

2026 REF COMM GOVERNMENTAL AFFAIRS & LEGAL MATTERS (A)
FINAL ACTIONS

- 50** Reform of Restrictive Professional Limited Liability Company (PLLC) Naming Requirements

Introduced by Hemant Kalia, MD MPH

SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, that the Medical Society of the State of New York advocate that the New York State Education Department provide greater flexibility to physicians in naming a medical practice, and expedite its review process to address pervasive delays in the approval process.

- 51** Repeal of Certificate of Need Requirements for Ambulatory Surgery Centers Under Article 28 of the New York Public Health Law

Introduced by the 7th District Branch & Private Practice Committee

AMENDED RESOLUTION ADOPTED

RESOLVED, That the Medical Society of the State of New York (MSSNY) work with the New York State Legislature, the Governor's Office, and the Department of Health to develop and advance legislation that eliminates Certificate of Need (CON) requirements for Ambulatory Surgery Centers (ASCs) while maintaining appropriate licensure, quality, and safety standards.

- 52** Prohibiting Health Insurer Penalties on Providers and Facilities for Use of Out-Of-Network Physicians to Protect Patient Access to Care

Introduced by Lisa Eng, DO

- 53** Oppose Unfair Facility Privilege Decision Based on Insurance Plan Participation

Introduced by the 9th District Branch

SUBSTITUTE RESOLUTION ADOPTED IN LIEU OF RESOLUTIONS 52 & 53

RESOLVED, that Medical Society of the State of New York (MSSNY) advocate for legislation, regulation, or other intervention to prevent health insurers from threatening hospitals, health care facilities and physicians with payment cuts, administrative or penalty fee imposition, network termination, contract non-renewal, or other negative financial consequences, if an out of network physician is involved in the treatment of care for a patient at these hospital or facilities.

- 54** Downcoding of Current Procedural Terminology (CPT) Codes

Introduced by the 3rd & 4th District Branches

SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, that the Medical Society of the State of New York continue to strenuously object to the practice by health insurers of making payment on a

Current Procedural Terminology (CPT) code that is different than the code or codes submitted by a physician for care delivered to a patient; and be it further

RESOLVED, that the Medical Society of the State of New York seek legislation to prohibit the improper practice of health insurance plans using software, algorithms, or methodologies to deny or downcode claims for payment of patient medical services; and be it further

RESOLVED, that in current circumstances where downcoding is contractually permitted, the Medical Society of the State of New York advocate that it must be performed by a physician who is identified to the physician submitting the claim; and be it further

RESOLVED, that the Medical Society of the State of New York support legislation that would define health plan downcoding as an adverse determination of a health insurance claim, which would provide physicians with legal rights to appeal.

- 55** Affordability of Liability Insurance Premiums
Introduced by the Nassau County Delegation
NOT ADOPTED

- 56** Malpractice Insurance for Employed Physicians
Introduced by the Nassau County Delegation
AMENDED RESOLUTION ADOPTED

RESOLVED, that the Medical Society of the State of New York (MSSNY) support a requirement for employers to purchase only occurrence malpractice insurance policies for their employed physicians, fellows and residents; and be it further

RESOLVED, that the Medical Society of the State of New York (MSSNY) take this resolution to the American Medical Association (AMA) for review at the 2026 Annual Meeting and to establish this as a national policy.

- 57** Excessive H-1B Visa Fees and Their Impact on Physician Workforce Capacity
Introduced by the Nassau County Delegation
AMENDED RESOLUTION ADOPTED

RESOLVED, that the Medical Society of The State of New York (MSSNY) recognize the \$100,000 H 1B visa fee for physicians as a direct and ongoing threat to the United States (U.S.) physician workforce and patient access to care, and advocate for its permanent repeal or categorical exemption for physicians.

- 58 Encroachment Upon the Physician Profession and the Need for Clear Guidelines on Clinical Responsibilities

Introduced by the Medical Society of the County of Kings & Donald Martinelli, MD

SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, that the Medical Society of the State of New York continue to aggressively oppose legislation that would inappropriately expand the scope of healthcare services that could be provided by various non-physicians, including legislation that would eliminate or reduce necessary physician supervision safeguards; and be it further

RESOLVED, that the Medical Society of the State of New York (MSSNY) work with state legislators, regulatory agencies, and public-health authorities to restrict or regulate the sale and promotion of at-home “urgent care” or “wellness” kits that include prescription medications or Federal & Drug Administration (FDA) unapproved diagnostic tools without physician evaluation; and be it further

RESOLVED, that the Medical Society of the State of New York (MSSNY) continue to engage in public education efforts to reinforce the unique and irreplaceable role of physicians as leader of the health care team in determining evidence-based patient care to ensure accurate diagnosis and appropriate treatment, thereby protecting patient safety; and be it further

RESOLVED, that the Medical Society of the State of New York (MSSNY) re-affirm MSSNY Policy [110.998](#).

- 59 Ensuring Physician-Led, Comprehensive Maternal Care Across the State
Introduced by the Bronx County Delegation, Kings County Delegation, Minority Affairs Section & Scope of Practice Task Force

AMENDED RESOLUTION ADOPTED

RESOLVED, that the Medical Society of the State of New York (MSSNY) advocate that any state-funded maternal health initiative explicitly support physician-led, team-based models of care that integrate midwives and doulas but ensure medical oversight and continuity of care; and be it further

RESOLVED, that Medical Society of the State of New York (MSSNY) urge the Governor and New York State Department of Health to ensure that future maternal health allocations prioritize programs that improve access to comprehensive prenatal, obstetric, and postpartum medical services, expand screening and management of high-risk conditions, and strengthen hospital-community partnerships to prevent avoidable maternal deaths; and be it further

RESOLVED, that Medical Society of the State of New York (MSSNY) reaffirm its commitment to promoting equitable, evidence-based maternal care and advocate for public investment strategies that directly address the medical and systemic causes of maternal mortality in New York State’s most at-risk communities.

- 60** Stop Abusive Medicare Recovery and Audit Contractors (RAC) Auditing Practices
Introduced by Alex Shteynshlyuger MD
AMENDED RESOLUTION ADOPTED

RESOLVED, that the Medical Society of the State of New York continue to prioritize working with the American Medical Association to strongly object to the audit tactics used by the Center for Medicare & Medicaid Services Recovery and Audit Contractors (CMS RAC) program; and be it further

RESOLVED, that the Medical Society of the State of New York ask the American Medical Association (AMA) to investigate whether the Center for Medicare & Medicaid Services Recovery and Audit Contractors (CMS RAC) Program is violating existing laws that authorize this program.

- 61** Interstate Medical Licensure Compact (IMLC) for New York State
Introduced by the Nassau County Delegation
REFERRED TO COUNCIL

RESOLVED, that the Medical Society of the State of New York (MSSNY) urge support for state legislation to add New York State to the list of Interstate Medical Licensure Compact (IMLC) participating states; and be it further

RESOLVED, that the Medical Society of the State of New York (MSSNY) advocate for expedited passage of Interstate Medical Licensure Compact (IMLC) legislation to improve physician mobility and patient access to care.

- 62** The Health Technology Act of 2025 (H.R. 238) – Artificial Intelligence Technology as “Practitioner Licensed by Law
Introduced by the New York County Delegation
MSSNY POLICY [110.980](#) RE-AFFIRMED

110.980 Promoting Responsible Artificial Intelligence

MSSNY shall advocate for policies and regulations that ensure artificial intelligence be implemented as a clinical decision support tool rather than an independent diagnostic or prescribing system and MSSNY shall oppose any legislation or regulation allowing for independent prescription by artificial intelligence without direct physician oversight.
(HOD 2025-66)

- 63** MSSNY to Advocate for NY AI for Health
Introduced by Phillip Gioia, MD, MPH & Cayuga County Delegation
NOT ADOPTED

64 New York Health Act Savings to Offset Federal Funding Shortfalls
Introduced by the Bronx County Delegation

65 Physician Compensation in a Single Payer System
Introduced by Betty Kolod, MD, MPH

MSSNY POLICY [130.931](#) RE-AFFIRMED IN LIEU OF RESOLUTIONS 64 & 65

130.931 Healthcare Delivery System Including Single Payer Insurance

MSSNY will continue to consider the feasibility of other payment methodologies including single payer and will also continue to work collaboratively with physicians who both support and oppose such proposals in order to assess the strengths and weaknesses of such proposals. MSSNY will continue to advocate that physicians are ensured direct input and ongoing involvement on all aspects of any single payer system or other system that may be considered by the New York State Legislature or United States Congress. Among the critical aspects that should be considered and included: the ability of patients to receive needed quality care and medications in a timely manner; whether the administrative burden to physicians of participation and facilitating needed patient care in such a system are an improvement from, or worsening of, existing systems; and whether the payment methodology is and will continue to be fair to physicians regardless of practice setting or specialty. (Adopted Council Nov, 2017 [sub res for 2017-62 & 63]; Reaffirmed HOD 2019 in lieu of resolution 69; 2019-70 Referred to Council, amended and adopted 11/2019; Reaffirmed HOD 2020-61; HOD 2021-57 and 2021-58 reaffirmed by Council 3/9/22 in lieu of resolutions; Reaffirmed HOD 2023 in lieu of resolutions 66 and 67; Reaffirmed HOD 2024 in lieu of resolutions 69 and 70).