSNY continues to assess the strengths and weaknesses of this and other proposals to achieve universal health insurance coverage. What is the assurance that physicians will not experience the same issues with a monolithic governmental single payer that they now have with market dominant insurers? As noted above, these issues include excessive prior authorization and other administrative demands. What would occur if state budget shortfalls necessitated cuts to the program? Physicians are already battling dwindling payments and state budget pressures could prove disastrous. Physicians from across the spectrum have differing views on the topic and as such it is vital that New York’s physicians are deeply involved in conversations regarding a single-payor proposal.

IMPROVING QUALITY OF CARE

Improving Electronic Health Record Functionality

Electronic health records (EHR) systems were intended to improve care quality and enhance care management. While they have achieved that goal in many respects, they have at times proven to be disruptive to patient care delivery. According to a recent study from the New York e-Health Collaborative (NYeC), while physicians reported that remote access to their patients’ medical records is the most positive aspect of EHR, physicians also reported that workflow concerns such as too many screens or clicks represent a large challenge. Moreover, a recent Annals of Family Medicine study reported that, during a typical 11 hour workday, primary care physicians spent more than half of their time (nearly 6 hours) on data entry and other EHR system tasks instead of with patients. It is not surprising that only 50% of New York physician practice sites have been able to connect to the State Health Information Network (SHIN-NY).

MSSNY continues to work with the AMA on advocacy to improve the functionality of EHRs, including ensuring that EHR systems are interoperable. At the same time, it is imperative that New York not make these problems worse. Until these problems are adequately resolved, MSSNY will continue to oppose legislation for physicians to connect to the SHIN-NY.

MSSNY also supports ensuring that New York’s Prescription Monitoring Program (PMP) can be checked directly from their EHR or e-prescribing systems. Unlike many other states, New York’s PMP is not interoperable with EHR systems and this adds further unnecessary administrative burden by forcing physicians and their staff to toggle between different programs. While New York for many years led the nation in PMP checks, increasing from 16.8 million in 2014 to nearly 24 million in 2018, it was recently surpassed by Ohio in large part due to the interoperability between Ohio’s PMP and physician EHR systems. MSSNY will work towards a similar interoperable system in New York.

(Continued on page 16)
Dr. Fougner urged the State to dust off one of the key recommendations of the 2011 Medicaid Redesign Team calling for comprehensive medical liability reform. With New York having far and away the highest medical liability costs in the country, “defensive medicine” practices add significant cost to our healthcare system. “More than budget neutral, medical liability reform would result in real budget dollar savings,” Dr. Fougner noted.

**BE ACTIVE LOCALLY**

This is where we need you. Physicians need to be active locally, talking to their regional Senators and Assemblymembers, warning against short-sighted and expedient solutions that will harm patient access to care.

Please make sure you sign up to receive grassroots action requests from MSSNY’s new text-based service, by clicking here. While you will continue to receive the traditional e-mail alerts, this new grassroots service will also allow you to receive alerts via text (which we know physicians are most likely to see), and immediately give you the ability to call, e-mail and send social media messages to your local legislators when a particular issue is pressing.

And please plan to come to Albany on March 4, 2020 for MSSNY’s Physician Advocacy Day at the State Capitol. To register, click here. It is so important for legislators to see an armada of white coats walking through the Capitol, fighting for their patients’ ability to continue to access the essential services you provide to your patients.

Most importantly, please continue to support MSSNYPAC. With so many new faces and leaders in the New York State Legislature, it is imperative that we work to develop and enhance the physician community’s relationships with these new leaders.

Our lobbyists in Albany maintain many strong relationships with key elected officials and their staffs, as do many physicians in their respective communities. A strong PAC helps tie all these together, helping the medical community have a stronger voice in the halls of the Capitol as difficult legislative decisions are being made. As we head into an election year, the requests for political contributions will be coming fast and furious.

To contribute or supplement your contribution, click here: www.mssnypac.org/contribute.

Many physicians throw up their hands and say we are powerless. No, we are very powerful. However, many groups who we regularly compete against in the legislative arena greatly outspend the physician community, potentially crowding out our message.

Please help us to assure our message of preserving timely patient access to needed care is heard loud and clear.

Don’t rely on the other guy. Join our efforts today!
Unclean Waiting Areas — and Not Long Wait Times — Are a Bigger Problem for Patients

A new survey of negative patient experiences finds that patients rank unpleasant waiting areas as a bigger reason for not returning to a facility than long wait times. Here’s more:

Waiting areas: Some 30% of respondents said dirty waiting areas at urgent care and primary care facilities would keep them from returning. Some 11% said the same for waiting times at urgent care centers, while 6% said so for primary care.

Urgent care: Patients visiting these facilities were twice as likely to report dissatisfaction if they had to see more than two health professionals during a visit.

Primary care: Women were 2.5 times more likely than men to say they wouldn’t want to return if the doctor or nurse forgets their name. At the same time, men were five times more likely to not want to return because of waiting rooms that lack entertainment options.

Complaints Re Pharmacies Not Honoring Scripts: WE NEED YOUR DATA

At November’s MSSNY Council meeting, Dr. Sana Block expressed concerns on behalf of physicians who are finding it difficult for patients to obtain medically needed prescriptions for pain. He explained that pharmacies are not filling prescriptions for opioids when needed for patients with chronic pain. Other Councilors stated that they have experienced difficulty for patients obtaining pain medications following surgery. Anecdotal information is fine; but, to bring this to the attention of powers that might be able to address this problem, we need your data. To help us help you, please download the MSSNY_Hassle_Factor_Form. Complete the form, letting us know if you have experienced difficulty in obtaining medically needed pain meds for your patients.

In Section C of the form, please indicate the name of the pharmacy. If you have experienced problems with multiple pharmacies, please use multiple forms. In addition, please identify the nature of the problem, such as the drug is out of stock; the pharmacy recommends a different drug, etc. The completed form can be emailed to comments@mssny.org or faxed to: 516-282-7093 or 516 282-7099 or 516-282-7098.

Survey: Women More Likely To Be Warned Away From Surgery Careers

Findings were published in Annals of Surgery regarding a recent survey that “punishing hours and concerns about having little time to marry and have children deter both male and female medical students from choosing careers in surgery, but more women say they’ve been warned away from the field because of their gender.” Researchers “sent surveys to roughly 720 students at Harvard Medical School.”

Among the 261 who responded, “similar proportions of both genders intended to become surgeons – roughly one in four men and one in five women.”
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**Which Specialties Offer the Most First-Year Residencies?**

Among the factors that can contribute to medical specialty choice is the magnitude of opportunity. This unique view of program data reveal which specialties offer the greatest number of first-year residency positions.

Rankings are based on FREIDA™ data updated as of Oct. 10, 2019. FREIDA™, the AMA Residency & Fellowship Database®, allows medical students to search for a residency or fellowship from more than 11,000 programs—all accredited by the Accreditation Council for Graduate Medical Education.

In 2019 so far, FREIDA users have tallied more than 3.5 million views of residency programs. With this collection, we draw from the nearly 40,000 first-year residency positions to share the 10 specialties that offer the most first-year medical residency positions.

- Internal medicine – 11,515 first-year residency positions (including preliminary positions)
- Family medicine – 4,890 first-year residency positions
- Pediatrics – 3,226 first-year residency positions
- Surgery-general – 2,868 first-year residency positions (including preliminary positions)
- Emergency medicine – 2,739 first-year residency positions
- Psychiatry – 1,906 first-year residency positions
- Anesthesiology – 1,679 first-year residency positions
- Transitional year – 1,635 first-year residency positions
- Obstetrics and gynecology – 1,512 first-year residency positions
- Radiology-diagnostic – 1,187 first-year residency positions

(AMA, Nov 2019)

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**Gov. Signs Law: Death Certificates to Specify Opioid-Involved Overdose**

Following Governor Cuomo's press release on November 5, 2019, the EDRS Team would like to reinforce the importance of complete and accurate Cause of Death data on all death certificates, including those deaths related to opioid overdose. See the Governor's press release [here](https://www.wcb.ny.gov/content/main/hcpp/Death-Certificate-Press-Release-2019.pdf). Capturing this data assists state and federal government agencies analyze and pinpoint community impacts and work toward combatting epidemics, such as the opioid crisis. The EDRS Team would like to take this opportunity to let you know about the recently launched self-paced online course, Mastering the Cause of Death in the 21st Century, for physicians, medical examiners, coroners, and other medical certifiers. This course provides medical data providers with tips to get the best cause of death determination, including opioid related deaths. Participants may be eligible for AMA PRA credit for completing this course and its final assessment.

According to the state Department of Health's Opioid Annual Data Report for 2018, the rate of opioid-overdose deaths in 2016 was 15.1 per 100,000 people, about three times higher than it was in 2010.

The new law takes effect immediately. Participants may register now by visiting [https://lms.ududu.com/LMSPortal/Account/LogOn?OrgCode=EDRS](https://lms.ududu.com/LMSPortal/Account/LogOn?OrgCode=EDRS) and using the organization code: EDRS and the selecting Create New Learner Account. If you have additional questions related to the new drug specificity requirements or the EDRS implementation, contact Kira Cramer at (518) 408-0243 or kira.cramer@health.ny.gov. For more information on registration for the course, contact Zina Adams at zina.adams@health.ny.gov or 518-474-4317.

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**Go Live Date Approaching for NY Workers’ Compensation Formulary**

The New York Workers’ Compensation Board Drug Formulary (NY WC Formulary) became effective on December 5, 2019 for all new prescriptions. All new prescriptions for injured workers in New York State must be listed within the NY WC Formulary unless an alternative medication has been approved through the NYS Workers’ Compensation Board’s new prior authorization process. The new electronic prior authorization process will soon be available through the Board’s Medical Portal; please watch for the notification.

Please visit the Board’s [Drug Formulary Overview](http://www.wcb.ny.gov/content/main/hcpp/DrugFormulary/overview.jsp) webpage for:

- An overview of the NY WC Formulary and the prior authorization process
- The latest version of the NY WC Formulary (effective 11/5/19)
- A video overview for Medical Providers
- A Quick Guide to the NY WC Formulary
- An NY WC Formulary Dashboard Guide for Medical Providers

Information and resources related to requesting prior authorization through the Board’s Medical Portal can be found on the Board’s [Medical Portal Overview](http://www.wcb.ny.gov/content/main/hcpp/DrugFormulary/overview.jsp) webpage.

For more information or assistance: [http://www.wcb.ny.gov/content/main/hcpp/DrugFormulary/overview.jsp](http://www.wcb.ny.gov/content/main/hcpp/DrugFormulary/overview.jsp)

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**“You’ll Shoot Your Eye Out!” No, Really**

In the classic holiday movie *A Christmas Story*, all the young protagonist Ralphie wants for Christmas is the “official Red Ryder carbine action, 200-shot range model air rifle”, a.k.a. a BB gun. But all the adults in his life warn him, “You’ll shoot your eye out.”

In *Pediatrics*, researchers caution, the threat is real. Using a national database, researchers assessed records of over 360,000 children aged 17 and under presenting to U.S. emergency departments with injuries from non-powder firearms (e.g., paintball, airsoft, BB, and pellet guns) from 1990 to 2016. Among the findings:

- The head and neck areas were most affected (39%), followed by upper extremities (31%).
- Among head and neck injuries, 38% of cases involved eye injury, with corneal abrasion being the most common diagnosis.
- The overall injury rate declined by 55% during the study period. However, the rate of eye injuries increased by 30%.
- Roughly 7% of children required hospital admission, but for eye injuries, the admission rate was 22%.

The authors conclude: “Increased prevention efforts are needed in the form of stricter and more consistent safety legislation at the state level, as well as in child and parental education regarding proper supervision, firearm handling, and use of protective eyewear. 

*Pediatrics* Nov 25
COUNCIL NOTES: NOVEMBER 7, 2019

Nancy Nankivil, AMA Director of Practice Transformation, and Kyra Cappelucci, AMA Project Administrator, Practice Transformation, presented Practice Transformation Initiative: Solutions for Increasing Joy in Medicine. The AMA has partnered with the Physicians Foundation and several state medical societies to create a practice transformation framework to reduce physician burnout by furthering research focused on evidence-based interventions; collaborate and learn from health systems committed to assessing clinician satisfaction and its correlation to workflow design; and to foster a network or organizations implementing evidence-based solutions, sharing best practices and driving change to improve the joy in medicine.

Council approved the following:

- MSSNY will become involved in the AMA/Physician Foundation’s Practice Transformation Initiative and will seek appropriate resources for this endeavor.
- Approval of 2020 Legislative Program
- MSSNY will file a FOIL request for all documents from the New York Department of Health regarding ZocDoc’s business model exempted from application of NYS Education 6530 laws.
- ZocDoc changed its business model to charge practices a per-patient booking fee effective April 1, 2019. The NY DOH indicated that ZocDoc can move forward with the model despite concerns of violations with referral fees; some NY DOH emails regarding ZocDoc have been redacted in a Freedom of Information Law (FOIL) request.
- MSSNY will seek legislation to create a physician-led healthcare cooperative in New York as one pathway for achieving legally permissible state supervised collective negotiation rights for physicians.
- Strategies to Improve NYS Immunization Rates in Children: MSSNY will urge that New York State provide incentives to parents/guardians who vaccinate their children as a strategy to improve vaccine uptake in school-aged children and advocate that New York State develop programs to pay stipends to community health workers as a strategy to improve vaccine uptake in school-aged children.
- Healthcare Cooperative Act: MSSNY will seek legislation to create a physician-led healthcare cooperative in New York as one pathway for achieving legally permissible state supervised collective negotiation rights for physicians.
- Physician Owned Distributorships: MSSNY supports the concept of Physician Owned Distributorships (PODs), provided that they are operated consistently with generally accepted principles of physician ethical conduct (such as the AMA Code of Medical Ethics), including assuring that patients and other potential contractors are sufficiently notified of the physician’s financial interest in such POD.
- Study of State and National Health Service Corps Needs: MSSNY will advocate for the expansion of the Doctors Across New York Physician Loan Repayment Program, support the development of State funded loan forgiveness and repayment programs for physicians, and advocate for scholarships/grants for medical students who plan to work in the state.
- Manpower Assistance for Medical Students: MSSNY supports the concept of continuing federal manpower financial assistance, including grants and long term, low interest loans for medical students.
- Patient-Driven Groupings Model (PDGM): MSSNY will work with the AMA to monitor implementation of the PDGM methodology to determine whether this new program will impose additional administrative burdens on physicians and/or impede patients from receiving needed home care services. Should it be determined that this new model is creating these issues, these concerns will be conveyed to CMS and Congress for remediation.

1 in 5 Older Adults Take Leftover Antibiotics, Survey Finds

Many older patients do not take antibiotics as prescribed or understand the appropriate uses for them, according to the National Poll on Healthy Aging.

For the survey, researchers from the University of Michigan Institute for Healthcare Policy and Innovation in Ann Arbor polled 2,256 adults ages 50 to 80 on their perceptions about the overuse of tests and medications, including antibiotics. Five survey findings:

1. Eighty-nine percent of respondents understand that the overuse of antibiotics causes resistance.
2. However, 34 percent incorrectly assumed that antibiotics would help them recover from a cold or the flu sooner.
3. Thirteen percent of respondents reported having leftover antibiotics in the last two years, contradicting common medical instructions to take the full course of pills.
4. Nineteen percent of respondents admitted to taking antibiotics without consulting a medical professional.
5. Fifty-six percent said they thought physicians overprescribed antibiotics, while 23 percent said physicians didn’t prescribe them when they should have.

Hard-to-Use EHRs Tied to Physician Burnout

Physicians who find their electronic health records (EHRs) difficult to use are more likely to report symptoms of burnout, according to a study in Mayo Clinic Proceedings.

Nearly 900 physicians answered a questionnaire about burnout and completed the System Usability Scale (SUS), a 10-item survey assessing how usable they found their EHRs. SUS scores range from 0 to 100, with higher scores denoting better usability.

Overall, the mean SUS score was 45.9, which is considered “not acceptable.” Additionally, nearly half the cohort reported at least one burnout symptom. SUS scores were associated with burnout in a dose-dependent manner. After multivariable adjustment, the odds of burnout were 3% lower with each 1-point increase in SUS score.

Dr. Patrice Harris, president of the American Medical Association, said in a statement: “The findings will not come as a surprise to anyone who practices medicine. It is a national imperative to overhaul the design and use of EHRs and reframe the technology to focus primarily on its most critical function — helping physicians care for their patients.” Mayo Clinic Proceedings article; System Usability Scale;
Practical Considerations Regarding Your Employee Handbook: Part Two

By Madelin Zwerling, JD

Although an employee handbook – whether a new one or a revision of an existing handbook – must be tailored to meet the specific needs of an employer’s workplace, employers should consider certain guidelines when creating policies for a handbook.

Use a positive and professional tone that matches the organization's culture. Eliminate unnecessary complex or legal terms. Instead, handbooks should use plain language to explain the employer’s policies and procedures.

Importantly, one should avoid any language that will undermine the at-will employment of employees. Likewise, avoid overly rigid disciplinary rules and any other language that could be interpreted as creating a contractual obligation requiring just cause for termination. Instead, give the employer discretion to discipline and terminate the employment relationship. For example, a handbook should not claim to list all possible reasons for termination of employment.

One should include in the handbook enough information so that the policies can be understood, but avoid providing too much detail. A handbook should not overwhelm employees, for example, by including all office procedures, such as instructions on requisitioning office equipment. Employers often have a separate manual covering workplace procedures.

Notably, you should include contact information for an employer representative who employees can contact if they have any questions about the policies.

DISTRIBUTION OF EMPLOYEE HANDBOOKS

Once your handbook is finalized, you should make the handbook available to employees either electronically or by provision of a hard copy. Handbooks should be distributed: 1) when the handbook is first created; 2) at hiring, such as at new employee orientations; and 3) each time the handbook is updated. If an individual policy within the handbook is revised, an employer may choose to distribute or electronically circulate only the updated policy to employees if the employees have already received copies of the handbook and the remainder of the handbook has not been revised.

Employers that are making handbooks available to employees for the first time should consider scheduling a meeting to introduce the handbook to all employees. A best practice is to designate a specific person to distribute or coordinate access to them. This individual is typically someone from the organization’s Human Resources Department who is able to answer any questions that employees may have regarding the employer’s policies.

After an employer makes the handbook available, it must continue to ensure that all new employees receive electronic access or a hard copy. Most employers make handbooks available to new employees during new hire orientation. Some employers set aside time during orientation for new employees to review the handbook and ask any questions they may have as they read through the policies.

Madelin T. Zwerling is an attorney at Garfunkel Wild, P.C. and is a member of the Employment Law Practice Group, which provides legal advice on a full range of employment matters. She may be reached at mzwerling@garfunkelwild.com or (516) 393-2510.

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Registration for the second Neurological Surgery P.C. Health Science Competition (NSPC HSC), a program of the Center for Science Teaching & Learning (CSTL), is now open at www.cstl.org/nspc. Last year the competition drew teams from 38 Long Island high schools and 50 prize winners shared $80,000 in score-based awards.

Created to foster interest in Science, Technology, Engineering and Math (STEM) programs, applications for the 2020 competition must be received by no later than 12:00 p.m. (EST) on April 30, 2020. A $25 non-refundable registration fee per team applies to all entries. The NSPC HSC is available exclusively to Nassau and Suffolk County high school student teams. The competition’s finals will be held on Wednesday, May 27, 2020.

“As leaders in the medical profession,” notes Michael H. Brisman, M.D., an attending neurosurgeon and chief executive officer of Neurological Surgery, P.C. (NSPC), “we must focus on inspiring and motivating young people to take interest in STEM education and pursue careers in health and science. This is especially important with the high demand for healthcare and medical science positions, locally and nationally.”

Student teams will be judged in one of five categories: Behavioral Sciences; Biology – Medicine/Health; Biology – Microbiology/Genetics; Health Related Biochemistry/Biophysics, and Bioengineering and Computational Biology. The five first place winners in last year’s competition were: Feyi Rufai of Roslyn High School in the “Behavioral Sciences” category, Alessi Demir of Manhasset High School in the “Biology – Medicine/Health” category, Michael Lawes of Elmont Memorial High School in the “Biology – Microbiology/Genetics” category, Jason Sitt of Lynbrook Senior High School in the “Health Related Biochemistry & Biophysics” category, and Christopher Lu of John L. Miller Great Neck North High School in the “Bioengineering and Computational Biology” category. Each winner received a $5,500 prize. The exact breakdown of prizes can be found at www.cstl.org/nspc/hsc-prizes/.

“The young people who were part of the first competition,” observes Dr. Brisman, “were brilliant and inspiring. Their understanding of medicine and health-related subjects was impressive. These students are exactly what we need to address the high demand for STEM, health science, and healthcare-related jobs here on Long Island and across the nation. The first NSPC Health Science Competition exceeded our goals in terms of the number of schools and students who competed. I believe the 2020 competition will further motivate both those who participate and others, who observed these innovative young people, to pursue their interest and careers in healthcare and related sciences.”

For more information about the NSPC Health Science Competition (NSPC HSC), competition rules, and deadlines, please visit www.cstl.org/nspc or call (516) 764-0045.
“Practical Considerations Regarding Your Employee Handbook: Part Three”

By Madelin Zwerling, JD

You’ve finalized your employee handbook and it’s time to distribute it to your employees. The following consists of steps you should take in moving forward with distribution in order to self-protect and confirm receipt of the handbook by your employees.

EMPLOYEE HANDBOOK ACKNOWLEDGMENTS

Employers should include an acknowledgment of receipt, review and understanding at the end of their handbook. This minimizes the potential for employees to later claim ignorance of a policy as an excuse for non-compliance, particularly when non-compliance leads to termination of employment or another kind of adverse employment action.

The acknowledgment should include a disclaimer that nothing in the handbook creates an employment contract. Additionally, in non-union settings, the acknowledgment typically includes an acknowledgment:

- Of at-will employment. For employees who have an employment agreement, the acknowledgment can include language that the employment agreement governs to the extent there is a conflict between policies in the handbook and the employment agreement.
- That the employer has the right to modify or delete policies without notice.

A best practice is for employers to set a deadline for the return or completion of signed acknowledgments, and the employer should follow up with any employees who fail to submit acknowledgments. Employers should keep signed acknowledgments in the respective employee’s personnel file.

Additionally, it is helpful to identify the title and date or version of the handbook for which the employee acknowledges receipt, review and understanding. If there is a later dispute about or lawsuit involving which handbook an employee received, a signed acknowledgment that specifies the particular handbook will be helpful evidence for the employer.

WHAT TO DO IF AN EMPLOYEE REFUSES TO SIGN AN ACKNOWLEDGMENT

If an employee refuses to sign an acknowledgment, as the employer you should take the following steps to ensure you have documentation that the employee received a copy of the handbook.

You should first ask the employee to write “I refuse to sign this acknowledgment” and the date in his own handwriting on the acknowledgment. If an employee later challenges receipt of the handbook, the employee’s statement is helpful evidence for the employer. If, however, the employee will not write that he or she refuses to sign the acknowledgment, the employer should have the primary contact for handbook distribution or posting write "I gave [EMPLOYEE NAME] a copy of the handbook on [DATE]. [EMPLOYEE NAME] refused to sign the acknowledgment." A best practice is to have another employer representative present to witness the employee’s refusal and the statement from the individual who distributes the handbooks. The witness should also sign the refusal to acknowledge letter.

The Onondaga County Medical Society’s Annual Dinner Meeting

The Onondaga County Medical Society’s annual dinner meeting was held on Thursday, November 7, at the Embassy Suites in Syracuse.

Justin Fedor, D.O., was installed as the Medical Society’s 192nd president. He is a Family Medicine physician with St. Joseph’s Physicians and the Medical Director of Fulton and Central Square Urgent Cares, as well as the Medical Director for CNS School District. Dr. Fedor graduated from the New York Institute of Technology college of Osteopathic Medicine and completed his family medicine residency and internship at St. Joseph’s Hospital Health Center in Syracuse. He chairs the Medical Society Young Physicians Committee, and enjoys spending time with his growing family.

Dr. Fedor succeeds MaryAnn Millar, M.D. Other Executive Council officers installed that evening include: Joseph Spinale, D.O., President Elect; Robert Dracker, M.D., Vice President; Michael Sheehan, M.D., Treasurer; and Barry Rabin, M.D., Secretary.

This year’s Medical Society service awards were presented to:

**HealthConnections**: Distinguished Service Award (the Society’s highest award) for distinguished service to physicians, hospitals, patients and the community.

**Robert Dracker, M.D.**: Physician Service to the Medical Society for his contributions and decades of service to the Onondaga County Medical Society and the Medical Society of the State of New York.

**Sunny Aslam, M.D.**: Physician Service to the Community for his compassionate and dedicated care and outreach to the most vulnerable populations in Syracuse.

**Frederick Parker, M.D.**: Commendable Service by a Retired Physician for his ongoing efforts to promote excellence in patient care at Upstate Medical University and extensive philanthropic efforts in the Syracuse community.

**She Matters**: Organization Service to Medical Care for their community outreach program that educates women in underserved areas of Syracuse about the importance of breast cancer screenings and early detection.

The **Jerry Hoffman Advocacy Award** was presented to Zachary Visco, AMA Medical Student Representative, for his advocacy on behalf of the AMA and the Medical Society.
Physician Wellness, Resiliency and Practice Transformation

Physicians have the highest suicide rate among any profession in the country - 28 to 40 per 100,000 physicians, compared to 12.3 per 100,000 for the general population. Practice demands and hospital policies have led to longer and more exhaustive work schedules for physicians. Physicians are spending less time with patients in traditional care settings and more time fulfilling extraneous tasks traditionally performed by adjunct staff and employees. As a result, the suicide rate among physicians has exploded in recent decades. The suicide rate among male and female physicians is 1.41 and 2.27 times higher than that of the general male and female population, respectively.

There are many reasons that lead to physician “burnout” but the four basic factors that contribute to physician burnout include: workload control, time pressure, chaotic workplace and lack of aligned values. Issues such as extension of the workplace into home life or “pajama time” for responding to email, completion of records, phone calls, on-call responsibilities, increased requirements for CME/Maintenance of Certification, and excessive prior authorizations for medical procedures all contribute to “burnout.”

MSSNY’s Committee on Physician Wellness and Resiliency has been educating New York State physicians, residents and medical students about this issue and the importance of initiating steps within their personal and professional lives to ensure physician wellness and resiliency. MSSNY will be participating with the Physicians Foundation Practice Transformation Initiative to help physicians and institutions reduce burnout by implementing evidence-based solutions and best practices within the organization. MSSNY also supports legislation to facilitate physicians’ ability to engage in therapeutic “peer to peer” conversations by providing confidentiality protection for organizations and individuals that provide physician peer support, similar to protections already provided to NYS Bar Association peer support activities. Wellness and resiliency programs by themselves, unfortunately, will have an insufficient impact on physician burnout unless and until the abusive practice conditions, described extensively above, are remedied.

Improving Patient Care Through Robust Peer Review

Current law impedes peer review quality improvement efforts by allowing attorneys access to statements made at a peer-review meeting by a physician who subsequently becomes a party to a malpractice action. To enhance the free discussion of quality improvement, MSSNY supports common sense legislation that would extend existing confidentiality protections to all statements at peer-review quality assurance committees within hospitals, in office-based settings and across integrated care settings.

Preserving Physician-Led Team Based Care

There are many different types of health care providers and they each serve an essential function in caring for patients. However, patients benefit most from the combined care of a team headed by a physician, whose education and training enables them to oversee the actions of the rest of the team, providing the patient with optimal medical treatment. MSSNY supports this concept and will continue to work toward achieving this goal.

MSSNY also supports the ability of otolaryngologists to dispense hearing aids at fair market value. However, MSSNY opposes any expansion of the scope of practice of non-physician health care providers that will enable them to practice beyond their education and training, including the following legislation:

- Inappropriately expand the ability of optometrists to prescribe oral antibiotics;
- Inappropriately expand the ability of podiatrists to treat up to a patient’s knee;
- Inappropriately permit pharmacists to execute lab tests without a physician order;
- Inappropriately permit physician assistants to perform fluoroscopy;
- Inappropriately permit independent practice for nurse-anesthetists;
- Inappropriately permit corporately owned retail clinics; and
- Inappropriately grant prescribing privileges to psychologists.

Eliminating Health Care Disparities

MSSNY’s Committee to Eliminate Healthcare Disparities seeks to increase awareness of how factors such as race, ethnicity, culture, religious beliefs, sexual orientation, gender, and gender identity contribute to both social inequities and to health and healthcare disparities and to ensure that all New Yorkers receive the best care possible. To eliminate disparities, we must work to eliminate inequities that drive these disparities. Working through this committee, MSSNY is seeking to:

- Work with the AMA, specialty societies, key policymakers, community groups and other stakeholders to eliminate inequities, particularly those inequities that adversely impact the health and well-being and access to and quality of care for persons who are from disadvantaged groups;
- Prevent and manage diseases that are prevalent in underrepresented groups, including diabetes, hypertension, and cancer, through educational programming for physicians;
- Reverse the troubling increases in maternal mortality and the inequity gap by race; and
- Promote and expand funding for programs that attract a more diversified physician workforce, increasing the number of minority faculty including Black, Hispanic, Native American, female and LGBTQ teaching in medical schools and expanding medical school pipeline programs in rural and urban areas to address the shortage of physicians in medically underserved areas of New York State.

Recreational and Medical Marijuana

MSSNY continues to express its strong concerns with proposals to legalize recreational or so-called “adult-use” marijuana use. Last year, MSSNY joined with parent-teacher associations, county health officials, and substance use disorder experts to oppose the legalization authorizing recreational marijuana use. Data from jurisdictions that have legalized cannabis have demonstrated concerns around unintentional pediatric exposures resulting in increased calls to poison control centers and ED visits. These states have also experienced increases in traffic deaths due to cannabis-related impaired driving. The data from these states need to be reviewed by New York, including revenue projections. Instead of legalizing, MSSNY has supported New York State’s legislative efforts to “decriminalize”
marijuana use and encourages rescheduling of marijuana so that it may be studied by scientists and medical professionals.

In August 2019, the U.S. Surgeon General issued an advisory emphasizing the importance of protecting youth and pregnant women from the health risks of marijuana. This advisory stated that, "Pregnant women use marijuana more than any other illicit drugs.” The Substance Abuse and Mental Health Services Administration’s recently released 2018 National Survey on Drug Use and Health (NSDUH) data showed that marijuana continues to be the most widely used illicit drug and that further, frequent marijuana use, in both youths (12-17 years old) and young adults, appears to be associated with risks for opioid use, heavy alcohol use and major depressive episodes. In 2017 alone, approximately 9.2 million youth aged 12-25 reported using marijuana in the past month. Furthermore, the rapid market shift towards marijuana concentrates or “waxes” or “oils” that are often over 95% THC occurring in both the legal and illegal markets may result in harms that this largely unregulated industry is causing without any research to determine the safety or risks of such products.

Critical as well is considering the public health crisis of pulmonary lung disease due to vaping. More than 800 young people have experienced this illness. The CDC investigation is increasingly focused on products that contain the marijuana compound THC. According to CDC, the majority of these 800 people had vaped THC. About 77% reported using THC-containing products; 36% reported exclusive use of THC-containing products. About 57% reported using nicotine-containing products; 16% reported exclusive use of nicotine-containing products. Because of the implications of this information, MSSNY has called for a moratorium on “vaping” of marijuana products, including those patients that “vape” medical marijuana under the state’s medical marijuana program.

Last year, the New York State Department of Health (NYSDOH) authorized regulations to permit a patient to be certified for marijuana use related to any pain condition. These regulations also allowed marijuana to be used in the treatment of opioid use disorder. MSSNY is concerned that the promotion of marijuana use for opioid use disorder may worsen psychiatric co-morbidities and may give a false impression to patients that it is as effective as established treatments such as methadone and buprenorphine, particularly in the prevention of fatal opioid overdoses. There is insufficient evidence to support marijuana as an alternative to other treatments for acute pain, including in patients with opioid use disorder. This is why MSSNY is encouraging NYSDOH to conduct ongoing evaluation of the use of marijuana as a treatment for various conditions before expanding the program further. MSSNY also supports moving marijuana from the Schedule I to Schedule II to allow for comprehensive research of marijuana on a state and national level.

**E-cigarettes, Vaping, Nicotine and Tobacco Products**

In September, Governor Andrew Cuomo took the dramatic step to ban flavored e-cigarettes – including menthol – in an effort to combat the above-noted growing public health crisis of vaping illness and underage use. MSSNY strongly supported this action. Flavored vaping products like “cotton candy” and “Captain Crunch” are clearly targeted to entice young individuals to vape. Per a 2017 survey of 15-17 year-old adolescents in New York State currently using electronic vapor products, 19% of respondents said that flavors were the reason that they first tried an e-cigarette and 27% said flavors were the reason for maintaining use. Studies also show nearly 78% of high school students and 75% of middle school students report being exposed to pro-tobacco marketing in 2016. The regulatory action to ban flavored e-cigarettes must now be codified and MSSNY urges the NYS Legislature enact this legislation.

MSSNY also supports state funding for a public health campaign on the dangers of liquid nicotine and e-cigarettes. It is understandable that nicotine replacement therapy is a cornerstone for adults who want to quit smoking, but the gum and patches must not be readily available to teenagers. Further, e-cigarettes contain large amounts of nicotine which means it can be hard for a child or young adult to keep track of how much they’ve vaped. MSSNY urges that state officials develop and implement strong recommendations for preventing nicotine use amongst all New Yorkers.

**Immunizations**

Prevention of preventable disease remains a top priority for MSSNY and the best way to prevent these diseases is through vaccination. Vaccines are safe and effective and they save lives. In 2019, the New York State Legislature and Governor took steps to ensure that every child attending a public, private or parochial school has received the appropriate immunizations by mandating that the only allowable exemptions be due to medical contraindication. This requirement is designed to keep children safe and to prevent the unnecessary spread of avoidable illness. Importantly, vaccination doesn’t just protect those receiving the vaccine. Vaccines help to prevent others from contracting these diseases, including infants who are too young to be vaccinated and those who are unable to receive a vaccine due to a health condition. MSSNY is also very supportive of the following state actions to help prevent avoidable illnesses:

- Emergency rule changes that make the regulations consistent with the national immunization recommendations and guidelines and the regulatory change that defines when a medical exemption should be given;
- Defining “may be detrimental to the child’s health” to mean that a physician has determined that a child has a medical contraindication to a specific immunization that is consistent with the ACIP guidance;
- Requiring that exemptions be reported directly into the New York State Immunization Information System (NYSIIS);
- Providing state funding for a public health campaign in regards to immunizations and efforts to address the “vaccine-hesitant” parent;
- Requiring all public, private and parochial schools in New York State and NYC to report immunization rates and medical exemptions to one central NYSDOH database, enabling enhanced tracking of immunization rates;
- Requiring pharmacists to post information regarding a 24 hour toll free number to answer questions about vaccines received in a pharmacy and information on what to do in an emergency;
- Requiring pharmacists to post information on their immunization training;
- Requiring pharmacies to report (by fax or electronic means) the immunization to the individual’s physician;
- Encouraging notification by the pharmacy about the importance of having a primary health care physician;
- Mandating universal reporting of adult immunizations in to NYSIIS; and

**Looking Ahead to the 2020 Legislative Session**

- Mandating universal reporting of adult immunizations in to NYSIIS; and
- Requiring pharmacists to post information regarding a 24 hour toll free number to answer questions about vaccines received in a pharmacy and information on what to do in an emergency;
- Requiring pharmacists to post information on their immunization training;
- Requiring pharmacies to report (by fax or electronic means) the immunization to the individual’s physician;
- Encouraging notification by the pharmacy about the importance of having a primary health care physician;
- Mandating universal reporting of adult immunizations in to NYSIIS; and

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Reducing Opioid Abuse

We have made steady progress in the fight against opioid abuse, but more action is needed. Data from the IQVIA Institute for Human Data Science demonstrates that New York State has had a there has been a 37.5% decrease in opioid prescriptions nationally from 2013-2018. The CDC also reported that in 2017 the nationwide opioid prescribing rate fell to its lowest in 10 years. This reflects the strong efforts that physicians and other health care professionals have undertaken to be more judicious in the decision to prescribe opioids. From 2013-2018, New York physicians and other prescribers made nearly 100 million checks of New York’s Prescription Monitoring Program (PMP). As a member of the AMA’s Opioid Task Force, MSSNY has worked to increase physician awareness and leadership and to coordinate and amplify the best practices already occurring across the country. New York State physicians are increasingly prescribing Medication Assisted Treatment (MAT) and are seeking to encourage use of naloxone by patients and family members. MSSNY continues to support legislative efforts to enhance insurance coverage for treatment beds and strongly encourages all physicians and hospitals to inform patients about substance use treatment options available to them, including buprenorphine. Further, MSSNY supports increased reimbursement for MAT. MSSNY will also advocate for enhanced insurer payment to physicians coordinating interdisciplinary care for their patients confronting chronic pain.

At the same time, MSSNY is concerned with overreaching legislation to place further arbitrary limits on the prescription of controlled substances and legislation that is duplicative of existing prescribing rules. MSSNY is concerned about the potential for significant costs and additional burdens that may be associated with mandatory naloxone co-prescribing. MSSNY will encourage all licensed drug treatment programs to offer treatment for substance use disorders and that staff employed at these facilities be trained in the referral and provision of MAT. MSSNY also supports the creation of pilot studies to assess the role of Safe Injection Facilities (SIF) in the state and believes that any pilot study should include New York City and two other areas outside of New York City. Additionally, MSSNY advocates that these pilot studies provide screening, support, referral for treatment of substance use disorders and co-occurring medical and psychiatric conditions, and provide education on harm reduction strategies including Naloxone training.

End of Life Care

Managing end of life (EOL) care is an enormously difficult experience for patients and their families. When difficult conversations regarding EOL choices have not occurred between physician and patient, an ever-changing medical environment with shifting social mores, economic influences and legislative mandates may impact already difficult medical decisions. Further complexities arising from an acute crisis in the use of narcotic medications has also frustrated patients and providers when dealing with prevention and relief of pain at end of life. In response to these challenges, the medical fields of palliative and hospice care are further burdened. Both disciplines treat patients symptomatically, with hospice care geared towards the last six months of life. In response to these challenges, MSSNY established a taskforce to review the current state of EOL care. The goals of the task force are to develop a framework for physicians and providers to evaluate current programs, identify gaps in care, and to offer potential solutions gleaned from their work. Currently, MSSNY has long standing policy that “physicians should not perform euthanasia or participate in assisted suicide”. An interim report was issued at the 2019 MSSNY House of Delegates and a final report is expected at the 2020 House of Delegates. MSSNY supports efforts to increase funding in NY for the availability of EOL care, mental health services and activities of daily living support services, in addition to hospice and palliative care programs which improve each person’s quality of life as it nears its natural end.

Improving Women’s Health

Preserving the ability for women to access reproductive and sexual health care services is a key public health goal. MSSNY supports efforts to expand access to emergency contraception and will continue to support sexual health education programs amongst adolescents. MSSNY will oppose any legislation that criminalizes the exercise of clinical judgment in the delivery of medical care. Moreover, as noted above, MSSNY will continue to work with public health and patient advocacy groups to help reverse the troubling increases in maternal mortality.

Other Public Health Priorities

- MSSNY will continue to educate its physicians on tick-borne illnesses and will work with NYSDOH on creating awareness for both patients and physicians. More than 30,000 cases of Lyme disease are reported nationwide, while studies suggest the actual number of people diagnosed with Lyme disease is more likely about 300,000.
- MSSNY supports requiring safety belts for persons 16 years and younger who are back seat passengers in a car.
- MSSNY supports providing family care givers with a tax credit for providing care at home.
- MSSNY supports efforts to expand emergency patient access to epinephrine.
5th and 6th Districts’ Annual Retreat

Members of MSSNY’s 5th and 6th districts gathered at the historic Otesaga Resort Hotel in downtown Cooperstown on November 8th and 9th for their annual retreat. After an informal get-together at the home of Dr. Brian White on Friday evening, the attendees moved to the Iroquois Room at the Otesaga for dinner and a presentation from Assemblyman John Salka.

Dr. Brian White, 6th District Vice President, welcomed physicians to the retreat on Saturday morning. Dr. White began the retreat with by proposing a discussion on development of a five-year regional strategy for the 5th and 6th district counties.

Dr. Arthur Fougner, MSSNY President and Moe Auster, Esq., Senior Vice President of Legislative Affairs for MSSNY detailed legislative issues of concern to physicians.

Other sessions that took place during the retreat included Danielle Fogel, Esq. of MLMIC presenting information on OPMC’s procedures, Dr. Caroline Gomez-DiCesare sharing information on physician wellness and Dr. Chris Kjolhede speaking on how adverse childhood experiences forecast the future. The retreat concluded with a review of resolutions for submission to the 2020 MSSNY House of Delegates.

OBITUARIES

ALLEN, Willis Donald; Ovid NY. Died August 19, 2018, age 96. Seneca County Medical Society

DOLAN, Anna Theresa; Hastings on Hudson NY. Died January 08, 2018, age 86. Medical Society County of Westchester

GRAND, Walter; Buffalo NY. Died September 18, 2018, age 78. Erie County Medical Society

NEUDORFER, Richard J.; White Plains NY. Died March 07, 2018, age 93. Medical Society County of Westchester

NICHOLS, John Edwin; Fort Lauderdale FL. Died May 20, 2018, age 95. Medical Society County of Kings

BUSINESS SHOWCASE

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MSSNY IN THE NEWS

Financial Advisor – 10/21/19 N.Y. Medical Society Names Altfest As Exclusive Wealth Manager (MSSNY Executive Vice-President Philip Schuh, CPA quoted)

Newspaper – 10/31/19 State officials: No premium increase for most under Affordable Care Act in 2020 (MSSNY President Dr. Arthur Fougner quoted)

Politico Pro – 11/04/19 Vape industry, health officials clash over e-cigarette safety (MSSNY President Dr. Arthur Fougner mentioned)

The Central New York Business Journal – 11/25/19 Fedor starts as Onondaga County Medical Society’s new president (MSSNY’s Dr. Justin Fedor mentioned)
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- Clinton* Clinton Correctional Facility (sporting and recreational outlets)
- Chemung Elmira and Southport Corr Facilities (Gateway to the Finger Lakes)
- Columbia* Hudson Correctional Facility (antiquing, arts & collectables)
- Dutchess Green Haven Correctional Facility (Hudson River Valley Beauty)
- Franklin* Franklin & Upstate Corr Facilities (North Country, 1 hour to Montreal)
- Greene* Greene Correctional Facility (rural charm yet only 2 hours to NY City)
- Livingston* Groveland Correctional Facility (State Parks, hiking, fishing)
- Oneida Mohawk Correctional Facility (Cooperstown, breweries)
- Orleans Albion Correctional Facility (Greater Niagara Region & Canal Town Culture)
- Sullivan Woodbourne Correctional Facility (mountains, outlets, entertainment)
- Seneca* Five Points Correctional Facility (heart of wine country)
- St. Lawrence Riverview Correctional Facility (hiking, boating and museums)
- Ulster Shawangunk and Wallkill Corr Facility (Catskill Mountains, Casinos)
- Washington Great Meadow Corr Facility (Between Vermont & Green Mountains)
- Westchester Bedford Hills Correctional Facility (Less than 1 hour to NYC)

Inquire with the Facility Personnel Office regarding benefits and contact: www.doccs.ny.gov or DOCCS Personnel Office at (518) 457-8132 for more information and to apply.

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**PHYSICIANS’ SERVICES**

**IS YOUR BUSINESS WEBSITE COMPLIANT WITH THE AMERICANS WITH DISABILITIES ACT (ADA)?**

If not you may be subjected to legal action! We can do a free audit of your website and let you know what corrections are needed. Call 516-830-1973 or visit www.adarules.com for more information.

**ARE YOU TRYING TO LEASE YOUR MEDICAL OFFICE OR SELL YOUR MEDICAL PRACTICE? TRYING TO SELL NEW OR USED MEDICAL EQUIPMENT?**

Clineeds, the new online platform designed for medical providers. With Clineeds you can lease your medical office, share your office space, buy and sell used medical equipment, or post healthcare job opportunities. LISTING IS FREE! Why wait? Click here to sign-up: www.clineeds.com/sign-up

**PHYSICIAN INSIGHTS WANTED TO HELP SHAPE THE FUTURE OF PRIMARY CARE**

98point6 is a healthcare technology company committed to delivering more affordable, accessible, high-quality primary care. To support our mission, we need the insights of forward-thinking physicians that have opinions about the current state of primary care and are interested in the role technology can play in healthcare. Members of our exclusive Primary Care Council have no clinical responsibilities and are generally compensated for participation, which requires only a few hours per year. Interested? Learn more and apply today at: 98point6.com/pcc/

**THE PRACTICE COACH - WE HELP PHYSICIANS HELP MORE PATIENTS**

We improve the employee and patient experience to help you achieve your goals and grow your practice. How? With strategic processes that support you, your staff, and your patients! We integrate your values into all areas of your practice including hiring, training, communication and operational strategies. Whether you’re independent or part of a group, we have an approach that will work for you.

If you’re ready to strengthen your practice, we can help. Please call or text 929 316-1032

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**OFFICE SPACE FOR LEASE/RENT/SHARE**

**FURNISHED LUXURY PARK AVENUE EAST 70’S MEDICAL OFFICE RENTAL AVAILABLE.**

Voted most beautiful block on UES. Private Entrance. Central A/C. Dedicated consultation room, exam room, procedure room, reception and nurse areas in a multispecialty office setting.

Suitable for all subspecialties.

Walk to Lenox Hill Hospital and NY Cornell.

Proximate to Mt Sinai Hospital.

Subway 2 blocks away. Full Time/Part Time. No fee.

START SEEING PATIENTS IMMEDIATELY!!!

Please call or text 929 316-1032

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**HELP WANTED**

**NURSE, RN UTILIZATION REVIEW**

**FULL-TIME-WESTBURY, NY (IN-OFFICE POSITION ONLY)**

Excellent opportunity for a RN who is seeking a position performing utilization review. We require 1-2 years recent experience in hospital and/or insurer utilization review and experience using Interqual criteria and/or MCG Guidelines.

Data entry/PC skills a plus. Benefits include 401(k), paid vacation and holidays. Send resume and salary requirements to: Empire State Medical Scientific and Educational Foundation, Inc.

Human Resource Department e-mail: chunt@mssny.org

Fax: (1-516) 833-4760

Equal Opp Employer M/F

**PHYSICIANS, ARE YOU LOOKING FOR A CHANGE?**

Tired of working long shifts with an overwhelming patient load? Come work at a well-equipped and staffed correctional facility where you can make a difference, working with a smaller number of patients for reasonable hours.

Starting salary is $143,381 - $171,631. Additional $20,000 geographical differential for Clinton & Franklin CF, and $10,000 for Five Points, Greene and Groveland CFs. We offer full-time, part-time & hourly/per-diem positions.

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