

2015 HOUSE OF DELEGATES ACTIONS
GOVERNMENTAL AFFAIRS AND LEGAL MATTERS (B)

100 Federal Agency Compliance with State Laws on Controlled Substances Databases
Introduced by the Fifth and Sixth District Branches
AMENDED

RESOLVED, that the Medical Society of the State of New York working with the AMA request that the Veterans Administration and other federal health programs comply with applicable State laws which require checking databases of controlled substance prescriptions so as to better coordinate controlled substance prescribing with other physicians and be it further

RESOLVED, that the MSSNY working with the AMA request that VA and other federal pharmacies comply with state laws with regard to their respective requirements for entering data on prescription fills into controlled substance tracking databases, and be it further

RESOLVED, that the MSSNY work with the NYS Department of Health to address any technological obstacles that exist to impede the transfer of data from VA practitioners and other federal health programs to the NYS Prescription Monitoring Program.

101 Scheduled Medications
Introduced by the Nassau County Medical Society
ADOPTED

RESOLVED, That the MSSNY work with New York State to improve the I-STOP program by including a link to patient prescription histories that will appear at the time of prescribing as well as at the pharmacy where said prescription is filled.

102 Remove Androgens from Scheduled Medications and I-STOP
Introduced by the Nassau County Medical Society
NOT ADOPTED

RESOLVED, that the Medical Society of the State of New York seek to have androgens removed from scheduled medications and from I-STOP regulations.

103 Pharmaceutical Practices
Introduced by The Suffolk county Medical Society
AMENDED

RESOLVED, That the Medical Society of the State of New York (MSSNY) set as a policy statement that all pharmaceutical insurers must operate with complete transparency so as not to monopolize the industry; be it further

RESOLVED, That MSSNY shall take action to immediately refer to the NYS Attorney General any evidence of collusion within the pharmaceutical supply chain.

- 104 Meaningful Use Requirements
Introduced by the Nassau County Medical Society
SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, That the Medical Society of the State of New York work with the American Medical Association to assure that the Centers for Medicare & Medicaid Services and the National Coordinator for Health Information Technology: (1) adopt a more flexible approach for meeting Meaningful Use; (2) expand hardship exemptions for all meaningful use stages; (3) improve quality reporting; and (4) address physician EHR usability and interoperability.

- 105 Quality Improvement in Clinical/Population Health Information Systems
Introduced by the Fifth and Sixth District Branches
AMENDED

RESOLVED, That the Medical Society of the State of New York ask the American Medical Association to invite other expert physician associations into the AMA consortium to further the quality improvement of EHR's and Population Health as discussed in the consortium letter of January 21, 2015 to the National Coordinator of Health Information Technology; and be it further

RESOLVED, that the Medical Society of the State of New York support efforts of the AMA to secure specific changes to the EHR certification process to enhance security of information contained in an EHR, prioritizes functionality testing, decouples EHR certification from the meaningful use program and supports greater standardization and greater transparency of standards which support interoperability of EHR's.

- 106 Office Based Procedure
Introduced by the Nassau County Medical Society
SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, That the Medical Society of the State of New York reaffirm Policy 295.995.

- 107 Expansion of the Collaborative Partnership with MSSNY and the VA to Enhance Long Term Care
Introduced by the Bronx County Medical Society
SUBSTITUTE RESOLUTION ADOPTED WITH TITLE CHANGE

“Collaborating with Federal and State Agencies to Assure the Provision of Long Term Care Services”

RESOLVED, That the MSSNY, through its Long Term Care Subcommittee to the Quality Improvement and Patient Safety Committee, work with all relevant federal

and state agencies to assure that long term care services including home care services, physician home visits, telehealth and palliative care are integrated into and paid for through new initiatives underway to restructure the Health Care Delivery System such as the Delivery System Reform Incentive Payment (DSRIP) Program, Medicare Shared Savings Accountable Care Organizations and the Fully Integrate Duals Advantage (FIDA) Program; and be it further

108 Lombardi Program on Nursing Home without Walls
Introduced by the MSSNY Medical Student Section
ADOPTED

RESOLVED, That that the Medical Society of the State of New York work to assure the continuity of Long Term Home Health Care Program (LTHHCP) in managed care contracts; and be it further.

RESOLVED, That the Medical Society of the State of New York work with the AMA to assure that the federal waiver authority which authorized the Long Term Home Health Care Program (LTHHCP) does not expire in September of 2015; and be it further

RESOLVED, That the Medical Society of the State of New York urge that the State Department of Health conduct a study to evaluate the clinical and cost-effectiveness of the Long Term Care Health Care Program (LTHHCP) as opposed to Medicaid Long Term Care to determine the efficacy of one or both models in the evolving health care system.

109 Mandatory Reporting of Elder Abuse
Introduced by the Third and Fourth District Branches
REFERRED TO COUNCIL

RESOLVED, That MSSNY advocates for mandatory elder abuse reporting by healthcare professionals in the State of New York.

110 Changes to Article 81 of New York's Mental Hygiene Laws
Introduced by the Suffolk County Medical Society
ADOPTED

RESOLVED, That in an attempt to rectify what has become merely a financially motivated practice employed by nursing homes filing for guardianships for incapacitated residents who have incurred huge outstanding medical bills, that the Medical Society of the State of New York seek immediate changes to Article 81 of the New York Mental Hygiene Law, which would allow courts to grant full guardianship to nursing homes for incapacitated residents only when the health and well-being of a patient is in jeopardy and no family member is capable of making such a decision, and not when motivated strictly by nursing home financial concerns.

- 111 **Treatment by the Office of Professional Medical Conduct (OPMC) Resulting from a Claim of Misconduct**
Introduced by The Medical Society of the County of Queens
NOT ADOPTED

RESOLVED, physicians should have the right to know the nature of all complaints lodged against them to the Office of Professional Medical Conduct, even in the event that the complaints are found to be of no merit by the OPMC after review of the case.

- 112 Automatic Link to Updating Physician Profile at Time of Licensure Renewal
Introduced by the Ninth District Branch Medical Societies (Dutchess, Orange, Putnam, Rockland and Westchester Queens County Medical Society)
AMENDED

RESOLVED, That Medical Society of the State of New York request, through regulation/legislation if needed, that the New York State Education Department and the New York State Department of Health (DOH) create an automatic link from the online state education licensure renewal site to the state DOH physician profile site to enable a physician who is re-registering with the state to also update his/her physician profile in a seamless manner.

- 113 Medical Society Dues as Part of Biennial Registration
Introduced by the Ninth District Branch Medical Societies (Dutchess, Orange, Putnam, Rockland and Westchester Queens County Medical Society)
REFERRED TO COUNCIL

RESOLVED, That Medical Society of the State of New York seek by legislation to include MSSNY and County Medical Society opt-out dues in the New York State Department of Education biennial registration billing and payment.

- 114 Simplify Healthcare System Administrative Costs
Introduced by the New York Academy of Family Physicians
NOT ADOPTED

RESOLVED, That MSSNY should advocate for enactment of a single administrative system to manage the delivery of healthcare services; and be it further

RESOLVED, MSSNY should recommend that this single administrative system should operate pursuant to a global budgeting process that would be supported by direct and collaborative negotiation between the payer(s) and representatives of providers and consumers; and be it further

RESOLVED, That MSSNY should also advocate for adequate compensation for health care providers to ensure that they are financially stable and therefore able to deliver quality health care and that such compensation levels should be determined through bi-lateral negotiations between provider groups and the single administrative system; and be it further

RESOLVED, That MSSNY should advocate for a streamlined, uniform operating system that would standardize the many different rules and systems currently in place to guide authorization of and payment for services; and be it further

RESOLVED, That MSSNY recommend that the single administrative health care system promote public health by improving surveillance of public health status and early identification of emerging health problems; and be it further

RESOLVED, That MSSNY advocate that single administrative health care system develop and promote policies to encourage and assist patients in assuming a more active role towards maintaining healthy lifestyles; and be it further

RESOLVED, That MSSNY recommend that the delivery of quality health care be the top priority of the single administrative health care system.

115 Assure Access to Federally-Funded GME Residency Positions for Graduates of U.S. Medical Schools

Introduced by the Fifth District Branch

REFERRED TO COUNCIL

RESOLVED, That the Medical Society of the State of New York (MSSNY) ask the American Medical Association (AMA) to work with the Accreditation Council for Graduate Medical Education (ACGME), Association of American Medical Colleges (AAMC), National Resident Matching Program (NRMP), American Hospital Association (AHA), American Osteopathic Association (AOA), Commission on Osteopathic College Accreditation (COLA), American Association of Colleges of Osteopathic Medicine (AACOM) and other relevant parties to change the residency match program such that the initial round of the match for taxpayer-supported residency programs will be available only to graduates of Liaison Committee on Medical Education (LCME) and American Osteopathic Association (AOA) accredited medical schools while subsequent rounds will be available to graduates of international medical schools.

116 Filming Patients for News or Entertainment
Introduced by the MSSNY Resident and Fellow Section

ADOPTED

RESOLVED, That the Medical Society of the State of New York adopt policy which states that efforts to disguise a patient (such as blurring the face, changing the voice, or any other technique) do not substitute for the need to obtain consent from a legally authorized person prior to publication of any material related to the treatment of a patient; and be it further

RESOLVED, That the Medical Society of the State of New York bring a resolution to the 2015 Annual meeting of the AMA House of Delegates which states that efforts to disguise a patient (such as blurring the face, changing the voice, or any other technique) do not substitute for the need to obtain consent as outlined in AMA Policy E-5.045 for publication of any material related to the treatment of a patient.

Monopolization of Healthcare by Vertically Integrated Health Systems

Introduced by John Franco, MD, Charles Rothberg, MD, Delegates to the Suffolk County Medical Society

REFERRED TO COUNCIL

RESOLVED, That the Medical Society of the State of New York (MSSNY) seek legislation and regulation that vertically integrated hospital systems must prove to the Department of Health a need to employ and individual physician in the market place and obtain a Certificate of Need for each of their employed physicians; and be it further

RESOLVED, The Certificate of Need process should include an evaluation of the employment agreement, insofar as it be limited to fair market values of physicians services and not to include ancillary services.