

**2023 REF COM GOVERNMENTAL AFFAIRS AND LEGAL MATTERS (B)**  
**FINAL ACTIONS**

- 100** Support of Legalized Interstate Telemedical Care  
*Introduced by Arthur Cooper, MD, Connie DiMari, MD, and Loren Wissner Greene, MD, as individuals.*

**SUBSTITUTED RESOLUTION ADOPTED**

**RESOLVED, That MSSNY Council study the professional consequences of providing telehealth services across state lines including medical malpractice insurance, disciplinary issues, physician licensing, prescribing rights, among others as determined by Council.**

- 101** Study and Support Universal Telehealth As It Currently Exists Nationally for VA Regardless of State-Specific Telehealth Law

*Introduced by Health Information Technology Committee*

**REFERRED TO COUNCIL**

RESOLVED, That the Medical Society of the State of New York (MSSNY) study and request that the AMA study how to implement universally the current active national VA system of telehealth across state lines to non-VA healthcare, and request that the AMA advocate for federal legislation and MSSNY advocate for state legislation to preserve and make permanent national telehealth across state lines that overrides any state limitations just as has been done successfully during the COVID-19 health pandemic; and be it further

RESOLVED, That MSSNY study and reconsider the need for policy: 160.989 Licensure Requirement for Providing Medical Advice Through Telemedicine, which was enacted in 1996 prior to the COVID-19 health pandemic.

- 102** Support of the Interstate Medical Licensure Compact

*Introduced by New York County Medical Society*

**NOT ADOPTED**

- 103 & 104** **Res. 103** Encouraging Free and Open Discussion and **Res. 104** Position Against Censorship

*Both Introduced by Nassau County Medical Society*

**SUBSTITUTE RESOLUTION BE ACCEPTED IN LIEU OF RESOLUTIONS 103 AND 104.**

**RESOLVED, MSSNY and the AMA support free and open discussion of any and all medical topics without risk of harm or retaliation to ensure best practices that are based on the most current, scientifically rigorous, peer reviewed information available.**

- 105** Prior Authorization – 24-Hour Maximum

*Introduced by Alex Shteynshlyuger MD*

**SUBSTITUTE RESOLUTION ADOPTED**

**RESOLVED, That MSSNY will advocate that all prior authorization requests and appeals of PA denials be resolved in accordance with the existing requirements for expedited decisions of 72 hours for non-urgent care and 24 hours for emergency care.”**

**106** Prior Authorizations by 'Denials Companies'

*Introduced by Brian White, DO  
Delaware County Medical Society  
Herkimer County Medical Society*

**REAFFIRMED EXISTING MSSNY POLICIES 120.925, 120.944, 165.968, 265.902, 265.964.**

**120.925 Peer-to-Peer Reviews by Insurers.** The Medical Society of the State of New York will seek legislation to change peer to peer review by insurers to include evidence-based criteria publicly available and to be conducted by a physician of the same specialty and responded to the physician practice on a timely basis via fax or electronically. This legislation should also limit peer to peer and prior authorization reviews to only those cases that do not fall within the evidence-based criteria. (HOD 2017-252; Reaffirmed HOD 2020-270)

**120.944 Changes in Pre-certification for Medications to Reduce Delays.** The Medical Society of the State of New York will continue to advocate to reduce the circumstances when pre-authorization for needed patient medications are required, including eliminating the requirement for annual re-authorization once a prior authorization for a prescription medication has been approved. The Medical Society of the State of New York will advocate to ensure that health plan pre-authorizations for prescriptions be completed within 24 hours. (HOD 2014-58; Reaffirmed HOD 2015-53; Reaffirmed HOD 2019 in lieu of res 68)

**165.968 Liability of Managed Care Entities As Well As Their Employees, Agents, Ostensible Agents And Representatives:** MSSNY will develop or support legislation or regulation requiring that whenever an employee, agent, ostensible agent and/or representative of a managed care entity makes a determination that affects a patient's health, both the individual and the entity should be held liable for any adverse outcome to the patient arising directly from the determination or as a consequence of the determination. (HOD 1997-114; Reaffirmed HOD 1998-84; Reaffirmed HOD 2014; Reaffirmed HOD 2015-57; Reaffirmed HOD 2020-56)

**265.902 Charge for Referrals and Prior Authorizations.** MSSNY to seek the introduction of regulation/legislation to allow physicians to be paid by health insurers for referrals and prior authorizations reflecting their costs in time and personnel for each and every referral or prior authorization sought. (HOD 2008-53; Reaffirmed HOD 2018)

**265.964 Review of Pre-Authorizations by a Licensed Physician.** MSSNY will seek legislation to require that all pre-authorizations for procedures be reviewed by a New York State licensed practicing physician who is board certified or board eligible in the same specialty as the requesting physician prior to any denial of pre-authorization. (HOD 2000- 67; Reaffirmed HOD 2014)

**107** Physician-Guided Decision Model  
*Introduced by New York County Medical Society*

**ADOPTED AS AMENDED AND TITLE CHANGED FROM "PHYSICIAN-CENTERED" TO "PHYSICIAN-GUIDED".**

**RESOLVED, That the Medical Society of the State of New York advocate for a physician-guided decision model where medical decisions are made between the doctor and patient; and be it further**

**RESOLVED, That the Medical Society of the State of New York urge the American Medical Association (AMA) to advocate for a physician-guided decision model.**

**108** Accelerating the Licensed Professionals' Process to Form a Professional Corporation  
*Introduced by Nassau County Medical Society*

**ADOPTED AS AMENDED**

**RESOLVED, that MSSNY support legislation to eliminate the requirements for printed public legal notice for the formation of limited liability companies in New York State which are financial barriers and administrative burdens to physicians opening medical practices.**

- 109** Professional Misconduct Reform  
*Introduced by Organized Medical Staff Section*  
*Cosponsored by Queens County Medical Society*  
**ADOPTED AS AMENDED**

**RESOLVED, that MSSNY support regulation and/or legislation that moves investigation of complaints, conduct of hearing, and discipline of Nurse Practitioners from the New York State Education Department Office of the Professions to the Office of Professional Medical Conduct.**

- 110** Preserve the Role of the Regional Emergency Medical Advisory Committees Throughout New York State  
*Introduced by Queens, Bronx, and New York Medical Societies*  
**ADOPTED**

**RESOLVED, that Medical Society of the State of New York work with state legislators to develop and promote regulation and/or legislation that preserves the roles of the State Emergency Medical Services Council (SEMSCO) and the Regional Emergency Medical Services Councils (REMSCO) as well as their current hierarchical relationship to SEMSCO; and be it further**

**RESOLVED, that the Medical Society of the State of New York collaborate with the Governor's office to preserve the roles of the REMACs to develop reliable, sustainable, and high-quality care to residents, commuters, and visitors of the districts.**

- 111** Expanding the Scope of Work for Credentialed Medical Assistants  
*Introduced by 8<sup>th</sup> District of MSSNY in collaboration with Medical Health Associates of Western New York, PLLC.*  
**REFERRED TO COUNCIL**

**RESOLVED, that Medical Health Associates of Western New York, PLLC, the largest provider of pediatric primary care services in WNY with 55,000 pediatric and adolescent patients supports legislation to require the New York State Department of Education to review and expand the scope of work of Credentialed Medical Assistants.; and be it further**

**RESOLVED, the legislation should result from input directly from organized primary care physician groups prior to being submitted to the New York State Department of Education for drafting; and be it further**

**RESOLVED, that the existing scope of work for other states, including Pennsylvania, Colorado, Ohio, and Florida be considered as appropriate alternatives to the scope of work currently in place in New York State.**

- 112** Offshore Medical Schools and Title IV Funding  
*Introduced by New York County Medical Society*  
**ADOPTED**

**RESOLVED, That the Medical Society of the State of New York (MSSNY) urge the American Medical Association (AMA) to work with the American Osteopathic Association (AOA) and other interested stakeholders to advocate for congressional oversight of the misuse of Title IV funding by for-profit offshore medical schools (which would otherwise be**

ineligible for such funding), through any partnership affiliation or other type of arrangement with a Title IV–eligible institution; and be it further

**RESOLVED, That MSSNY urge the AMA urge Congress to specifically prohibit the use of funds granted in a primary application for Title IV funds, for any purposes related to an institution not identified in that primary application — including but not limited to tuition, transportation, or cost of attendance.**

**113** Payment of Medical Debt  
*Introduced by New York Medical Society*  
**NOT ADOPTED**

**114** Public Funding of State and National Elections for the Public Health and Good  
*Introduced by Phillip Gioia, MD, MPH, Cayuga County Delegate*  
**ADOPTED AS AMENDED**

**RESOLVED, that MSSNY advocate- for public funding for State legislators' campaigns, to allow small citizen contributions to be made and be tripled by government funding, to limit campaign spending to get public funding, to identify funding sources for all public information related to campaigns, and to strictly regulate campaign rules for all equally.**

**115** Scope of Practice for Hyperbaric Oxygen Therapy  
*Introduced by Dutchess, Orange, Putnam and Westchester County Medical Societies*  
**ADOPTED**

**RESOLVED, that MSSNY seek through legislation and/or regulation a requirement that all staff performing hyperbaric therapy are appropriately trained and adhere to all applicable federal, state, and local safety regulations; and be it further**

**RESOLVED, that MSSNY seek through legislation and/or regulation that all chambers employed in the delivery of hyperbaric oxygen treatment be FDA certified and approved by the NFPA (National Fire Protection Association) or PVHO-1 (Guidelines for Pressure Vessels for Human Occupancy). of the (American Society of Mechanical Engineers) ASME.**

**116** Moving Vehicles  
*Introduced by Lisa Eng, DO and Cosponsored by Richmond County Medical Society and the Medical Society of King's County.*  
**REFERRED TO COUNCIL**

**RESOLVED, There should be licenses and license plates, vehicle registration required to be issued to all vehicles with wheels that are motorized; and be it further**

**RESOLVED, Any vehicle that is found on sidewalks or the streets must carry insurance as they may cause injury to people and property; and be it further**

**RESOLVED, Violations must carry a fine or removal of license to operate vehicle for repeated offenses, such as lack of helmet, riding against traffic, driving while under influence of any substance that can alter reaction time and judgement.**

**Late Resolution E** Fair Reimbursement for Obstetrical Surveillance and Care  
*Introduced by Lisa Eng, DO, Frank Dowling, MD, as an individual, MSSNY Assistant Treasurer, Medical Society of the County of Queens Medical Society of the County of Kings, and Bronx County Medical Society*

**ADOPTED AS AMENDED BY COUNCIL**

**RESOLVED, that MSSNY advocate for a significant increase in the Medicaid physician payment for patient care for labor and delivery, which accounts for the significant increase in office overhead costs since the last time such fees were established.**