

2020 GOVERNMENTAL AFFAIRS AND LEGAL MATTERS (A)
ACTIONS OF THE HOUSE OF DELEGATES

50 Establishing a New York State-Wide Registry for E-prescriptions

Introduced by the Medical Society of the County of Queens

SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, that the Medical Society of the State of New York re-affirm MSSNY Policies 117.969 and 117.971: and be it further

RESOLVED, that the Medical Society of the State of New York continue to support the establishment and use of a statewide health information system including patient prescription information that physicians can access when necessary for patient care without undue burden.

51 Cloud for E-Prescribing

Introduced by the Medical Society of the County of Kings

ADOPTED

RESOLVED, that the Medical Society of the State of New York work with the software vendors and the appropriate regulatory agencies to establish an alternative process allowing for prescriptions to be submitted to a “cloud” where any pharmacy can retrieve and fulfill it; and be it further

RESOLVED, that if a patient must change pharmacies due to insurance restrictions, the original pharmacy must submit any remaining refills to the central repository or “cloud” so that the new pharmacy that is in network can retrieve and fulfill the remaining prescription

52 E-Prescribing Should Be Two Way

Introduced by the Suffolk County Medical Society

SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, that the Medical Society of the State of New York take steps, including legislation or regulation if necessary, to ensure that pharmacies respond to physician e-prescriptions through the same mechanism by which the physician submitted the e-prescription.

53 Separation of Clinical Portions of EHRs from Administrative and Financial Uses

Introduced by the New York County Medical Society

REFERRED TO COUNCIL

RESOLVED, That the Medical Society of the State of New York (MSSNY) seek legislation/regulation such that the clinical portion of the electronic health record (EHR) consist of data useful to other clinicians and not used to drive reimbursement (i.e., preferably brief, simple notes in plain English); and be it further

RESOLVED, That the Medical Society of the State of New York (MSSNY) submit this resolution to the American Medical Association.

54 End Restrictive Covenants

Introduced by the 1st, 3rd and 4th Districts, MSSNY
REFERRED TO COUNCIL

RESOLVED, that the Medical Society of the State of New York seek legislation banning such restrictive covenants for physicians; and be it further

RESOLVED, that the Medical Society of the State of New York advance this issue to the AMA to end such restrictive covenants nationwide.

55 Restrictive Covenants

Introduced by the Nassau County Medical Society
REFERRED TO COUNCIL

RESOLVED, that MSSNY should seek legislation on restrictive covenants that does not allow non for profit health care systems to create restrictive covenants that prevent physicians for working for one of their competitors.

56 Prior Authorization Liability Alignment

Introduced by the Monroe County Medical Society
MSSNY POLICY 165.947 and 165.968 RE-AFFIRMED

57 Appeal of DFS Liability Premium Rates for Physicians

Introduced by the New York County Medical Society
NOT ADOPTED

58 Surprise ER Bills and Arbitration

Introduced by the Suffolk County Medical Society
MSSNY POLICY 265.832 RE-AFFIRMED

59 Bypassing Surprise Bill Good Faith Negotiation

Introduced by the Suffolk County Medical Society
SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, that The Medical Society of the State of New York (MSSNY) seek legislation and/or regulation that would eliminate insurance companies from this practice of making a small payment and filing a dispute without negotiation, which is not in the spirit of the Surprise Bill law; and be it further

RESOLVED, that MSSNY monitor this practice by supporting its members in filing complaints to the NYS department of Financial Services; and be it further

RESOLVED, that MSSNY seek legislation and/or regulation to require the insurance company to supply contact information for negotiation directly on the Explanation of Benefits (EOB).

60 MSSNY and AMA position on All Payer Database Creation

Introduced by the Nassau and Suffolk County Medical Societies

ADOPTED

RESOLVED, that MSSNY will advocate that any All Payer Database should separate out payments from different payers, such as Medicare, Medicaid, and the Private Payers; and be it further

RESOLVED, that the AMA advocate that any All Payer Database should also provide true payments that hospitals are making to their employed physicians, not just the amount of payment that the insurer is making on the physician's behalf to the hospital.

61 MSSNY Preparation for the New York Health Act

Introduced by Medical Society of the County of Yates

SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, that the Medical Society of the State of New York re-affirm MSSNY Policy 130.931; and be it further

RESOLVED, that the Medical Society of the State of New York create a Task Force to evaluate potential legislative changes in health care reimbursement and coverage methodology.

62 Improving Consumer Operated and Oriented Plans (CO-OPs) As A Public Option For Health Care Financing

Introduced by Thomas Madejski, MD, Past President, MSSNY, MSSNY Young Physicians' Section and the Suffolk County Medical Society

ADOPTED

RESOLVED, that the Medical Society of the State of New York (MSSNY) review Consumer Operated and Oriented Plans as a potential option for health insurance in the State of New York; and be it further

RESOLVED, that MSSNY request the AMA to study options to improve the performance of Consumer Operated and Oriented Plans as a potential public option to improve competition in the health insurance marketplace and to improve the value of healthcare to patients.

63 Recommendations for Lowering Healthcare Costs

Introduced by the Nassau County Medical Society

REFERRED TO COUNCIL

RESOLVED that MSSNY creates its own recommendations for lowering healthcare costs that would consider at least the following:

- (a) reducing hospital monopolies;
- (b) reducing insurance monopolies;
- (c) reducing pharmaceutical monopolies;
- (d) reducing litigation;
- (e) reducing administrative and regulatory burden;
- (f) paying fairly for necessary services and limiting payment for services of unclear benefit ;

- (g) reducing obesity, and
- (h) facilitating the maintenance of good health practices; and be it further

RESOLVED, that this be transmitted to the AMA for further recommendations.

64 Insurers and Vertical Integration

Introduced by the Suffolk County Medical Society

REFERRED TO COUNCIL

RESOLVED, that The Medical Society of The State of New York (MSSNY) seek legislation and regulation to prevent health payers (except non-profit HMO's) from owning or operating other entities in the health care supply chain; and be it further

RESOLVED, that MSSNY introduce a resolution to the AMA HOD to seek legislation and regulation to prevent health payers (except non-profit HMO's) from owning or operating other entities in the health care supply chain.

65 Dissolving Regional Hospital Monopolies

Introduced by the Nassau County Medical Society

NOT ADOPTED

66 Denying Privileges to Qualified Voluntary Physicians

Introduced by the Nassau County Medical Society

MSSNY POLICY RE-AFFIRMED

RESOLVED, that the Medical Society of the State of New York re-affirm MSSNY policies 150.988 and 150.997

67 Continuing Certification as a Condition of Employment or Reimbursement

Introduced by the New York County Medical Society

REFERRED TO COUNCIL

RESOLVED, That the Medical Society of the State of New York support legislation such that an entity that employs a person licensed to practice medicine may consider active certification of the physician by a medical specialty board that utilizes profession driven standards and requirements for such certification as a criterion for employment, and that if certification is required as a prerequisite for employment, such certification by a medical or surgical specialty board that utilizes profession driven standards and requirements as determined by majority vote of the medical staff at each facility, as a criterion for employment shall be acceptable as a prerequisite for employment; and be it further

RESOLVED, That the Medical Society of the State of New York support legislation such that satisfactory completion of a continuing education program in the practice of medicine or surgery that is approved by a national accrediting organization may be used as a criterion for physician reimbursement, employment, hospital staff privileges or admitting privileges, licensure, medical malpractice insurance coverage, or residency or fellowship program training faculty or directorship eligibility; and be it further

RESOLVED, That the Medical Society of the State of New York consider active certification by a medical specialty board of the American Board of Medical Specialties, the National Board of Physicians and Surgeons, the American Osteopathic Association, or the National Board of Osteopathic Physicians and Surgeons as a criterion for the granting or continuing of staff membership or professional privileges to a licensed physician.

68 Access to Ambulatory Surgical Center Licensure

Introduced by the Monroe County Medical Society

SUBSTITUTE RESOLUTION ADOPTED

RESOLVED that MSSNY advocate for a process in which New York State will enable an accredited office-based surgery facility to obtain an Article 28 license as an ambulatory surgery center through a simplified Certificate of Need application and approval process.

69 OPMC Reform

Introduced the New York County Medical Society

REFERRED TO COUNCIL

RESOLVED, That the Medical Society of the State of New York will seek legislation revising the Education Law so that hearsay evidence cannot be used against a physician in an Office of Professional Medical Conduct (OPMC) proceeding; and be it further

RESOLVED, That the Medical Society of the State of New York will seek legislation such that any physician who has been the subject of a disciplinary procedure, based on information that was knowingly false at the time of the disciplinary proceeding, shall have the right to sue the parties responsible for that false information in New York State Supreme Court or any other court of competent jurisdiction.

70 Physician Tax Fairness

Introduced by the Nassau County Medical Society

ADOPTED

RESOLVED, that the Medical Society of the State of New York lobby that physicians be excluded from being considered a specified service business as defined by the Internal Revenue Service; and be it further

RESOLVED, that this be transmitted to the AMA at A-20.

LATE D Medicaid Tax Benefits

Introduced by Michael Brisman, MD, Nassau County Delegate

SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, that the AMA would advocate for legislation that would allow physicians who take care of Medicaid or uninsured patients to get some financial benefit through a tax deduction

such as (a) a reduced rate of overall taxation or (b) the ability to use the unpaid charges for such patients as a tax deduction.

RESOLVED, that this resolution be transmitted to the American Medical Association for consideration at its next House of Delegates meeting

LATE G – Malpractice Relief during Time of Covid Emergency

Introduced by Michael Brisman, MD, Delegate, Nassau County and the Suffolk County Medical Society

Adopted substitute in lieu of Resolution Late G (June 4, Council)

RESOLVED, that the Medical Society of the State of New York continue to advocate to ensure the broadest possible interpretation of the medical liability immunity provisions enacted during the Fiscal Year 2020-21 State Budget for health care delivered during the Covid-19 pandemic; and be it further

RESOLVED, that the Medical Society of the State of New York continue to advocate to medical liability insurers to provide physicians with appropriate premium discounts, rebates, etc. to account for the significant drop in patient care services during the pendency of the Covid-19 epidemic.

EM 5 – Cares Act Equity

Introduced by Howard Huang, MD, Assistant Treasurer, MSSNY and

EM-6 – Loan Forgiveness in the Medicare Accelerated/Advanced Payment Program

Introduced by Howard Huang, MD, Assistant Treasurer, MSSNY

ADOPTED AS AMENDED (June 4, Council)

RESOLVED, that the Medical Society of the State of New York continue to work with the American Medication Association and the federation of medicine to improve and expand various federal stimulus program (i.e. CARES Act) to assist physicians in response to the Covid-19 pandemic, including:

- Re-starting the suspended Medicare Advance payment program, including significantly reducing the re-payment interest rate and lengthening the repayment period;
- Expanding the CARES Act health care provider relief pool, and working to ensure that a significant share of the funding from this pool is made available to physicians in need regardless of the type of patients treated by that physicians; and
- Reforming the Paycheck Protection Program, to ensure greater flexibility in how such funds are spent and lengthening the repayment period; and be it further
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RESOLVED, That the Medical Society of the State of New York (MSSNY) ask that the AMA, **that in the setting of the COVID-19 pandemic, advocate for additional relief to physicians via loan forgiveness for medical school educational debt.**