

2014 HOUSE OF DELEGATES ACTIONS

GOVERNMENTAL AFFAIRS AND LEGAL MATTERS (B)

- 100** OPMC Inform Physicians of Untended Consequences
Introduced by the Third and Fourth District
ADOPTED

RESOLVED, That the Medical Society of the State of New York seek through legislative, regulatory or other relief a prohibition against the Office of Medicaid Inspector General from removing a physician from the State Medicaid program solely on the basis that the physician entered into a consent order with the Board of Professional Medical Conduct.

- 101** Unintended Consequences of an OPMC Determination
Introduced by New York County Medical Society
(SEE RESOLUTION 100)

- 102** Amendment to OPMC Reporting Requirement Associated with Physician Profile Updates
Introduced by the Suffolk County Medical Society
ADOPTED

RESOLVED, In recognizing that under New York State Law, failure of a physician to update his/her profile within six (6) months of their license renewal, can be considered as professional misconduct and reportable to the OPMC for immediate action, that he Medical Society of the State of New York seek regulation/ legislation to allow a 60-day grace period for physicians to comply after receipt of a warning letter, and be it further

RESOLVED, If a physician still does not comply after the 60 days grace period, then and only then should it be considered a reportable event, and be it further

RESOLVED, That MSSNY, county and specialty societies immediately begin to notify their members about the importance and urgency of updating their individual profiles in a timely and expeditious manner; and be if further

RESOLVED, In an effort to assure that physicians comply with the requirement of updating their profile, that when a physician registers online to renew his/her license, there be notification with a direct link to www.nydoctorprofile.com which must be completed prior to submission of the registration renewal; and be it further

RESOLVED, For those physicians who may still renew their registration via paper, a copy of their updated profile must be included and sent together with the registration renewal.

- 103** Retirement of a Physician Medical Medical Licensure
Introduced by MSSNY Committee for Physician Health (CPH) Advisory Committee; Third and Fourth District Branches; Ninth District Branch Medical Societies (Dutchess, Orange, Putnam, Rockland and Westchester)
SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, That the Medical Society of the State of New York seek legislation to provide non-disciplinary retirement of a physician license so long as there are no pending disciplinary matters.

- 104** SHIN-NY Connectivity
Introduced by Fifth and Sixth District Branches
ADOPTED

RESOLVED, That the Medical Society of the State of New York work with the New York eHealth Collaborative and the State Health Information Network – New York (SHIN-NY) to make sure that physicians do not have to pay any of the costs associated with connecting to, accessing or downloading data from the SHIN-NY network; and be it further

RESOLVED, That the Medical Society of the State of New York oppose any state requirement which would impose as a condition of licensure a mandate on physicians to participate on the SHIN-NY

- 105** Patient Consent for Uploading Patient Records to the SHIN-NY and RHIOs
Introduced by Fifth and Sixth District Branches
REFERRED TO COUNCIL

- 106** Correct Record Access
Introduced by the Cayuga County Medical Society
SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, That the State of New York promote patient record access in accordance with rules developed through the Statewide Collaboration Process (SCP) which are delineated in the document entitled “Privacy and Security Policies and Procedures for Qualified Entities and their Participants in New York State, Version 3.0 to govern privacy and security of record transfer through the SHIN-NY; and be it further

RESOLVED, That MSSNY supports action to assure that the imbedded costs of EHR technology, interoperability and additional administrative expenses associated with patient record access are added separately to the rate of payment currently received by the physician from the patient's health payor.

107

Exemption Criteria for Electronic Health Record Adoption and Cloud-Based Electronic Health Record Packages

Introduced by New York County Medical Society

ADOPTED AS AMENDED

RESOLVED, that the Medical Society of the State of New York ask the American Medical Association (AMA) to not give up the fight for Electronic Health Records (EHR) exemptions and continue to petition the Centers for Medicare and Medicaid Services (CMS)to:

(a) Grant solo physician practices and physicians nearing the age of retirement an exemption from the disincentives associate with not using Electronic Health Records (EHR); and

(b) Provide government EHR adoption subsidies for any small and/or solo physician practices that demonstrate a need for these subsidies, beyond the present incentive payment structure; and

(c) Provide cheaper alternatives to commercial EHR systems, either through a lowest-bid Request for Proposal (RFP) process with commercial vendors, or the development of a low-cost or free, CMS-based and administered, cloud-based system for physicians in solo practice and physicians nearing the age of retirement; and be it further

RESOLVED, That the Medical Society of the State of New York transmit a copy of this resolution to the American Medical Association (AMA) to urge the American Medical Association (AMA) to request the Centers for Medicare and Medicaid Services (CMS) grant a "temporary waiver" for physician practices that, in good faith, are in the process of obtaining and attempting to implement meaningful use of an Electronic Health Records system, but due to technical issues outside of their control will be unable to meet the October, 2014 attestation deadline.

108

USE OF GUIDELINES AS ABSOLUTE OVER CLINICAL JUDGMENT BY THE PROVIDER

Introduced by the Nassau County Medical Society

SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, That the Medical Society of the State of New York re-affirm Policy 265.883; and be it further

RESOLVED, That the Medical Society of the State of New York seek through legislation, regulation or other relief, a prohibition against an insurer from using the existence of a clinical guideline to force an appeal.

- 109** MSSNY Single Payer Healthcare Survey
Introduced by the MSSNY Medical Student Section
ADOPTED AS AMENDED

RESOLVED, That MSSNY, with input from the medical student section design and conduct an objective poll by email of the collective opinion of MSSNY members and non-members ascertaining both their knowledge of the single payer health care system and their support or opposition of such a system in the State of New York.

- 110** MSSNY Support of the Single Payer Health Care Legislation
Introduced by Donald E. Moore, MD, MPH, Kings County
REFERRED TO COUNCIL

- 111** Hospital Closures
Introduced by the Nassau County Medical Society
ADOPTED

RESOLVED, That the MSSNY ask the New York State Legislature to enact laws that require hospitals that are going to be closed, or significantly change the level of clinical services, to develop a clinical impact statement and that the statement be presented at a public hearing run by the Health Department; and be it further

RESOLVED, That such clinical impact statement be used to document the diminution in services and outline ways that the community can be compensated or continue to receive these services in another venue; and be it further

RESOLVED, That the public should have a chance to comment on this document with the Health Department as the final arbiter if the removal of the services creates a danger to the community.

- 112** Physicians and Health Care Institutions as Providers of Health Insurance
Introduced by the Nassau County Medical Society

ADOPTED AS AMENDED

RESOLVED, That in the case that a provider or health care institution provides such insurance that it be held to the highest standards and oversight to prevent conflicts of interest that impair quality care; and be it further

RESOLVED, That any institution in the business of health care insurance have on its governance board and/or advisory boards, community providers who are not employees of the institution providing such insurance.

113

Point of Care Dispensing

Introduced by the Medical Society of the County of Albany

ADOPTED AS AMENDED

RESOLVED, that the Medical Society of the State of New York seek legislation that will permit in-office physician dispensing of prescription medication to the patients.

114

Availability of Treatment Slots for Substance Abusers

Introduced by the Third and Fourth District Branches

ADOPTED AS AMENDED

RESOLVED, That the Medical Society of the State of New York urge the New York State Department of Health to commission a study analyzing the projected substance abuse treatment slots needed from drug crime sentencing to ensure the system will be equipped to handle the increased volume; and be it further

RESOLVED, That if there is a shortage of substance abuse treatment slots projected, that the Medical Society of the State of New York will lobby to increase the number of treatment slots available to meet the need.

115

Long Term Care – The Impending Crisis

Introduced by John Ostuni, MD, Nassau County As an Individual

ADOPTED AS AMENDED

RESOLVED, That the Medical Society of the State of New York recognize the crisis of long term health care financing and look for innovative programs which would balance individual responsibility for long term health care costs and society's role in making long term health care insurance available to all; and be it further

RESOLVED, That people be allowed to purchase long term care insurance with continued positive and no negative tax implications; and be it further

RESOLVED, That persons who exhaust private insurance benefits be automatically enrolled in the Medicaid program without a need to spend down their assets; and be it further

RESOLVED, That the Medical Society of the State of New York work with the AMA to support a public option to cover the long term health insurance needs of all Americans through a Long Term Health Insurance Trust Fund financed with fees paid by all Americans during their lifetime.