



CAPITAL UPDATE

News of legislative, regulatory, and other matters of interest to New York's physicians

Published by Governmental Affairs Division/Medical Society of the State of New York ★ 155 Washington Ave. ★ Albany, NY 12210

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Statement of MSSNY President David Jakubowicz, MD, on Assembly and Senate One-House Budget Proposals Preserving Access to Care

"Physicians across New York State thank the leadership of the New York State Assembly and Senate for advancing respective one-House Budget proposals that help to protect patient access to community-based and hospital-based skilled physician care.

"Protecting physician rights to access a fair IDR dispute resolution process and ensuring a fully funded Excess Medical Malpractice Insurance program are absolutely essential to keeping physicians in New York State and available in our hospital emergency departments to provide immediate care for our patients. If these protections are not maintained, it would chase countless physicians out of our state and exacerbate our already challenging healthcare shortages.

"We also appreciate efforts to include measures in the one-house Budget proposals, advanced by the Governor, that begin to address aberrant and abusive health insurer practices, including excessive and burdensome prior authorization requirements that routinely interfere with our patients being able to receive the timely care they need and deserve.

"We appreciate the Legislature's recognition of the challenges facing physicians seeking to deliver timely necessary care to our patients and look forward to working with them as they negotiate a final Budget agreement with the Governor."

Senate and Assembly Urge Rejection of Several Adverse Healthcare Proposals in One-House Budgets Advanced This Week

In advancing their respective "one-House" Budget proposals this week, both the State Senate and Assembly recommended rejecting nearly all of the problematic proposals that had been included in Governor's Executive Budget proposal released in January. While these actions by the Legislature are very important, they are not determinative of these issues, as these "one-House" actions set the stage for negotiations with the Governor's office on the tens of thousands of discreet policy issues contained in the State Budget for the 2026-27 Fiscal Year that is (technically) due by April 1.

In this regard, physician advocacy on each of these issues remains essential. Please continue to use MSSNY grassroots action site to send letters and tweets urging your legislators to continue to oppose these measures.

- **Reject Steep Increases in Medical Liability Costs.** Both the Senate and Assembly recommended rejection of the Governor's proposal to impose \$40 million in new costs to the 16,000 physicians who receive Excess Medical Malpractice Insurance coverage by requiring them to pay 50% of the coverage cost. This short-sighted proposal will hit physicians with thousands of dollars in additional new costs when they can least absorb it. Please continue to urge your legislators to OPPOSE this measure. [Reject Physician Cost-Share](#)
- **Don't Let Insurers Put Their Thumb on the Scale in IDR.** Both the Senate and Assembly recommended rejection of the Governor's proposal that threatens immediate specialty care availability in Emergency Departments across New York State by upending New York's innovative IDR payment resolution process for non-participating provider claims, altering the criteria to make it one-sided towards health insurer interests and eliminating ability to appeal out of network Medicaid Managed Care disputes to IDR. Essentially, this would enable the health insurer to "put its thumb on the scale" in what is supposed to be an INDEPENDENT dispute resolution process. Please continue to urge your legislators to OPPOSE this measure [Protect Fair IDR Process](#).
- **Preserve Physician-Led Team Care.** Both the Senate and Assembly recommended rejection of the Governor's proposal to permit many Physician Assistants (PAs) to practice without any defined physician supervision after 8,000 hours practice, despite a law enacted last year giving PAs significantly more care responsibilities. Urge your legislators to OPPOSE [Preserve Physician-led Care](#).
- **Preserve County Medical Society Peer Review.** The State Assembly recommended rejection of the Governor's proposal to eliminate the historical vetting role of the county medical society in recommending physicians to participate in the Workers' Compensation program. The problem with Workers' Compensation is not the application process, but its low payments relative to the enormous hassles of claim submissions and non-payment months and years after providing complex care to injured workers. Unfortunately, the Senate included this proposal in its one-House Budget proposal as part of a larger reform package that also included measures seeking to reduce some of hassles physicians experience in the WC system. Please continue to urge your legislators to OPPOSE elimination of the important vetting role of county medical societies. [Preserve Workers' Compensation Peer Review](#)

(AUSTER)

Assembly and Senate Budget Proposals Include Some Positive Healthcare Provisions

The Senate and Assembly one-House Budget packages advanced this week included several proposals supported by MSSNY to improve patient healthcare access also proposed in the Governor's Executive Budget submission, including:

- Extending for 2 more years statutory provisions requiring health insurers to make equal payments for care delivered by telehealth.
- Funding the Committee for Physicians Health (CPH) at its historical level of \$990,000.
- Funding the Doctors Across New York medical student loan relief program at its historical level of \$15.86M.
- Increased investment in the Early Intervention program.
- **Prior Authorization Reform.** The Senate included the Executive Budget proposal to: prohibit health insurers from requiring a prior authorization more than once per year for

treating a chronic health condition; requiring greater transparency of health plan formularies; requiring greater transparency of prior authorization denials; and to provide a 90-day transition period for a patient to continue to be treated by that patient's physician if the patient changes their health plan coverage.

The Assembly largely included the Governor's prior authorization proposal but did include some substantive limitations on the "once per year" limitation, permitting plans to impose additional prior authorization requirements based upon "nationally recognized clinical practice guidelines" for evaluating possible side effects from an approved treatment, or substantive changes in nationally recognized treatment guidelines. MSSNY is coordinating with various patient advocacy groups to analyze whether these provisions will undermine the general proposed "once per year" rule and empower health plan to continue to impose unreasonable prior authorization requirements.

At the same time, MSSNY continues to urge that the State Budget include far-reaching prior authorization reform legislation (A.3789, Weprin) that would reduce the time frames for prior authorization requests and prohibit altogether repeat prior authorization requirements from health plans.

(AUSTER, CARY)

Thank You for Participating in MSSNY's Physician Advocacy Day

Thank you to the almost 200 physicians, residents, medical students, and county medical society staff from across New York State who joined the Medical Society of the State of New York in Albany this past Tuesday, March 10, for our annual Physician Advocacy Day.

Participants met in Meeting Room 6 of the Empire State Plaza for a morning program with remarks from the New York State Commissioner of Health, legislative leaders, and the Chairs of the Senate and Assembly Health and Insurance Committees. In the afternoon, physicians met with their local legislators to discuss key priorities affecting patient care, including the litany of challenging State Budget proposals physicians face that, if not addressed properly, will drive countless physicians out of practice in New York State.

Among the issues highlighted were reducing Prior Authorization hassles, protecting physicians' rights to appeal chronic insurer underpayments to a fair Independent Dispute Resolution (IDR) process, opposing enormous new costs for physicians to obtain Excess Medical Malpractice Insurance coverage, and preserving physician-led team care. The timing was particularly fortuitous as the Assembly and Senate were advancing their respective Budget proposals.

Your advocacy really does have an impact. Healthcare is always one of the policy areas that generates the most focus, and legislators really do care about the perspectives of their local physicians on legislation they are considering. MSSNY thanks everyone who took the time to come to Albany and ensure that the voices of physicians and their patients are heard during this critical stage of the State Budget process.

(HOSPODAR)

Registration for CME Day at the 2026 MSSNY House of Delegates Now Open

Be sure to register to participate in MSSNY's CME Day launching the 2026 House of Delegates meeting! Earn up to 4 *AMA PRA Category 1 credits*™ on March 26th. MSSNY is offering four CME webinars during the 2026 House of Delegates on **Thursday March 26th from 7:30a.m. - 12:00p.m.** Click on each topic to register.

7:30-8:30am

[Health Equity](#)

Faculty: Luis Auguste, MD

8:40-9:40am

Veterans Matters

Faculty: Thomas Madejski, MD

(Funding provided through the New York State Office of Mental Health from a NYS Senate Legislative Grant)

9:50 – 10:50am

Medical Matters

**Faculty: William Valenti, MD
Arthur Cooper, MD
Craig Katz, MD**

(This program is supported in whole by a DHHS grant entitled New York State Hospital Preparedness Program)

11:00am – 12:00pm

David B.L. Meza, III, MD Series on Physician Wellness

Faculty: Pamela Buchanan, MD

Accreditation Statement: The Medical Society of the State of New York is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The Medical Society of the State of New York designates each live activity for a maximum of 1.0 *AMA PRA Category 1 credits*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

In the afternoon of March 26, please also plan to participate in the 3 hours of additional CME programming being offered by the [MLMIC Insurance Company](#), including programs on AI use in healthcare delivery, addressing language barriers in healthcare delivery and a healthcare law update.

(HOFFMAN)

Now Available online: CME Series on Pain Management, Palliative Care & Addiction; NYS Requires Every Prescriber to Take 3 Hour Course by July 1, 2026

The Medical Society of the State of New York announces an updated series of three one-hour CME webinars on pain management, palliative care, and addiction. New York State statute requires all prescribers, holding a DEA license, to complete three hours of coursework every three years.

The Medical Society of the State of New York *Pain Management, Palliative Care and Addiction* modules are now available on-line at: <https://cme.mssny.org>

Coursework must include the following:

- New York State and federal requirements for prescribing controlled substances.
- Pain management
- Appropriate prescribing
- Managing acute pain
- Palliative medicine
- Prevention, screening, and signs of addiction
- Responses to abuse and addiction
- End of life care

These modules are being offered free of charge to all MSSNY members. Physicians who are new users of the MSSNY CME site will be required to create an account. Non-members will be charged \$50.00 per course.

Courses:

PM, PC & A 2026: *Understanding the Current Legal Landscape in New York State for Prescribing Opioids*

Educational Objectives:

- Discuss pain management guidelines.
- Summarize New York State and federal requirements for prescribing controlled substances.
- Explore use of non-pharmacological pain management options.

PM, PC & A 2026: *When to Consider Opioid Therapy for Chronic Non-Cancer & Palliative Care*

Educational Objectives:

- Discuss evidence based best practice recommendations for opioid therapy for chronic pain, patient risk assessments, and documentation.
- Describe palliative medical care and end-of-life care.

PM, PC & A 2026: *Patients with Opioid Use Disorders: Identification, Treatment, and Management of Co-occurring Pain*

Educational Objectives:

- Describe the Potential for Addiction, Patient Screening, Diagnosis and Subsequent Treatment or Referral
- Recommend Tools to Assist in the Identification of High-Risk Patients for Whom Opioids are Indicated and Prescribed
- Describe Strategies for Treating Pain in Patients with Substance Use Disorders

Following successful completion of the three hour of coursework, prescribers must attest to the NYS Department of Health that they have taken the course: https://www.health.ny.gov/professionals/narcotic/mandatory_prescriber_education/docs/neat_instructions_prescriber.pdf

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Additional information or technical assistance may be obtained by contacting Melissa Hoffman at mhoffman@mssny.org or 518-465-8085.

(HOFFMAN)