

2020 SOCIO-MEDICAL ECONOMICS – ACTIONS OF THE HOUSE OF DELEGATES

RESOLUTION 250 – PHYSICIAN BURNOUT IS AN OSHA ISSUE

Introduced by Medical Society County of Queens, Supported by Medical Society of Kings County, Richmond, Bronx, and Suffolk County Medical Societies

RESOLVED, that the Medical Society of the State of New York seek legislation/regulation to add physician burnout as a Repetitive Strain (stress) injury and subject to OSHA oversight; and be it further

RESOLVED, that this resolution be forwarded to the AMA.

ADOPTED

RESOLUTION 251 – INSURANCE PAYMENT MANDATE FOR GENETIC COUNSELING

Introduced by Medical Society County of Queens, Supported by New York, Richmond and Bronx County Medical Societies

RESOLVED, that MSSNY use our Commissioner of Communications to convey the need that board-certified genetic counseling be included in the Affordable Care Act's Preventative Care Visit when a genetically-modifiable disease is being addressed, such as screening Papanicolaou or Colonoscopy screening are included benefits of the preventative care visit; and be it further

RESOLVED, that MSSNY use our Commissioner of Communications to continue promotion of public health and prevention topics, thus creating public opinion and resultant public policy.

ADOPTED

RESOLUTION 253 – COBRA FOR COLLEGE STUDENTS

Introduced by Natalie J. Adler, MD, Delegate, Saratoga County, Gregory Pinto, MD, MSSNY Councilor, Fourth District, MSSNY Third and Fourth Districts

RESOLVED, that the Medical Society of the State of New York call for legislation similar to COBRA to allow college students to continue their healthcare coverage, at their own expense, for up to 18 months after graduation or other termination of enrollment; and be it further

RESOLVED, that MSSNY direct the New York delegation to bring this resolution to the American Medical Association at its annual meeting in 2020.

ADOPTED.

RESOLUTION 255 – MEDICAL INTERPRETIVE SERVICES

Introduced by MSSNY Committee on Health Disparities

RESOLVED, that MSSNY advocate that CMS and privately sponsored health insurance plans provide full and adequate compensation for patient interpreter services, with the goal of improving patient engagement and healthcare outcomes in general in the non-English proficient population; and be it further

RESOLVED, That MSSNY advocate to the New York Department of Health to allow for usage of family members, friends or employees of the physicians practices when a certified interpreter is unavailable.

ADOPTED

RESOLUTION 256 – PAYMENT FOR REGADENOSON (LEXISON)

Introduced by Bronx County Medical Society and First District Branch

RESOLVED, that MSSNY petition the Department of Health and the Department of Financial Services to investigate the disparity between the cost of medical agents and reimbursement by insurance companies and develop a solution so physicians are not financially harmed when providing medical agents; and be it further

RESOLVED, that MSSNY brings this to the attention of the AMA to have CMS do the same.

ADOPTED

RESOLUTION 257 – HEALTH INSURANCE THAT FAIRLY COMPENSATES PHYSICIANS

Introduced by The Nassau County Medical Society

RESOLVED, that MSSNY will advocate for insurance plans to compensate physicians, at least enough to stay in practice independent of hospital employment; and be it further
RESOLVED, that this resolution be transmitted to the AMA which will further advocate for adequate compensation of physicians.

ADOPTED

RESOLUTION 258 – BUNDLING PHYSICIAN FEES WITH HOSPITAL FEES

Introduced by The Nassau County Medical Society and Suffolk County Medical Society

RESOLVED, that MSSNY opposes bundling of doctor payments with hospital payments, unless doctor agrees to it in advance; and be it further

RESOLVED, that this resolution also be transmitted to AMA.

ADOPTED

RESOLUTION 263 – PAID IN FULL INSURANCE CHECK PAYMENTS

Introduced by The Suffolk County Medical Society

RESOLVED, That the Medical Society of the State of New York to seek legislation and/or regulation to ban the insurance companies from issuing "paid in full" on checks used to pay physicians; and be it further

RESOLVED, That MSSNY investigate and provide guidance for best practices for responsible management of checks issued in this manner.

ADOPTED

RESOLUTION 265 – PEER REVIEW INTEGRITY

Introduced by Orange, Putnam, Westchester and Dutchess County Medical Societies

RESOLVED, that MSSNY seek by legislation and/or regulation to require insurance company peer reviewers to review all supportive documentation provided by a requesting physician prior to the insurance company mandating a physician to participate in a peer review; and be it further

RESOLVED, that MSSNY seek by legislation and/or regulation a significant non-compliance financial penalty on the insurance company to compensate physician time when an insurance company peer reviewer fails to review physician provided documentation prior to mandating physician participation in a peer review meeting.

ADOPTED

RESOLUTION 266 – PRIVATE PAYOR PAYMENT INTEGRITY

Introduced by Orange, Putnam, Westchester and Dutchess County Medical Societies

RESOLVED, that MSSNY shall advocate for the NYS Department of Financial Services to require, at a minimum for private health insurers to pay for diagnosis and treatment options that are covered by government payers such as Medicare; and be it further

RESOLVED, that private insurers shall not be allowed to deny payment for treatment options as "experimental and/or investigational" when they are covered under government plans. Such coverage shall extend to managed Medicaid, Workers' Compensation plans, or NY No Fault Auto insurance companies; and be it further
RESOLVED, that this resolution be brought by MSSNY to AMA for adoption to cover managed Medicare and other federally regulated programs.

ADOPTED

RESOLUTION 269 – INSURANCE COMPANIES COLLECTING DEDUCTIBLES AND COPAYS

Introduced by New York County Medical Society

RESOLVED, That the Medical Society of the State of New York (MSSNY) seek legislation such that insurance companies pay the physicians the full fee for covered services without deducting deductibles and copays; and be it further

RESOLVED, That MSSNY seek legislation such that the insurance companies will collect the deductibles and copays directly from the policyholders.

ADOPTED

RESOLUTION 270 – PRIOR AUTHORIZATION REFORM

Introduced by NYS Society of Orthopaedic Surgeons

RESOLVED, that the Medical Society of the State of New York reaffirm policy 120.925 Peer-to-Peer Reviews by Insurers; and be it further

RESOLVED, that the Medical Society of the State of New York reaffirm policy 120.950 Regulation and Transparency of Imaging Benefit Manager's Contracts; and be it further

RESOLVED, that the Medical Society of the State of New York advocate for practicing physician representation in peer-to-peer reviews and development of prior-authorization criteria; and be it further

RESOLVED, that the Medical Society of the State of New York advocate to prohibit the use of prior authorization for medically necessary services and imaging performed during pre-approved surgeries or other invasive procedures.

ADOPTED

2019 SUNSET REVIEW REPORT OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK'S COMMITTEE ON SOCIO-MEDICAL ECONOMICS

ADOPTED

RESOLUTION 252 – REDUCING PRIOR AUTHORIZATION BURDEN

Introduced by Howard Huang, MD, MSSNY Councilor, Fifth District Branch

AND

RESOLUTION 262 – SEPARATE PAYMENT FOR PRIOR AUTHORIZATION WHEN NOT PART OF A PATIENT ENCOUNTER

Introduced by The Suffolk County Medical Society

RESOLVED, that the Medical Society of the State of New York (MSSNY) seek legislation or regulation that restricts insurers from requiring prior authorization for generic medications; and be it further

RESOLVED, that MSSNY ensure the legislation or regulation contains disincentives for insurers demanding unnecessary prior authorizations, including payments to physicians' practices for inappropriate prior authorizations; and be it further

RESOLVED, that MSSNY ensure the legislation or regulation requires that payment be made to the physician practice for services related to prior authorization when those services do not coincide with a visit; and be it further

RESOLVED, that MSSNY ensure that the legislation or regulation contain a requirement for an independent external review organization to review disputes involving prior authorizations and require insurer payments be made to the practice when the review organization agrees with the physician practice; and be it further

RESOLVED, that MSSNY's delegation bring this resolution to the AMA for national support.

SUBSTITUTE ADOPTED IN LIEU OF 252 & 262

RESOLUTION 259 – GOVERNMENT IMPOSED VOLUME REQUIREMENTS FOR CREDENTIALING

Introduced by The Nassau County Medical Society

RESOLVED, That MSSNY urge the AMA to create guidelines and standards for evaluation of government-imposed volume requirements for credentialing that would include at least the following considerations:

- (a) The evidence for that volume requirement;
- (b) How many current practitioners meet that volume requirement;
- (c) How difficult it would be to meet that volume requirement;
- (d) The consequences to that practitioner of not meeting that volume requirement;
- (e) The consequences to the hospital and community of losing the services of the practitioners who can't meet that volume requirement;
- (f) Whether volumes of similar procedures could also reasonably be used to satisfy such a requirement.

ADOPTED AS AMENDED

RESOLUTION 260 – INSURANCE CLAIMS DATA

Introduced by The Suffolk County Medical Society

RESOLVED, that the Medical Society of the State of New York (MSSNY) seek legislation and regulation to promote open sharing of de-identified_health insurance claims data; and be it further

RESOLVED, that MSSNY introduce a resolution to the AMA HOD to seek legislation and regulation to promote open sharing of de-identified_health insurance claims data.

ADOPTED AS AMENDED.

RESOLUTION 261 – OBSOLETE ICD AND CPT CODES

Introduced by The Suffolk County Medical Society

RESOLVED, that the Medical Society of the State of New York (MSSNY) seek legislation and regulation that would:

- Provide a grace period where new ICD and CPT codes could be phased in, and
- Prevent insurers from denying those portions of a claim coded with an obsolete or superseded ICD or CPT code, and
- Require that the period for ICD and CPT revisions are instituted be concurrent (e.g. January 1); and be it further

RESOLVED, that the MSSNY delegation bring this resolution to the AMA HOD.

ADOPTED AS AMENDED

RESOLUTION 267 – TRANSPARENCY FOR ACA PLANS AND CONTRACTING HOSPITALS

Introduced by New York County Medical Society

RESOLVED, That the Medical Society of the State of New York (MSSNY) seek legislation/regulation such that New York State of Health website lists both the plan and its contracting hospital(s); and be it further

RESOLVED, That MSSNY seek legislation/regulation such that the ACA plan websites show the list of contracted hospitals and phone numbers announce a list of contracted hospitals.

ADOPTED AS AMENDED

RESOLUTION 268 – COMPENSATION FOR VACCINE CONSULTATION

Introduced by New York County Medical Society

RESOLVED, That the Medical Society of the State of New York will seek legislation that compensates physicians for up to 20 minutes of counseling time for vaccination counseling.

ADOPTED AS AMENDED.

RESOLUTION 254 - WORKERS' COMPENSATION BOARD RESTRICTIVE FORMULARY

Introduced by MSSNY Third and Fourth Districts

RESOLVED, that the Medical Society of the State of New York advocate with the New York State Workers' Compensation Board, and seek legislation if necessary, to allow physicians to delegate to their office staff use of the New York State Workers' Compensation Board portal for requesting formulary overrides.

NOT ADOPTED.

RESOLUTION 264 – ALL OR NOTHING PHYSICIAN PARTICIPATION

Introduced by The Suffolk County Medical Society

RESOLVED, that The Medical Society of the State of New York seek regulation and/or legislation that allows physicians to independently participate in an insurance plan without having to have the whole group join.

NOT ADOPTED.

RESOLUTION LATE C – MEDICAID MEDICATION DISPENSING

Introduced by Suffolk County Medical Society

RESOLVED, the Medical Society of the State of New York, seek legislation to allow Medications to be dispensed and covered to Medicaid recipients, regardless of their participation status, or possession of a Medicaid ID number, or allow coverage of the medications based on the institutional MEDICAID number of the hospital or emergency room where care of the patient was given, in order to allow coverage of the medications.
NOT ADOPTED