MEDICAL SOCIETY
OF THE STATE OF NEW YORK
DIVISION OF GOVERNMENTAL AFFAIRS

2024 LEGISLATIVE PROGRAM

INTRODUCTION

The Medical Society of the State of New York represents tens of thousands of physicians, residents and medical students across New York State, delivering care to patients in solo practice, in small and large group settings, or as employed by large health systems. Our diverse membership is committed to ensuring that all New Yorkers have access to quality and affordable physician-led healthcare.

Our efforts to ensure patients receive needed care is challenged by an ever-increasing encroachment of non-physicians into care delivery, including by health insurers, corporate pharmacy giants, private equity, and even in some cases by market-dominant health systems. Their well-intended but often misguided efforts to improve care and reduce costs frequently come at the expense of limiting treatment options for patients, including by limiting the ability of physicians to advocate for their patients, or by seeking to replace them altogether with various non-physician providers.

Even prior to the pandemic, excessive and unnecessary administrative hassles imposed by corporate interlopers were causing many physicians to suffer from "burnout" (which also can be referred to as demoralization and moral injury). But the Covid-19 pandemic accelerated this trend, as noted by a 2023 physician survey by the Physicians Foundation that found that, for the 3rd year in a row, 6 in 10 physicians often had feelings of burnout, compared to 4 in 10 in 2018. More than half of physicians know of a physician who has considered, attempted, or died by suicide.

The same study reported that 80% of physicians found reduction of administrative burdens to be helpful to eliminating barriers that impact physicians' well-being and ability to deliver high-quality and cost-efficient care. Despite this, nearly 70% of physicians indicated that their workplace culture does not prioritize physician well-being.

As the pandemic recedes, we continue to face numerous public health threats. At the same time the demands on our healthcare system grow due to an aging population and an increasing number of patients with co-morbid conditions. We must take steps to ensure that we have a physician workforce ready to meet the healthcare demands of our diverse population, including those in underserved areas of the State. This includes reducing the excessive administrative, non-patient care delivery demands that were already driving physician burnout prior to the onset of the pandemic, as well as rejecting overbroad proposals that impose even more excessive administrative requirements that interfere with patient care delivery.

To enhance patient care, we must change New York's notoriously poor practice environment. New York is regularly ranked near the bottom in the list of the best states in which to practice medicine because of a lack of competitive compensation, excessive regulatory requirements, and exorbitant liability costs. New York has already lost countless physicians to other states with practice environments more welcoming to physicians.

Replacing physicians with non-physicians is not the answer to this problem. Advanced care practitioners fill critical roles in ensuring care delivery, but surveys by the AMA on patient sentiment on scope of practice issues show that most patients want a skilled physician overseeing their care. Furthermore, various studies show that physician-led care is more cost-effective. During the 2024 Legislative Session, it is imperative that our policymakers strive to enhance patient access to care by working to improve New York's physician practice environment.

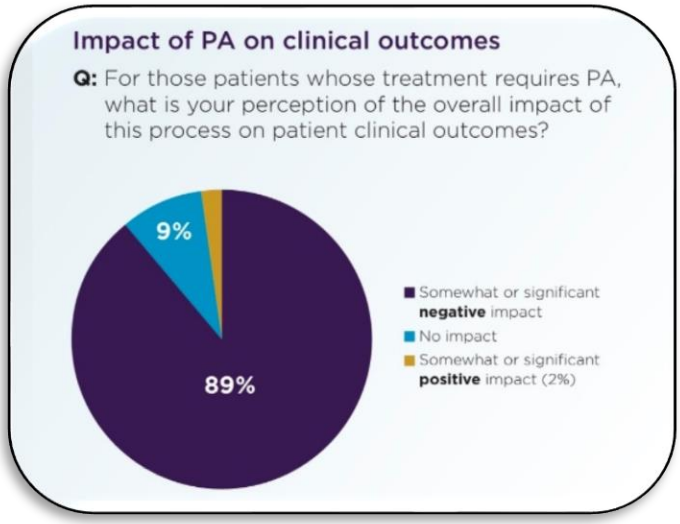
ADDRESSING ABUSIVE HEALTH INSURER PRACTICES

One of the significant drivers of physician "burnout" is excessive administrative hassles. Legislation and other policy changes are needed to counteract pervasive, health insurer-imposed, excessive administrative barriers interfering with patient care delivery. Insurers' market dominance enables the imposition of often challenging rules that limit patients' access to needed care and payment policies that threaten to shutter physician practices.

According to an American Medical Association (AMA) study of U.S. Health Insurance markets, in most regions of New York, there are just two insurers that collectively control nearly half (45%) of New York's health insurance

market. In several regions of the State, the top 2 insurers control over 60% of the market. Physicians must either accept these insurers' terms or join large health systems to stay in business and continue to deliver patient care in the communities they serve.

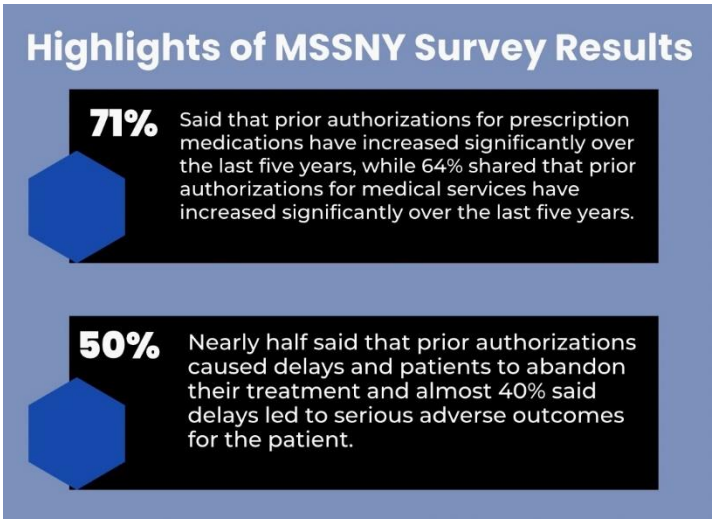
One of the major dangers of such market domination is that it allows for excessive prior authorization (PA) demands and delays. According to a recent AMA study, 94% of physicians surveyed reported care delays due to PAs, while 80% said that PAs can lead to patients abandoning their treatments. Moreover, 89% reported that excessive PA burdens have had a negative impact on clinical outcomes. Moreover, 58% of the physicians surveyed said that PA had interfered with a patient's ability to perform their jobs.



MSSNY supports the following important reforms to address these pervasive problems in care delivery:

Permitting Collective Negotiations. MSSNY supports Legislation to permit independently practicing physicians to collectively negotiate contract terms, including administrative processes such as PAs and claims payment rules with insurance companies, under close state supervision. Physicians can then better advocate for their patients, pushing back against policies that delay access to care and that insurers use to ensure profits. Reduced administrative burdens will save physician practices time and costs that can be shifted to caring for patients.

Reducing Prior Authorization Hassles. The Legislature took some modestly positive steps this past year to address concerns raised by patients and their physicians and ensure patients can receive the timely care they need. This included legislation to prohibit health insurers from denying an appealed PA request unless reviewed by a physician in the same specialty as the treating physician, and to require health insurers to provide more detailed appeal information when a prescription step therapy override request has been denied.

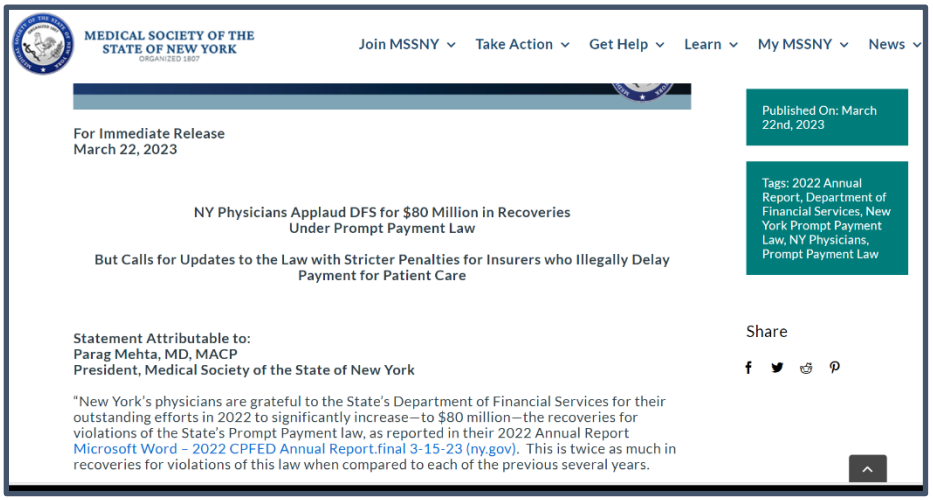


However, far more needs to be done to address these pernicious practices. In a MSSNY survey of New York physicians, 71% of participants said that PAs for prescription medications have increased significantly over the last 5 years, while 64% said that PAs for medical services have increased significantly over the last 5 years.

We need to reduce these burdens. In this regard, MSSNY will continue to aggressively support legislation to address PA hassles, including legislation to prohibit repeat prior authorization requirements for the same treatment for the same patient once initially authorized by a health insurer (A.7628/S.3400) and legislation to prohibit health insurance plans from applying PA requirements to physicians who have received at least 90% approval from an insurer for prior authorizations for a specific treatment (A.859/S.2680), as has been adopted by several other states.

Addressing Rampant Payment Delays. MSSNY will continue to push for stronger DFS and DOH enforcement against health insurers that engage in patterns of inappropriately delaying payment for patient care delivery. In 2022, DFS imposed $80 million in recoveries for violations of the State's Prompt Payment law. However, it is outrageous that physicians and other care providers must continue to rely upon state agencies in order to be paid fairly for delivering needed patient care, particularly for those practices that are struggling to stay open**.** Practice transactional costs are often immense. Physicians and their staff often must spend hours or days on unnecessary phone calls and e-mails to ensure they are reimbursed for the patient care the insurers are legally obligated to cover.

New York's Prompt Payment law, enacted over 25 years ago, needs to be updated to increase the penalties and interest that can be imposed on health insurers and their subcontractors for illegally delaying payment for health care claims that should be paid. MSSNY also supports increased funding to DFS to hire more enforcement staff to help ensure that complaints regarding health insurer delay tactics can be promptly investigated and remedied. Prompt Payment complaints often takes months to resolve due to lack of investigative staff, discouraging physician practices from using these enforcement tools to address health insurer malfeasance. MSSNY will also advocate to ensure that state prompt payment and other physician and patient protection laws are applicable to self-insured plans otherwise regulated by ERISA.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For Immediate Release
March 22, 2023

Published On: March 22nd, 2023

Tags: 2022 Annual Report, Department of Financial Services, New York Prompt Payment Law, NY Physicians, Prompt Payment Law

NY Physicians Applaud DFS for $80 Million in Recoveries Under Prompt Payment Law

But Calls for Updates to the Law with Stricter Penalties for Insurers who Illegally Delay Payment for Patient Care

Statement Attributable to:
Parag Mehta, MD, MACP
President, Medical Society of the State of New York

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"New York's physicians are grateful to the State's Department of Financial Services for their outstanding efforts in 2022 to significantly increase—to $80 million—the recoveries for violations of the State's Prompt Payment law, as reported in their 2022 Annual Report Microsoft Word – 2022 CPFED Annual Report.final 3-15-23 (ny.gov). This is twice as much in recoveries for violations of this law when compared to each of the previous several years.

Supporting Comprehensive Networks. MSSNY will continue to advocate that health plans maintain comprehensive physician networks and that physicians are protected against unfair narrowing of these networks. This includes support for legislation A.1777/S.3282 which would provide due process protections for physicians whose contracts are not renewed by insurance companies. MSSNY also supports efforts to enhance patients' access to timely care, largely by updating legacy standards that DFS and DOH have used to determine network adequacy. This would ensure that such standards enable timely physician access in diverse and underserved communities across New York. It would also enhance transparency, so consumers understand the size and quality of various networks and be able to comparison shop.

Supporting Enhanced Insurance Coverage. MSSNY supports efforts to enhance the availability of affordable, comprehensive health insurance coverage for our patients. This includes prohibiting issuance of policies with astronomical coinsurance and deductibles and improving benefit designs and subsidies for patients insured by products purchased through the New York State Exchange.

Moreover, MSSNY supports legislation to ensure that patients covered through the New York State Health Insurance Program (NYSHIP) maintain access to comprehensive out-of-network healthcare coverage. Recent changes adopted by the Office of Civil Service have severely curtailed the ability of NYSHIP enrollees to have comprehensive access to skilled specialty care physicians. MSSNY supports legislation A.7055/S.5639 that would amend New York's civil service law to ensure that patients covered through NYSHIP maintain access to comprehensive out-of-network healthcare coverage. MSSNY also supports legislation A.7120/S.5638 to ensure NYSHIP enrollees are protected by the numerous legal safeguards afforded under New York's Insurance Law, including that surprise medical bill payment disputes are resolved through New York's independent dispute resolution (IDR) process, and not the dysfunctional federal process where providers must wait months on end to have claims resolved.

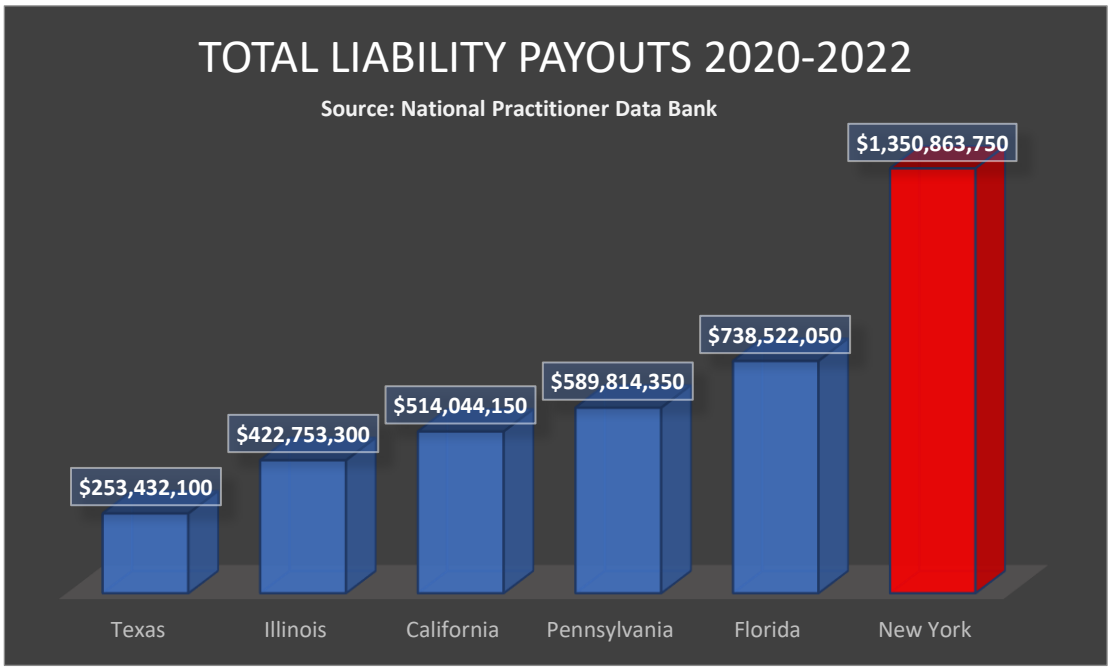
Closely Examining Ramifications of The New York Health Act. MSSNY has a long-standing position in support of a multi-payer system and in opposition to a single-payer system in New York. However, we also recognize that the excessive administrative hassles of the current multi-payer system have driven many physicians to embrace the concept of a single payor system. In this regard, we continue to engage with legislators to evaluate the strengths and weaknesses of any single payer proposal. Some of the most important questions include:

- Will there still be excessive PA and other administrative hassles associated with providing needed patient care and being timely paid for that care?
- Will there be a fair payment schedule that incentivizes physicians to stay in New York rather than move to other states?
- What would occur if there were substantial state budget shortfalls?

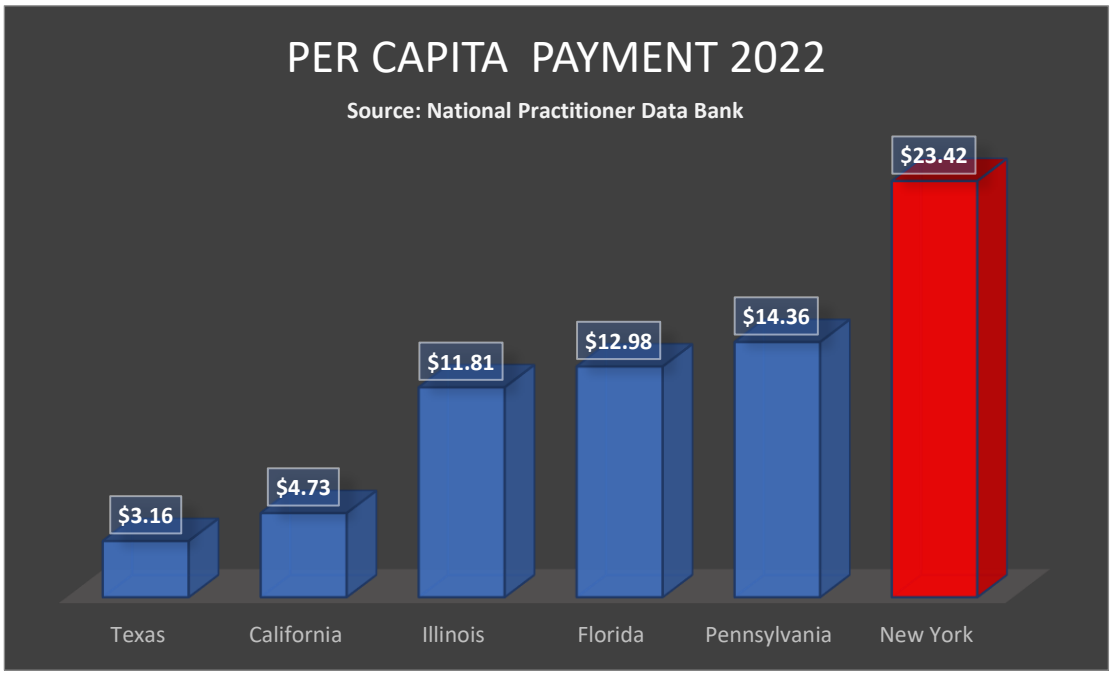
We appreciate that versions of this legislation have sought to provide at least some answers to these questions. However, there have been numerous instances over the past several years where the medical community has had to strenuously advocate to prevent a patient access to care crisis by fighting the implementation of proposed steep Medicare and Medicaid cuts, in response to Federal and State Budget shortfalls. It is certainly foreseeable that a similar situation could occur under a single payer system, and it is imperative that these concerns be addressed as part of any single payer proposal.

CONTAINING EXORBITANT MEDICAL LIABILITY COSTS

Our patients depend upon having ready access to their regional healthcare safety net. As our healthcare system continues its challenging recovery from the enormous strain of the pandemic, while facing Medicare cuts from the federal government, it is imperative to protect our system from de-stabilizing cost increases that impair our physicians and hospitals from hiring critically needed staff and making essential infrastructure investments to enhance care quality and availability. The most significant cost pressures imposed on health care entities and professionals is New York's notoriously excessively high liability costs, which far exceed any other state in the country including more populous states such as California and Texas.



In January 2023, Governor Hochul vetoed legislation that could have significantly increased these already astronomical costs by expanding the types of damages awardable in a wrongful death action. One actuarial study concluded that such legislation would have required medical liability premium increases of nearly 40%. The Governor identified several reasons for vetoing the bill, including that it "would increase already high insurance burdens on families and small businesses and further strain already-distressed healthcare workers and institutions" which would be "particularly challenging for struggling hospitals in underserved communities."



Furthermore, the Governor articulated her concerns that the bill "passed without a serious evaluation of the impact of these massive changes on the economy, small businesses, individuals, and the State's complex health care system."

However, instead of developing a comprehensive bill that addressed concerns on both sides of the issue, the State Legislature passed an almost identical bill. MSSNY together with numerous other allies have argued that any legislation to expand liability should only be considered in the context of a comprehensive effort to address New York's excessive liability costs. While many other states have passed laws to contain medical liability payouts and provide greater fairness in medical liability litigation, New York has not, which is why our medical liability insurance and payout costs far exceed every other state in the country. The Legislature must take steps to contain these costs.

Among the measures to reduce our liability cost pressures that MSSNY supports include:

- **Meaningful Certificates of Merit.** Expanding New York's existing meager Certificate of Merit requirement to require a detailed expert physician basis be provided for filing a medical liability suit. This is particularly important given that roughly 2/3 of all medical liability actions result in no payment to the plaintiff, yet tens of millions of dollars are spent on defense costs, each year, for these non-meritorious claims.

- **Expert Witnesses Who are Peers.** Requiring that an expert witness in a medical liability action practice in the same specialty as the defendant physician.

- **Limiting Exorbitant and Arbitrary Damages.** Placing reasonable limits on non-economic damages, as have over other 30 other states across the country.

- **Providing Alternative Resolution Venues.** Creating alternative systems for resolving liability claims such as medical courts or a Neurologically Impaired Infants Fund.

- **Reducing the interest rate on court judgments** from 9% to a more market-based rate.

- **Protecting Availability of Comprehensive Malpractice Coverage.** Continuing an adequately funded Excess Medical Malpractice Insurance Program without imposing unfair cost-sharing requirements on physicians receiving this essential coverage.

In addition to the wrongful death liability expansion bill, other liability expansion bills MSSNY Opposes include:

- **Preventing Anti-Consumer Attorney Fee Increases.** Oppose the elimination of consumer protections against exorbitant attorney contingency fees.

- **Preventing Pre-Trial Cost-Sharing.** Oppose proposals to force litigants in multi-defendant actions to make decisions before trial regarding post-verdict cost-sharing.

- **Reducing Defense Rights.** Oppose proposals to eliminate important defense rights that would limit the ability of a defendant physician's counsel to question plaintiff's treating provider.

Protecting Care Improvement Efforts Through Peer Review. MSSNY continues to support efforts to enhance quality improvement by encouraging open dialogue in hospital peer review proceedings without fear that such statements may be used against them in litigation. There is an absurd exception to New York's peer review confidentiality law that permits the discovery by trial lawyers of statements by a physician who subsequently is sued. This long-standing problem was exacerbated by a recent 2d Dept decision (*Siegel v. Snyder*) that further limited the confidentiality of all peer review discussions where the identity of the speaker cannot be discerned. Because of the understandable fear of litigation, it is essential that confidentiality be provided to learn from adverse events in care delivery to prevent them in the future. MSSNY supports legislation to ensure that peer review discussions can be robust by ensuring its confidentiality.

PROTECTING PATIENTS THROUGH PRESERVING PHYSICIAN-LED TEAM CARE

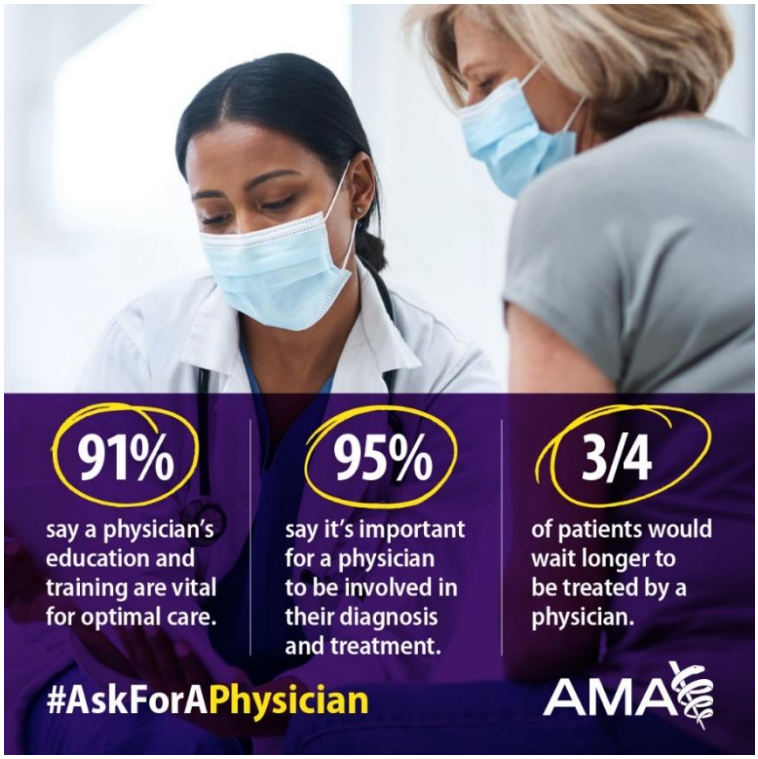
To ensure our patients receive the highest quality care, MSSNY supports efforts to preserve physician-led team care in health care settings across the state. Not only is it best for care quality, but it is also what patients want. A recent national survey reported that 95% of patients believe it is important that a physician be involved with their diagnosis and treatment decisions.

As New York is regularly identified as one of the worst states in the country to practice medicine due to excessive liability costs and lack of competitive payment, there are shortages of physicians in many parts of our state. Unfortunately, some have used this shortage as a justification to expand the scope of health care services that can be provided by various non-physicians without required collaboration with a trained physician. The solution to the physician shortage challenges we face is to make New York a more welcoming environment for physicians to deliver care, not expanding services provided by non-physician providers.

Training. It is impossible to overstate the importance of a physician's comprehensive education and training to ensuring quality patient care. Most physicians must complete 4 years of medical school plus 3-7 years of residency and fellowships, including 10,000-16,000 hours of clinical training before they are permitted to treat patients independently. During this training physicians receive approximately 5,000 hours of clinical experience in medical school, 4,000 hours of clinical experience in internship, and 6,000 to 18,000 clinical hours during specialty training. This extensive training makes physicians best suited to deliver and coordinate needed primary and specialized patient care.

The Cost-Effectiveness of Physician-Led Team Care. A recent AMA study finds that when non-physicians are permitted to practice independently, the difference in training results in increased health care costs and patient safety risks. An examination of 10 years of cost data on 33,000 patients by the South Mississippi system's Accountable Care Organization of physicians and independently practicing PAs and NPs found that NPs and PAs ordered more tests and referred more patients to specialists and hospital emergency departments than physicians. Moreover, the data also showed that physicians performed better on nearly all quality measures.

Moreover, another study reported that NPs delivering emergency care without physician supervision or collaboration in the Veterans Health Administration (VHA) increase lengths of stay by 11% and raise 30-day preventable hospitalizations by 20% compared with emergency physicians. Yet another study in the *Journal of the American College of Radiology* analyzing skeletal x-ray utilization for Medicare beneficiaries over 12 years found ordering increased substantially – more than 400% by non-physicians, primarily NPs and PAs during this period.



Legislation. It is imperative that the public have detailed information regarding the various health care providers from whom they are or are considering receiving treatment. To that end, MSSNY supports **"Truth in Advertising"** legislation that would ensure that all health care providers be required to conspicuously identify their type of state license when treating patients in all health care settings, as well as in their advertisements to the public.

Moreover, MSSNY opposes legislation that would create health care silos and remove the important oversight provided by a trained physician in delivering patient care, including by:

- **Inappropriately permitting CRNA independent practice**.
- **Inappropriately permitting PA independent practice** including to perform fluoroscopy.
- **Inappropriately expanding the authority of NPs** to deliver care without collaboration by physicians practicing in the same specialty as the NP.
- **Inappropriately expanding the ability of podiatrists** to treat up to a patient's knee.
- **Inappropriately permitting pharmacists** to order and conduct patient lab tests without physician coordination.

- **Inappropriately granting psychologists** prescribing privileges.

At the same time MSSNY supports the ability of otolaryngologists to dispense hearing aids at fair market value. With the federal government authorizing the sale of hearing aids over the counter, there is no logical reason to maintain an artificial distinction between which providers can sell hearing aids for profit.

PROMOTING PHYSICIAN WELLNESS AND RESILIENCY

According to The Physicians Foundation 2023 Survey into the wellbeing trends among current and future physicians, for the third year in a row, 6 in 10 physicians reported they often have feelings of burnout; compared to 4 in 10 in 2018. Six in 10 residents often have feelings of burnout and 7 in 10 medical students report feelings of "burnout" (also referred to as demoralization and moral injury). The survey also says that 78% of physicians, 79% of residents and 76% of medical students agree that there is stigma surrounding mental health and seeking mental health care among physicians. Four in 10 physicians were either afraid or knew another physician fearful of seeking mental health care given questions asked in medical licensure/credentialling/insurance applications.

Factors leading to "burnout" include increasing regulatory requirements, administrative and record keeping burdens, and liability issues. They result in growing work hours and time in front of a computer screen instead of treating patients. It has caused rising levels of dissatisfaction for both patients and physicians, and has been linked to lower productivity, absenteeism, medical errors, and less effective healthcare teams. Furthermore, there are systemic barriers in place that discourage self-care and help-seeking behaviors among physicians.

Most alarming is the exploding suicide rate among physicians in recent years. The suicide rate among male and female physicians is 1.41 and 2.27 times higher than that of the general male and female population, respectively.

Enabling Peer Support (MSSNY P2P). At the height of the COVID pandemic, MSSNY implemented a Peer-to-Peer (P2P) program for physicians that provided an opportunity to talk with a peer about some of life's stressors. The MSSNY P2P program allows trained peer supporters to assist their colleagues who need help in dealing with work, family stressors, and COVID-19.

To further enable its P2P program, MSSNY supports legislation to facilitate the ability of physicians to have therapeutic "peer-to-peer" conversations by providing confidentiality protection for organizations and individuals that provide physician peer support, like protections provided to the NYS Bar Association peer support activities.

Ensuring confidential peer support and confidential non-reportable access to mental health and substance abuse care are critically important to improve the health of our physicians and to reduce physician suicide. Without such protections, physician suicide will rise to levels never seen before.

PROMOTING PUBLIC HEALTH

Preventing and Responding to Infectious Disease Outbreaks

We are again confronting multiple respiratory outbreaks that put all New Yorkers at risk. Expectations are that three respiratory diseases – Covid, flu and RSV - will be prevalent well into 2024, and physicians and scientists are calling it the "Triple Pandemic." MSSNY's Committee on Emergency Preparedness and Disaster/Terrorism Response continues to educate physicians and the healthcare community on how they can work best with the State's public health infrastructure to prevent the spread of these communicable diseases.

- **Influenza.** Influenza (flu) is a contagious respiratory illness caused by viruses that infect the nose, throat, and lungs. Some people, such as people 65 years and older, young children, and people who are pregnant or have certain chronic health conditions, are at higher risk of serious flu complications. According to the CDC, 31 million people got sick with flu, 14 million people visited a health care provider with flu, 360,000 people were hospitalized with flu, and 21,000 people died due to flu illness or related complications. Additionally, 176 flu related deaths in children were reported to CDC for the 2022-23 season – the third

largest number of child deaths since 2004-05 flu season. The Advisory Committee on Immunizations Practices (ACIP) recommends that anyone six months and older be immunized against the flu. MSSNY recommends that all healthcare workers be immunized against the flu.

- **COVID-19.** While the COVID-19 public health emergency officially ended on May 11, 2023, hospitalizations due to infection were on the rise in New York in the fall and could be exacerbated by new variants. The growing prevalence of at-home testing and the potential for individuals to contract the virus multiple times have also meant that totals of those infected may be significantly undercounted. A significant protection for New Yorkers is to be immunized against COVID-19 including receiving an updated booster dose.

- **Respiratory Syncytial Virus (RSV).** RSV is a common respiratory virus that causes mild cold-like symptoms for many, but for some can be more severe. The CDC has recommended three new immunizations to protect those most at risk of severe RSV. According to the CDC, RSV causes:
  - 1 million visits to a healthcare provider (non-hospitalization) among children younger than 5 years.
  - 58,000–80,000 hospitalizations among children younger than 5 years. 100–300 deaths in children younger than 5 years.
  - 60,000–160,000 hospitalizations among adults 65 years and older.
  - 6,000–10,000 deaths among adults 65 years and older.

- **Other Threats.** Mpox is a rare, viral infection that spreads through close, physical contact, and certain populations are more at risk. Based on previous outbreaks of MPox around the world, some groups may also be at heightened risk for severe outcomes if they contract MPox. Polio also continues to be of concern to physicians and to the NYS Department of Health. Monitoring of New York State's wastewater system will help identify if this disease is prevalent in the state.

Promoting Immunizations

MSSNY continues to aggressively promote the importance of immunizations. Vaccines have reduced and, in some cases, eliminated, diseases that killed or severely disabled people just a few generations ago. It is not an overstatement to say that immunization protects future generations. Smallpox has been eradicated because of vaccine. Vaccinations against rubella has dramatically decreased the risk that pregnant women will pass this virus on to their fetus or newborn. Vaccines are safe and effective—and they save lives.

In 2019, MSSNY together with many other groups supported a law to require every child attending a public, private, or parochial school to receive the appropriate immunizations, except when it is medically contraindicated. However, there has seen an increase in the number of medical exemptions issued to school-age children from vaccination requirements. MSSNY has strongly encouraged physicians to follow the CDC guidance when issuing a medical exemption and has reminded that falsely certifying a medical exemption form could result in a disciplinary action. MSSNY will continue to ensure that there are only medical exemptions for the school requirement.

MSSNY continues to support state funding for a public health campaign to promote immunizations to educate "vaccine-hesitant" individuals. MSSNY also supports requiring all public, private, and parochial schools in New York State and New York City to report immunization rates and medical exemptions to one central NYS Department of Health database, to help effectively track immunization rates throughout the state. MSSNY supports universal reporting of adult immunizations to the New York State Immunization Information System (NYSIIS), either directly or via health information exchanges and supports removing the requirement for patient permission to report adult vaccines to the registry.

Protecting Women's Access to Needed Health Care Services

Preserving the right and ability of women to have access to reproductive and sexual health care services has never been more essential.

MSSNY is strongly opposed to any federal or state legislation that would prohibit physicians from exercising clinical judgment in the delivery of medical care, and strongly supports New York State protections for

physicians from legal sanctions in New York for providing needed patient care illegal in other states, but legal in New York. MSSNY supports measures to protect practitioners licensed and residing in New York from legal or personal liability when delivering healthcare services to residents of New York State or any other state, whether in person or via telemedicine, when the services provided comply with New York State laws and regulations. MSSNY supports legislation to provide protections, including against extradition to any other state, for providers who perform comprehensive women's health services that are legal in New York State. MSSNY supports legislation that allows anyone sued in another state for providing or helping someone access reproductive health services in New York to file their own legal action for unlawful interference with a protected right, and to recover damages from the out of state litigant.

Additionally, ensuring access to reproductive health services medications should continue to fall under the FDA's authority to determine whether drugs are safe and effective. MSSNY also supports legal efforts to ensure that mifepristone and misoprostol are available to anyone for whom they are prescribed and will support efforts to ensure that both these medications continue to be available, and that the FDA retain its regulatory authority. MSSNY supports legislation and other efforts to expand access to emergency contraception, including making emergency contraception more readily available, and will continue to support sexual health education programs amongst adolescents.

Providing End-of-Life Care

Challenging decision-making concerning end-of-life care has increased the burden on physicians, patients, and family members. These challenges have divided family members, physicians, and the social fabric of society. To address these challenges, MSSNY supports:

- Developing a state central depository for eMOLST (Medical Orders for Life Sustaining Treatment) forms.
- Requiring adequate reimbursement for end-of-life care.
- Expanded options for obtaining affordable long-term care insurance.
- Urging NYS DOH to develop educational resources for physicians, allied professionals, and patients on end-of-life care.
- Urging NYS DOH to simplify the hospice recertification process.
- Reaffirming Policy 95.989 in opposition to Physician Assisted Suicide and Euthanasia.

MSSNY also supports and recognizes that expanding protections of end-of-life care is necessary. Therefore, MSSNY also:

- Recognizes that healthcare, including end-of-life like hospice, is a human right.
- Supports the education of medical students, residents, and physicians about the need for physicians who provide end-of-life healthcare services.
- Supports the medical and public health importance of access to safe end-of-life healthcare services and the medical, ethical, legal, and psychological principles associated with end-of-life care.
- Supports education of physicians and lay people about the importance of offering medications to treat distressing symptoms associated with end-of-life including dyspnea, air hunger, and pain.
- Will work with interested state medical societies and medical specialty societies to vigorously advocate for broad, equitable access to end-of-life care.
- Supports shared decision-making between patients and their physicians regarding end-of-life healthcare.
- Opposes limitations on access to evidence-based end-of-life care services.
- Opposes the imposition of criminal and civil penalties or other retaliatory efforts against physicians for receiving, assisting in, referring patients to, or providing end-of-life healthcare services.

Responsibly Addressing Substance Use Disorders

MSSNY actively works to increase physician awareness and leadership to combat the opioid and pain crisis and supports efforts to expand access to medications for addiction treatment including buprenorphine, methadone, and injectable naltrexone for patients with opioid use disorders. MSSNY also supports the development and access to methadone into office-based practices when prescribed by addiction medicine physicians and dispensed at local pharmacies, with appropriate safeguards in place.

According to data provided by IQVIA, total New York prescription opioid use has declined to 50% of the peak volume in 2011. Certainly, this progress is the result of comprehensive efforts by many, including the physician community, to better ensure that the prescribing of pain medications is appropriate to the patients' needs. Concurrently, the New York Legislature enacted numerous measures to further regulate opioid prescribing, including a 2012 law to require consultation with the I-STOP database prior to a controlled substance prescription. Additionally, a 2016 law requires all DEA-registered prescribers to take Continuing Medical

Education coursework on pain management and limiting initial acute pain medication prescriptions to seven days, a course MSSNY develops for physicians.

At the same time, MSSNY will advocate to protect the right of physicians to prescribe medications most appropriate to treat the patient's particular condition, as over-aggressive enforcement efforts have in some cases caused a chilling effect on prescribing for patients suffering from pain even when such treatment is clinically appropriate. This is reflected in the revised CDC pain treatment guidelines, which were updated to be less rigid, to respond to many reports that pain is being undertreated.

Permitting Safe Injection Facilities

MSSNY supports the creation of pilot studies to assess the role of Safe Injection Facilities and that pilot locations include New York City and two other areas outside NYC. Additionally, MSSNY advocates that these pilot studies provide screening, support, referral for treatment of substance use disorders and co-occurring medical and psychiatric conditions, and provide education on harm reduction strategies including Naloxone training.

Promoting Health Equity

MSSNY adopted a statement developed by the MSSNY Committee on Health Equity that says in part that MSSNY affirms that racism is a public health crisis and that MSSNY's mission statement will be evaluated to ensure that it supports equity in all aspects of its work. Furthermore, MSSNY will systematically evaluate its policies and procedures to be clear that it supports equity in all aspects of its work, in both existing and in future policies and procedures, and that records of this process will be visible to all members. MSSNY, through its Committee on Health Equity will seek to:

- **Increase awareness** of how discrimination based on factors such as racism, classism, cisgenderism, heterosexism, ableism, patriarchy, and xenophobia contribute to both societal and health inequities and to ensure that all New Yorkers receive the best care possible and can achieve the best health possible.
- **Work with stakeholders,** including the AMA, specialty societies, Albany leadership, community groups, and others to eliminate inequities, particularly those inequities that adversely impact the health and well-being and access to and quality of care for persons who are from historically disadvantaged populations.
- **Prevent and manage diseases** that are prevalent in historically disinvested populations burdened with the worse disease outcomes, including diabetes, hypertension, and cancer, through educational programming for physicians and other stakeholders. MSSNY will also advocate for fair payment for treatment of such conditions.
- **Reverse the troubling increases in race/ethnic-based health inequities** such as maternal mortality; and promote expanded funding for programs that attract a more diversified physician workforce, increasing the number of minority faculty including female, Black, Latinx, Native American, LGBTQ, and faculty with disabilities teaching in medical schools. MSSNY will also work to expand medical school pipeline programs in rural and urban areas to address the shortage of physicians in medically underserved areas of New York.
- **Support gender affirming care** by advancing the ability of physicians in New York to provide gender affirming care to people including transgender and non-binary youth and opposing the criminalization of gender affirming care for youth.

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Visit www.mssny.org for additional advocacy resources including:

- ✓ Grassroots Action Center
- ✓ Physician Advocacy Liaison Network
- ✓ Annual Physician Legislative Advocacy Day in Albany – Tuesday, March 12, 2024
- ✓ MSSNY Committee Participation