

2023 REF COM SOCIO-MEDICAL ECONOMICS
FINAL ACTIONS

250 Medicare Advantage Plan Transparency
Introduced by New York Medical Society
ADOPTED AS AMENDED

RESOLVED, That the Medical Society of New York advocates that the AMA supports legislation and administrative rulemaking that would prohibit the use of the term “Medicare” for a private insurance entity for health care and support legislation such as the "Save Medicare Act" and similar legislative efforts; and be it further

RESOLVED, That the Medical Society of New York advocates that the AMA supports legislation and administrative rulemaking that would educate consumers about the restrictions of hospitals, doctors, long-term care, and medications in these plans, often limiting continued care with their existing physicians or other health care providers; and be it further

RESOLVED that the Medical Society of New York advocates that the AMA advocates for the legislature and regulatory rules that require all such plans to provide corrective advertising to show that they are restricting and limiting healthcare choices, including hospitals and long-term care and rehabilitation facilities, and physicians and limiting medications, in the interest of corporate profit.

251 NYS Medicaid Coverage of Treatments for Severe Obesity
Introduced by MSSNY Committee on Preventive Medicine and Family Health
Bronx County Medical Society, Roy Korn, MD, MPH, FACP, as individual
ADOPTED

RESOLVED, that the Medical Society of the State of New York support legislation that would require NYS Medicaid to pay for FDA-approved anti-obesity medications in adults with class 3 obesity when prescribed by practitioners.

252 Initial Assessment and Treatment Recommendation by Specialists
Introduced by Tingyin Tina Chee, MD, as individual
REFERRED TO COUNCIL

RESOLVED that it shall be MSSNY policy that the ethical and best practice of patient care dictates it is the responsibility of the physician to develop the diagnosis and treatment in the new evaluation of a patient.

253

IDD Coordinated Care

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

ADOPTED

RESOLVED, That the Medical Society of the State of New York (MSSNY) create a policy pertaining to the development of a comprehensive program to provide coordinated health, dental, vision, behavioral health, and social services to the IDD population; and be it further

RESOLVED, That MSSNY adopt as its policy position that the Society shall work with all relevant stakeholders including patient and family groups, non-profit entities, the Department of Health and the OPWDD to develop this comprehensive program; and be it further

RESOLVED, That MSSNY will facilitate implementation of the program developed by the NYDOH by posting information on its website, distributing information on the program to the physicians of New York

254

Medication Not Approved by FDA For Use in Humans

Introduced by New York Medical Society

ADOPTED

RESOLVED, That the Medical Society of the State of New York (MSSNY) advocate for New York State legislation stating that insurance companies and other related entities must never be required to pay for substances not approved by FDA for use in humans; and be it further

RESOLVED, That MSSNY urge the American Medical Association (AMA) advocate for federal legislation stating that insurance companies and other related entities must never be required to pay for substances not approved by FDA for use in humans.

255

Medicare Coverage of OTC Nicotine Replacement Therapy

Introduced by MSSNY District 3, MSSNY District 4, Preventive Medicine and Family Health Committee, Schoharie Medical Society

ADOPTED AS AMENDED

RESOLVED, That MSSNY advocate for OTC nicotine replacement therapies excluding vaping products to be carved out from the non-coverage by Medicare of OTC products and be specifically covered when prescribed by physicians who care for patients with Medicare, Medicare Part D or Medicare Part C coverage; and be it further

RESOLVED, that MSSNY forward this resolution to the AMA for advocacy on the national level.

256 Lack Of Access To Standard Of Care, Opioid Sparing, Evidenced Based Interventional Treatments For Chronic Pain In Medicaid Beneficiaries
Introduced by Monroe and Onondaga County Medical Societies

ADOPTED AS AMENDED

RESOLVED, that MSSNY will develop a policy stating that managed Medicaid administrative reform which requires private administrators to follow Medicare NCD (National Coverage Determinants)/LCD (Local Coverage Determinants) guidelines for coverage determinations among Medicaid beneficiaries and also prohibits them to alter/misinterpret these published guidelines.

257 Safeguards Against Reduction in NYSHIP Physician Benefits
Introduced by the Nassau County Medical Society

ADOPTED

RESOLVED, that MSSNY will advocate for:
(1) requiring clear education of state employees so that there is complete transparency in the proposed sharp reduction in their healthcare benefits;
(2) requiring NYSHIP plan to offer at least one plan to employees that reimburse out-of-network physician services at UCR (90th percentile FAIR HEALTH);
(3) preventing the ability of the Department of Civil Services to automatically apply collectively negotiated health plan changes to non-union employees if such changes would decrease coverage or reimbursement;
(4) requiring approval by the state legislature of any reduction in NYSHIP healthcare benefits.

258 Timely Claim Filing Limit & Insurance Company Audit Time Limit
Introduced by the Kings and Rockland County Medical Societies

ADOPTED

RESOLVED, MSSNY work to seek legislative and regulatory changes to establish a timely filing limit of 366 days from date of service.

259 State Enforcement of Self-insured ERISA Plans- Rutledge – SCOTUS
Introduced by the Kings County and Richmond County Medical Societies

REFERRED TO COUNCIL

RESOLVED, that the Medical Society of the State of New York (MSSNY) advocates that the New York State laws governing health insurance and health plans are amended to address all aspects of administrative issues that do not relate to a “particular scheme of substantive coverage” to comply with Rutledge, Attorney General of Arkansas vs Pharmaceutical Care Management Associated decision, by not naming particular plans by name so that all rules apply equally to all health plans; such administrative issues include but not limited to issues such as timely payments, failure to pay, unfair claim

processing, interest on late payments, prior authorization, appeals, violation of electronic transaction standards, etc; and be it further

RESOLVED, That the Medical Society of the State of New York (MSSNY) advocates that all future New York State health plan regulatory legislation that do not relate to a “particular scheme of substantive coverage” are written to comply with Rutledge, Attorney General of Arkansas vs Pharmaceutical Care Management Associated decision, by not naming particular plans by name so that all rules apply equally to all health plans; and be it further

RESOLVED, That the Medical Society of the State of New York (MSSNY) will educate New York State legislators and regulatory bodies, including the Department of Financial Services, about the legal power that state legislature has over self-insured ERISA plans as a result of the Rutledge, Attorney General of Arkansas vs Pharmaceutical Care Management Associated decision; and be it further

RESOLVED, the MSSNY advocates that the AMA Advocacy Resource Center creates a detailed state-by-state model legislative language to amend state laws related to health plan and health insurance regulations that do not relate to “particular scheme of substantive coverage” to comply with Rutledge, Attorney General of Arkansas vs Pharmaceutical Care Management Associated decision, by not naming particular plans by name so that all rules apply equally to all health plans, and that the AMA Advocacy Resource Center creates a dedicated task force on nationwide adoption of these changes; and be it further

RESOLVED, the MSSNY advocates that the AMA Advocacy Resource Center creates an educational program targeted to state legislators and state insurance and health plan regulators about the legal power that state legislatures have over self-insured ERISA plans as a result of the Rutledge, Attorney General of Arkansas vs Pharmaceutical Care Management Associated decision.

260

Managing Conflict of Interest Inherent in New Payment Models
Patient Disclosure

Introduced by New York County Medical Society

ADOPTED AS AMENDED

RESOLVED, That The Medical Society of the State of New York seek legislation requiring complete disclosure of potential conflicts of interest by:

- 1. All insurance plans: Medicare (Medicare Advantage), Medicaid, and commercial insurers.**
- 2. Employers of physicians (ex., Accountable Care Organizations in the Medicare Shared Savings Program).**
- 3. Pharmacy Benefit Managers.**

The disclosures are to be written in plain language and detail the following:

- 1. The type of physician incentive arrangement, whether withhold, bonus, or capitation.**
- 2. The percentage of the withhold or bonus as the intensity of the incentives clearly effect the extent of the physician's conflict of interest.**
- 3. The amount and type of stop-loss protection.**

4. A breakdown of capitation payments by the percentages for primary care, specialty, hospital, or other services.
5. Whether physicians are at significant risk for services not personally provided by them.
6. The possibility of a reduction in care that has a positive expected benefit but is not deemed cost-effective; and be it further
7. Disclosure of any and all potential "shared" savings that may be potentially earned by the provider organization or individual providers from limiting patient options, access to specialist referrals, diagnostic testing and treatment.

RESOLVED, The Medical Society of the State of New York requests the American Medical Association advocates for legislation requiring full patient disclosure.

261 RVU Expansion
Introduced by New York County Medical Society
NOT ADOPTED

262 Appropriate Compensation for Non-Visit Care (Remote or Care of Coordination)
Introduced by the Monroe County Medical Society
ADOPTED

RESOLVED, that the MSSNY will create a policy stating that payors should compensate physicians for asynchronous (outside the day of a patient visit) non-visit or remote care, such phone calls, electronic messaging and review of laboratory data; and be it further

RESOLVED, that MSSNY will advocate for expansion of CPT codes 99441-99445 into telemedicine parity law, that will include reimbursement similar to other CPT codes; and be it further

RESOLVED, that the MSSNY will bring a resolution to the AMA, stating that payors should compensate physicians for asynchronous (outside the day of a patient visit) non-visit or remote care, such as phone calls, electronic messaging and review of laboratory data.

263 CPT Licensing Categories for Licensees Imposing Fees on Physicians
Introduced by Alex Shteynshlyuger, MD, as an individual
NOT ADOPTED

264 Prior Authorization – Patient Autonomy
Introduced by Alex Shteynshlyuger, MD, as an individual
NOT ADOPTED

Outsourcing of Administrative and Clinical Work to Different Time Zones –
An Issue of Equity, Diversity, and Inclusion

Introduced by Alex Shteynshlyuger, MD, as an individual

ADOPTED

RESOLVED, That Medical Society of the State of New York (MSSNY) will advocate that Health Plans that outsource their customer service facing operations to foreign countries in time zones separated by more than 4 hours from the US time zones should implement 16 or 24-hour availability for their support services staffed by outsourced employees to allow local day shift work schedules for their own outsourced employees in different time zones and provider employees located in similar time zones.

RESOLVED, That MSSNY will advocate that the American Medical Association supports the policy and advocates for national legislation that Health Plans that outsource their customer service facing operations to foreign countries in time zones separated by more than 4 hours from the US time zones should implement 16 or 24-hour availability for their support services staffed by outsourced employees to allow local day shift work schedules for their own outsourced employees in different time zones and provider employees located in similar time zones.

RESOLVED, That That MSSNY will advocate that the American Medical Association will advocate for fair treatment of outsourced employees in vastly different time zones by health plans.