

1 MEDICAL SOCIETY OF THE STATE OF NEW YORK 2026 HOUSE OF DELEGATES

2
3 Report of the Reference Committee on Governmental Affairs and Legal Matters (A)

4
5 Presented by: Bruce Molinelli, MD, Chair

6
7 Dr. Speaker and Members of the House of Delegates:

8 Your Reference Committee recommends the following consent calendar for adoption:

9
10 **RECOMMENDED FOR ADOPTION**

- 11 1. Government Affairs & Legal Matters (A) Sunset Report

12
13 **RECOMMENDED FOR ADOPTION AS AMENDED**

- 14 2. Resolution 56 – Malpractice Insurance for Employed Physicians
15 3. Resolution 51 - Repeal Of Certificate of Need Requirements for Ambulatory Surgery
16 Centers Under Article 28 of the New York Public Health Law
17 4. Resolution 57 – Excessive H-1B Visa Fees and Their Impact on Physician Workforce
18 Capacity
19 5. Resolution 59 – Ensuring Physician-Led, Comprehensive Maternal Care in
20 Addressing the Bronx Maternal Health Crisis

21
22 **RECOMMENDED FOR ADOPTION IN LIEU OF**

- 23 6. Resolution 50 – Reform of Restrictive Professional Limited Liability Company (PLLC)
24 Naming Requirements
25 7. Resolution 52 - Prohibiting Health Insurer Penalties on Providers and Facilities for
26 Use of Out-Of-Network Physicians to Protect Patient Access to Care
27 And
28 Resolution 53 – Oppose Unfair Facility Privilege Decision Based on Insurance Plan
29 Participation
30 8. Resolution 54 – Downcoding of CPT Codes
31 9. Resolution 58 - Encroachment Upon the Physician Profession and the Need for
32 Clear Guidelines on Clinical Responsibilities
33 10. Resolution 60 – Sue to Invalidate Illegal CMS RAC Practices and Regulations, a
34 Cruel Joke on American Physicians

35
36 **RECOMMENDED FOR REFERRAL TO COUNCIL**

- 37 11. Resolution 61 – Interstate Medical Licensure Compact (IMLC) for New York State

38
39 **RECOMMENDED FOR RE-AFFIRMATION IN LIEU OF**

- 40 12. Resolution 62 - The Health Technology Act of 2025 (H.R. 238) – Artificial Intelligence
41 Technology as a “Practitioner Licensed by Law”
42 13. Resolution 64 - New York Health Act Savings to Offset Federal Funding Shortfalls
43 And
44 Resolution 65 - Physician Compensation in a Single Payer System

45
46 **RECOMMENDED FOR NON-ADOPTION**

- 47 14. Resolution 55 – Affordability of Liability Insurance Premiums
48 15. Resolution 63 – MSSNY to Advocate for NY AI for Health

1 **RECOMMENDED FOR ADOPTION**

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3 1. 2025 SUNSET REPORT

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5 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE SUNSET REPORT FOR**
6 **GOVERNMENTAL AFFAIRS AND LEGAL MATTERS (A) FOR 2026 BE ADOPTED**
7

8 The Reference Committee heard no testimony on the sunset report. Therefore, the Reference
9 Committee recommends that the Sunset Report be adopted.

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12 2. RESOLUTION 56 – MALPRACTICE INSURANCE FOR EMPLOYED PHYSICIANS
13

14 Original Resolution 56 reads as follows:

15
16 RESOLVED, that the Medical Society of the State of New York (MSSNY) support a requirement
17 for employers to purchase only occurrence malpractice insurance policies for their employed
18 physicians; and be it further

19
20 RESOLVED, that the Medical Society of the State of New York (MSSNY) take this resolution to
21 the American Medical Association (AMA) for review at the 2026 Annual Meeting and to establish
22 this as a national policy.
23

24 **RECOMMENDATION A:**

25
26 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FIRST RESOLVED OF**
27 **RESOLUTION 56 BE AMENDED:**
28

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

32
33 **RECOMMENDATION B:**

34
35 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 56 BE ADOPTED AS**
36 **AMENDED.**
37

38 The Reference Committee heard much testimony in support of this resolution regarding the
39 concerns with physician employers such as large health systems providing limited malpractice
40 coverage policies for their employees. By way of background, an occurrence policy protects the
41 policyholder against any action that arises out of patient care delivered during the policy year.
42 On the other hand, a “claims-made” policy only protects that policyholder for claims made during
43 that policy year, which cost less. That reduced risk reduces the cost but also requires that
44 physician to purchase “tail” coverage to account for actions that may be brought in subsequent
45 years after the physician had the “claims made” policy. This kind of coverage significantly
46 diminishes the benefit to being an employee because the physicians will need to incur costs in
47 subsequent years after they leave this employment to account for possible lawsuits based upon
48 care delivered while they were an employee. This may force a physician to stay employed with

1 a system longer than they want to be because of the need to purchase this “tail coverage.
2 Therefore, the Reference Committee recommended this policy be adopted.

3
4
5 **RECOMMENDED FOR ADOPTION AS AMENDED**
6

7 3. RESOLUTION 51 – REPEAL OF CERTIFICATE OF NEED REQUIREMENTS FOR AMBULATORY
8 SURGERY CENTERS UNDER ARTICLE 28 OF THE NEW YORK PUBLIC HEALTH LAW
9

10 Original Resolution 51 reads as follows:

11
12 RESOLVED, That Medical Society of the State of New York (MSSNY) advocate for the repeal of
13 Certificate of Need requirements under Article 28 of the New York Public Health Law for the
14 establishment and operation of ambulatory surgery centers, in order to increase competition,
15 reduce healthcare costs, expand patient access to high-quality outpatient surgical care, and
16 support the viability of independent physician practices in New York State; and be it further
17

18 RESOLVED, That Medical Society of the State of New York (MSSNY) work with the New York
19 State Legislature, the Governor's Office, and the Department of Health to develop and advance
20 legislation that eliminates Certificate of Need (CON) requirements for ambulatory surgery
21 centers (ASC) while maintaining appropriate licensure, quality, and safety standards, and that
22 MSSNY submit a resolution to the American Medical Association (AMA) urging the AMA to
23 adopt policy supporting the repeal of state CON laws for ambulatory surgery centers
24 nationwide.
25

26 **RECOMMENDATION A:**
27

28 **THE REFERENCE COMMITTEE RECOMMENDS THAT SECOND RESOLVED OF**
29 **RESOLUTION 51 BE AMENDED AS FOLLOWS:**
30

31 RESOLVED, That the Medical Society of the State of New York (MSSNY) work with the New
32 York State Legislature, the Governor's Office, and the Department of Health to develop and
33 advance legislation that eliminates Certificate of Need (CON) requirements for Ambulatory
34 Surgery Centers (ASCs) while maintaining appropriate licensure, quality, and safety standards,
35 ~~and that MSSNY submit a resolution to the American Medical Association urging the AMA~~
36 ~~to adopt policy supporting the repeal of state CON laws for ambulatory surgery centers~~
37 ~~nationwide~~
38

39 **RECOMMENDATION B:**
40

41 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 51 BE ADOPTED AS**
42 **AMENDED.**
43

44 The Reference Committee heard testimony in support of this resolution regarding the immense
45 challenges and costs of obtaining a Certificate of Need for an Ambulatory Surgical Center
46 (ASC). In fact, it is often impossible to be approved unless the ASC partners with a
47 hospital. The Reference Committee was advised that MSSNY has policy 295.994 which
48 calls on MSSNY to “petition the NYS Department of Health to reconsider their guidelines with
49 the intention of removing barriers to obtaining a Certificate of Need for ambulatory surgery

1 centers” and Policy 295.991 which calls on MSSNY to “advocate for a process in which New
2 York State will provide a simplified Certificate of Need application and approval process so that
3 an accredited office-based surgery facility has the ability to obtain an Article 28 license as an
4 ambulatory surgery center.” However, these policies do not go so far as to eliminate CON
5 altogether.
6

7 There was a suggestion that the resolution be amended to delete existing MSSNY policies that
8 called for more modest changes to Certificate of Need laws, but the Reference Committee
9 believes that these policies still have merit, and present a range of advocacy goals for MSSNY
10 to achieve that would enhance the ability of physicians to open ASCs in New York State.
11 Moreover, the Reference Committee was advised that the AMA has adopted Policy H-215.960
12 that among other provisions calls on the AMA to “support actions that promote competition and
13 choice, including a) Eliminating state certificate of need laws...which makes it unnecessary to
14 refer this resolution to the AMA. Therefore, the Reference Committee recommends that
15 Resolution 51 be adopted as amended.
16
17

18 4. RESOLUTION 57 – EXCESSIVE H-1B VISA FEES AND THEIR IMPACT ON PHYSICIAN
19 WORKFORCE CAPACITY
20

21 Original Resolution 57 reads as follows:
22

23 RESOLVED, that the Medical Society of The State of New York (MSSNY) recognize the
24 \$100,000 H 1B visa fee for physicians as a direct and ongoing threat to the United States (U.S.)
25 physician workforce and patient access to care, and advocate for its permanent repeal or
26 categorical exemption for physicians, and be it further
27

28 RESOLVED, that the Medical Society of The State of New York (MSSNY) submit a resolution to
29 the American Medical Association (AMA) asking them to recognize the \$100,000 H 1B visa fee
30 for physicians as a direct and ongoing threat to the United States (U.S.) physician workforce
31 and patient access to care, and advocate for its permanent repeal or categorical exemption for
32 physicians.
33

34 **RECOMMENDATION A:**
35

36 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FIRST RESOLVED OF**
37 **RESOLUTION 57 BE ADOPTED.**
38

39 **RECOMMENDATION B:**
40

41 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE SECOND RESOLVED OF**
42 **RESOLUTION 57 NOT BE ADOPTED.**
43

44 The Reference Committee heard substantial testimony regarding the impact of this proposed
45 visa fee on communities that rely upon physicians with H-1B visas to meet the care needs of
46 these communities. Your reference committee is aware that extensive advocacy efforts of the
47 medical community are already being undertaken to protest this fee. In September 2025, the
48 AMA together with 53 national specialty societies wrote to [U.S. Department of Homeland](#)
49 [Security](#) calling on the DHS to issue guidance clarifying that physicians, residents, and fellows
50 are essential to maintaining a strong health care workforce and should be categorically exempt

1 from the proposed \$100,000 H-1B visa fee. Also, the AMA recently issued a [statement](#) in
2 support of federal legislation to repeal this provision, and is urging [Physician Grassroots](#) to
3 support the legislation. Furthermore, at the 2025 Interim House of Delegates meeting, a
4 resolution was adopted to strongly oppose this unreasonable fee imposition. Specifically, AMA
5 Policy [D-255.967 Physician Visa Protection](#) requests the AMA to advocate 1) for a viable,
6 expedited, and separate pathway for physicians to obtain permanent residence in the United
7 States; 2) for the federal government to work to ensure physicians are exempt from
8 unreasonable increases in **H-1B** visa fees; and 3) for the creation of a dedicated visa pathway
9 specifically for physicians. Given all this advocacy activity, the Reference Committee
10 recommended that the first resolved be adopted but also believes it is unnecessary to send the
11 resolution to the AMA given the AMA's extensive efforts.

12
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14 5. RESOLUTION 59 – ENSURING PHYSICIAN-LED, COMPREHENSIVE MATERNAL CARE
15 IN ADDRESSING THE BRONX MATERNAL HEALTH CRISIS

16
17 Original Resolution 59 reads as follows:

18
19 RESOLVED, that the Medical Society of the State of New York (MSSNY) advocate that any
20 state-funded maternal health initiative—especially in high-risk areas such as the Bronx—
21 explicitly support physician-led, team-based models of care that integrate midwives and doulas
22 but ensure medical oversight and continuity of care; and be it further

23
24 RESOLVED, that Medical Society of the State of New York (MSSNY) urge the Governor and
25 New York State Department of Health to ensure that future maternal health allocations prioritize
26 programs that improve access to comprehensive prenatal, obstetric, and postpartum medical
27 services, expand screening and management of high-risk conditions, and strengthen
28 hospital-community partnerships to prevent avoidable maternal deaths; and be it further

29
30 RESOLVED, that Medical Society of the State of New York (MSSNY) reaffirm its commitment to
31 promoting equitable, evidence-based maternal care and advocate for public investment
32 strategies that directly address the medical and systemic causes of maternal mortality in New
33 York State's most at-risk communities.

34
35 **RECOMMENDATION A:**

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37 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FIRST RESOLVED OF**
38 **RESOLUTION 59 BE AMENDED AS FOLLOWS:**

39
40 RESOLVED, that the Medical Society of the State of New York (MSSNY) advocate that any
41 state-funded maternal health initiative—~~especially in high-risk areas such as the Bronx~~—
42 explicitly support physician-led, team-based models of care that integrate midwives and doulas
43 but ensure medical oversight and continuity of care; and be it further

44
45 **RECOMMENDATION B:**

46
47 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 59 BE ADOPTED AS**
48 **AMENDED.**

49
50 **RECOMMENDATION C:**

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2 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE TITLE OF RESOLUTION 59 BE**
3 **AMENDED AS FOLLOWS:**

4
5 **ENSURING PHYSICIAN-LED, COMPREHENSIVE MATERNAL CARE ~~IN-ADDRESSING~~**
6 **ACROSS THE STATE THE BRONX MATERNAL HEALTH CRISIS**
7

8 The Reference Committee heard substantial testimony in support of resolution. Several
9 commenters discussed their support for efforts to address shortages of maternal care providers,
10 particularly in underserved areas, but also concerns that efforts were focused significantly on
11 expanding non-physician care at the expense of care provided by OB-GYNs. Others
12 commented that they agreed about the lack of emphasis on physician-led care but noted that
13 this is an issue for all areas of the State, not just the Bronx. Therefore, the Reference
14 Committee recommended adoption of the resolution with an amendment to ensure its
15 applicability across the State.
16

17
18 **RECOMMENDED FOR ADOPTION IN LIEU OF**

19
20 6. **RESOLUTION 50 – REFORM OF RESTRICTIVE PROFESSIONAL LIMITED LIABILITY**
21 **COMPANY (PLLC) NAMING REQUIREMENTS**
22

23 Original Resolution 50 reads as follows:
24

25 RESOLVED, that the Medical Society of the State of New York (MSSNY) advocate for
26 legislation amending the New York Education Law and Limited Liability Company Law to
27 eliminate the requirement that the New York State Education Department (NYSED) Office of the
28 Professions pre-approve the names of physician Professional Limited Liability Companies
29 (PLLC) and Professional Corporations (PC) , and be it further
30

31 RESOLVED, That Medical Society of the State of New York (MSSNY) advocate with the Board
32 of Regents and the Commissioner of Education for the immediate modernization of 8 NYCRR
33 Part 29.1 and Commissioner's Regulations Part 59, Section 59.10 to remove the prohibition on
34 terms such as "Center," "Clinic," "Institute," "Advanced," "Premier," "Wellness," and other
35 contemporary business terminology in physician Professional Limited Liability Company (PLLC)
36 and Professional Corporation (PC) names, so that independent physician practices may
37 compete on equal footing with hospital systems and university-affiliated practices in branding
38 and marketing their services to the public; and be it further.
39

40 **RECOMMENDATION:**
41

42 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOLLOWING SUBSTITUTE**
43 **RESOLUTION BE ADOPTED IN LIEU OF RESOLUTION 50.**
44

45 RESOLVED, that the Medical Society of the State of New York advocate that the New York
46 State Education Department provide greater flexibility to physicians in naming a medical
47 practice, and expedite its review process to address pervasive delays in the approval process.
48

1 The Reference Committee testimony from several physicians in support of this resolution
2 regarding the challenge private practice physicians are facing competing with large health
3 systems. The Reference Committee was advised of the numerous limitations on the name of a
4 non-Article 28 professional corporation delivering health care services, including physicians
5 [OP:Corporate Entities for Professional Practice](#). MSSNY Legal Counsel has advised that there
6 are times when NYSED review delays can delay a physician practice name from being
7 approved for up to a year. However, the Reference Committee had concerns that eliminating
8 these current limitations could empower non-physician professional corporations to propose
9 expanded terms to embellish the services that they provide and confuse the public with regard
10 to the scope of their services. The regulations also ensure that specialty names can only be
11 used if that physician(s) has received appropriate certification for that specialty. In discussing
12 this, the Reference Committee believes that the most serious problem in need of remedy is the
13 delay in reviewing practice names, not necessarily the restrictions themselves. Indeed, MSSNY
14 has long called for Truth in Healthcare Advertising, and repealing these restrictions could lead to
15 greater confusion. Therefore, the Reference Committee recommends adoption of the above
16 substitute resolution calling for NYSED to expedite its process for approving physician practice
17 names and providing greater flexibility in the naming of practices.
18
19

20 7. RESOLUTION 52 – PROHIBITING HEALTH INSURER PENALTIES ON PROVIDERS AND
21 FACILITIES FOR USE OF OUT-OF-NETWORK PHYSICIANS TO PROTECT PATIENT
22 ACCESS TO CARE

23
24 And

25
26 RESOLUTION 53 – OPPOSE UNFAIR FACILITY PRIVILEGE DECISION BASED ON
27 INSURANCE PLAN PARTICIPATION
28

29 Original Resolution 52 reads as follows:

30
31 RESOLVED, that the Medical Society of the State of New York (MSSNY) supports state
32 legislation to prohibit health insurers from imposing financial penalties, reimbursement
33 reductions, or other punitive measures on hospitals, facilities, or providers solely due to the
34 involvement of out-of-network physicians in patient care, provided such care complies with
35 applicable surprise billing protections; and be it further
36

37 RESOLVED, that the Medical Society of the State of New York (MSSNY) advocate for the
38 introduction and passage of such protective legislation in the New York State Legislature to
39 prioritize patient access to timely, high-quality care, prevent disruptions from unfair insurer
40 practices, and support the sustainability of independent physician practices; and be it further
41

42 RESOLVED, that the Medical Society of the State of New York (MSSNY) urge Elevance Health
43 and other insurers implementing similar policies to rescind them and collaborate with providers
44 and legislators on solutions that address concerns without harming patient care or provider
45 viability; and be it further
46

47 RESOLVED, that a copy of this resolution be transmitted to the New York State Legislature,
48 relevant state agencies, the American Medical Association for consideration of national
49 advocacy, and affected insurers.
50

51 Original Resolution 53 reads as follows:

1
2 RESOLVED, that Medical Society of the State of New York (MSSNY) advocate for legislation,
3 regulation, or other intervention to prevent health insurers from threatening hospitals and other
4 facilities with payment cuts, administrative or penalty fee imposition, network termination,
5 contract non-renewal, or other negative financial consequences, if an out of network physician is
6 involved in the treatment of care for a patient at these hospital or facilities; and be it further
7

8 RESOLVED, that Medical Society of the State of New York (MSSNY) collaborates with our
9 American Medical Association (AMA), other state medical societies, and federal and state
10 specialty societies to oppose all unfair and coercive business practices which undermine patient
11 access and physician practices.
12 .

13 **RECOMMENDATION:**

14
15 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOLLOWING SUBSTITUTE**
16 **RESOLUTION BE ADOPTED IN LIEU OF RESOLUTIONS 52 AND 53**
17

18 RESOLVED, that Medical Society of the State of New York (MSSNY) advocate for legislation,
19 regulation, or other intervention to prevent health insurers from threatening hospitals, health
20 care facilities and physicians with payment cuts, administrative or penalty fee imposition,
21 network termination, contract non-renewal, or other negative financial consequences, if an out
22 of network physician is involved in the treatment of care for a patient at these hospital or
23 facilities.
24

25
26 Your reference committee heard testimony in support of these resolutions, which both relate to a
27 recent policy by Elevance Health to impose financial penalties on a hospital that uses an out-of-
28 network physician in a patient's treatment in 10 states. While New York is not one of those
29 states, other tactics being used by health plans to pressure hospitals and ambulatory surgery
30 centers into requiring its staff physicians to participate with a particular health plan. The
31 reference committee was made aware that, as a result of a resolution advanced by the New
32 York delegation, the AMA House of Delegates adopted policy [D-230.981 Oppose Unfair Hospital](#)
33 [Privilege Decision](#) which calls on the AMA to 1) advocate for legislation, regulation, or other
34 interventions to prevent health insurers from threatening hospitals with payment
35 cuts, **administrative fee imposition**, network termination, or other negative financial policies, if
36 an out of network physician is involved in the treatment or care of a patient at that hospital, and
37 2) collaborate with specialty societies and state medical societies oppose unfair and/or coercive
38 business practices which undermine patient access and/or physician practices. The AMA then
39 sent a letter [Elevance Health](#) to Anthem together with over 100 specialty and state societies
40 urging Elevance to withdraw its policy. The AMA has also been assisting state medical
41 associations in advocating for legislation for states to prohibit these sanctions.
42

43 Therefore, the reference committee recommended adoption of the above substitute resolution in
44 lieu of the verbiage proposed in Resolutions 52 and 53. Since the AMA has already adopted
45 policy, and has been actively advocating in furtherance of achieving the goals of the resolution,
46 it is not necessary to forward the resolution to the AMA.
47
48

1 8. RESOLUTION 54 – DOWNCODING OF CPT CODES

2
3 Original Resolution 54 reads as follows:

4
5 RESOLVED, that the Medical Society of The State of New York seek state legislation or
6 regulation to require that all downcoding of Current Procedural Terminology (CPT) codes by
7 insurance plans be done by a physician or be the responsibility of that physician, identifying him
8 or herself with their National Provider Identifier (NPI) number, and the reason that the code was
9 down coded.

10
11 **RECOMMENDATION A:**

12
13 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOLLOWING SUBSTITUTE**
14 **RESOLUTION 54 BE ADOPTED IN LIEU OF RESOLUTION 54**

15
16 RESOLVED, that the Medical Society of the State of New York continue to strenuously object to
17 the practice by health insurers of making payment on a Current Procedural Terminology (CPT)
18 code that is different than the code or codes submitted by a physician for care delivered to a
19 patient; and be it further

20
21 RESOLVED, that the Medical Society of the State of New York seek legislation to prohibit the
22 improper practice of health insurance plans using software, algorithms, or methodologies to
23 deny or downcode claims for payment of patient medical services; and be it further

24
25 RESOLVED, that in current circumstances where downcoding is contractually permitted, the
26 Medical Society of the State of New York advocate that it must be performed by a physician who
27 is identified to the physician submitting the claim; and be it further

28
29 RESOLVED, that the Medical Society of the State of New York support legislation that would
30 define health plan downcoding as an adverse determination of a health insurance claim, which
31 would provide physicians with legal rights to appeal.

32
33 **RECOMMENDATION B:**

34
35 **THE REFERENCE COMMITTEE RECOMMENDS A TITLE CHANGE FOR RESOLUTION 54**

36
37 **DOWNCODING OF CURRENT PROCEDURAL TERMINOLOGY (CPT) CODES**

38
39 The Reference Committee heard mixed testimony about this resolution. All expressed their
40 concerns about the unfair tactics of health insurance plans that automatically downcode certain
41 claims submitted by physicians to a lower level. However, some physicians objected to the
42 adoption of a MSSNY policy that would in any way legitimize the practice of insurer downcoding
43 of physician-submitted claims. The Reference Committee was advised that MSSNY physician
44 leadership have written to both Aetna ([Letter](#)) and Cigna ([Letter](#)) urging that these companies
45 stop their unlawful automatic downcoding claims review policies. These letters have raised
46 objections based upon lack of sufficient disclosure to physicians, how they may align with
47 nationally recognized standards for coding and billing, and that it is increasing administrative
48 burden and costs for physicians, and that paying on a code that was never sent could be

1 considered fraudulent as the medical records are not being reviewed in order to make this
2 determination.

3
4 The Reference Committee believes it is important for MSSNY to state its firm opposition to the
5 practice of insurer downcoding. Furthermore, in current circumstances where downcoding is
6 permitted, the Reference Committee urges that it be performed by a physician identifiable to the
7 submitting physician and provide appeal rights. Therefore, the Reference Committee
8 recommends adoption of the above substitute resolution.

9
10
11 9. RESOLUTION 58 – ENCROACHMENT UPON THE PHYSICIAN PROFESSION AND THE
12 NEED FOR CLEAR GUIDELINES ON CLINICAL RESPONSIBILITIES

13
14 Original Resolution 58 reads as follows:

15
16 RESOLVED, that the Medical Society of the State of New York (MSSNY) advocate for the
17 development and adoption of clear, evidence-based guidelines defining which clinical tasks
18 must remain under the purview of licensed physicians due to their complexity, diagnostic risk, or
19 potential for patient harm; and be it further

20
21 RESOLVED, that the Medical Society of the State of New York (MSSNY) oppose the expansion
22 of independent practice for non-physician practitioners when such expansion is not supported
23 by equivalent education, training, and demonstrated competency; and be it further

24
25 RESOLVED, that the Medical Society of the State of New York (MSSNY) advocate for
26 regulatory oversight to ensure that vaccine administration, diagnostic evaluation, and
27 prescribing are performed only by individuals with appropriate medical training and within a
28 coordinated physician-led care model; and be it further

29
30 RESOLVED, that the Medical Society of the State of New York (MSSNY) work with state
31 legislators, regulatory agencies, and public-health authorities to restrict or regulate the sale and
32 promotion of at-home “urgent care” or “wellness” kits that include prescription medications or
33 FDA unapproved diagnostic tools without physician evaluation; and be it further

34
35 RESOLVED, that the Medical Society of the State of New York (MSSNY) engage in
36 public-education efforts to reinforce the unique and irreplaceable role of physicians in
37 safeguarding patient safety, ensuring accurate diagnosis, and providing comprehensive medical
38 care.

39
40 **RECOMMENDATION:**

41
42 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOLLOWING SUBSTITUTE**
43 **RESOLUTION BE ADOPTED IN LIEU OF RESOLUTION 58**

44
45 RESOLVED, that the Medical Society of the State of New York continue to aggressively oppose
46 legislation that would inappropriately expand the scope of healthcare services that could be
47 provided by various non-physicians, including legislation that would eliminate or reduce
48 necessary physician supervision safeguards; and be it further

1 RESOLVED, that the Medical Society of the State of New York (MSSNY) work with state
2 legislators, regulatory agencies, and public-health authorities to restrict or regulate the sale and
3 promotion of at-home “urgent care” or “wellness” kits that include prescription medications or
4 Federal & Drug Administration (FDA) unapproved diagnostic tools without physician evaluation;
5 and be it further
6

7 RESOLVED, that the Medical Society of the State of New York (MSSNY) continue to engage in
8 public education efforts to reinforce the unique and irreplaceable role of physicians as leader of
9 the health care team in determining evidence-based patient care to ensure accurate diagnosis
10 and appropriate treatment, thereby protecting patient safety; and be it further
11

12 RESOLVED, that the Medical Society of the State of New York (MSSNY) re-affirm MSSNY
13 Policy 110.998.
14
15

16 The Reference Committee heard testimony about the increasing efforts of non-physician groups
17 to expand the services that they provide to patients, and their advocacy to eliminate oversight
18 requirements and misleading media advertisements. The Reference Committee notes the
19 myriad of policies MSSNY has adopted to oppose these initiatives and protect patient safety.
20 These include: 115.982 (Restricting the Nurse Practitioner Modernization Act, 115.993 (Scopes
21 of Practice of Physician Extenders), 115.998 (Nurse Practitioners – Independent Practitioners),
22 165.976 (Substituting Nurse Practitioners for Licensed Primary Care Physicians), 160.964
23 (Chiropractor Scope of Practice), and 115.999 (Nursing and Medical Practice, Distinction
24 Between). Of greatest relevance, MSSNY has adopted 110.998 (Non-Physician Practitioners in
25 Today’s Healthcare Delivery Systems) which overlaps extensively with the proposed resolution.
26

27 MSSNY works with numerous specialty societies to oppose the litany legislation advanced by
28 Physician Assistants, Nurse Practitioners, CRNAs, podiatrists, chiropractors, pharmacists and
29 others. Indeed, in each of the last 4 years, MSSNY has strongly opposed legislation advanced
30 in the Executive Budget that would remove important physician supervision requirements for the
31 services provided by PAs. The Reference Committee was advised that MSSNY received a grant
32 from the AMA Scope of Practice Partnership to promote op-eds

33 <https://empirereportnewyork.com/our-patients-need-and-deserve-physician-led-healthcare-2/>
34 and videos [Safeguard Quality Care — Reject Unsupervised PA Expansion](#) that educate the
35 Legislature and public of maintaining physician-led team based care. MSSNY has also been
36 engaging in social media ads ([Your Care is At Our Core](#)) reminding the public at large about the
37 role physicians play in preventing and treating diseases. The Reference Committee
38 recommends adoption of the above substitute resolution which reflects the medical community’s
39 comprehensive efforts to protect patient safety, which includes re-affirmation of a long-standing
40 policy of maintaining necessary supervision of services provided by various non-physicians.
41

42 **110.998 Non-physician Practitioners in Today’s Health Care Delivery**
43 **Systems:**

44 (A) Scope of Practice: While the Medical Society is certainly concerned about system
45 costs, our primary focus is and must be on quality. We believe, therefore, that non-
46 physician professionals should be used in a manner commensurate with their training. It
47 is clear, furthermore, that how we pay non-physician practitioners will directly affect how
48 they practice. The medical community firmly believes that non-physician practitioners
49 lack the education and training necessary to practice independently of physicians. A

1 serious danger to the well-being of the citizens of this state will result if health care
2 professionals, competent within their own fields, are permitted to work in areas beyond
3 their competence and training and/or without an appropriate relationship with a
4 physician. Moreover, to the extent that some advocate the expansion of the services
5 performed by non-physician practitioners in the pursuit of system economies, but without
6 an adequate educational base, costs will inevitably increase, not decrease. Therefore,
7 while the Medical Society is committed to ensuring the efficient and responsible
8 integration of these professionals into health care delivery teams, we should be moving
9 toward an integrated system, not reversing statutorily created interrelationships which
10 foster cohesion in our health delivery processes rather than fragmentation.
11 Consequently, MSSNY strongly opposes any expansion of the scope of practice of non-
12 physician practitioners which would undermine the quality of health care and
13 compromise public safety.

14
15 (B) Practice Setting and Distribution: Certain interests recommend increasing the
16 number of non-physician practitioners to address perceived provider shortages in
17 underserved areas of the state. MSSNY, for a variety of reasons, questions the
18 reasonableness of this conclusion. Generally, it is difficult to entice physicians to practice
19 in such locations where they must be on call constantly, have few professional
20 colleagues with whom to interact and where their spouses may not be able to find
21 suitable jobs in such settings. Non-physician practitioners face similar, If not the same
22 disadvantages. Furthermore, government should always be alert to initiatives which
23 could result in the establishment of a two-tiered system of health care and, in effect,
24 deny physician services to the elderly, poor and chronically ill. In light of the efforts of
25 managed care organizations to significantly constrict staffing levels, and in view of the
26 persuasiveness of managed care in New York State, we submit that government should
27 carefully examine future work force requirements generally.

28
29 (C) Manner and Extent of Compensation: In certain government forums, non-physician
30 practitioners are advocating that they should receive the same amount of compensation
31 paid to physicians for certain services. MSSNY specifically opposes any policy which
32 would implement “parity” of payment between physician and non-physician providers.
33 MSSNY supports the implementation of a differential payment structure based upon the
34 provider’s level of training, skill, expertise, responsibility and practice costs. Such a
35 payment structure must necessarily recognize the inherent distinctions which exist
36 between the extent of physician education and training as compared to that of non-
37 physicians. Such distinctions in education, training, legal recognition and scope of
38 practice demonstrate beyond argument the lack of any “equivalency” of service despite
39 the claims by some non-physician practitioners. As noted above, the education of a
40 nurse practitioner can be completed in as few as thirty-one months consisting of two
41 years of junior college and nine months of advanced nurse practitioner certification
42 program, or in as much as six years including four years of college and two years in a
43 combined masters and certificate training program. By contrast, generalist physicians
44 have at least eleven years of education and training, including four years of college, four
45 years of medical school, three years of residency and often, additional years of
46 fellowship training. A differential payment structure which recognizes and compensates
47 those with greater skill, knowledge and training is absolutely necessary to assure that

1 dedicated, talented and intelligent individuals are attracted to the profession of medicine.
2 Obviously, young women and men are motivated to pursue the long and arduous work of
3 medical licensure for a variety of reasons, not the least of which is the unique
4 opportunities which the profession offers to serve society in a very direct and personal
5 way. However, we must also recognize the necessity of fair and adequate compensation
6 for those who pursue this course. Without such a structure, there would be inadequate
7 training required of physicians today.

8
9 MSSNY strongly supports the provision of payment to a physician for all services
10 provided by non-physician practitioners under the physician's supervision and direction
11 regardless of whether such services are performed when the physician is physically
12 present, so long as the ultimate responsibility for such services rests with the physician.
13 Such a payment relationship is completely consistent with the functional relationships
14 required by NY law which clearly prescribe that the physician is ultimately responsible for
15 services provided by nurse practitioners and certified nurse midwives with whom the
16 physician is collaborating, and physician assistants who the physician is supervising. As
17 a result, MSSNY opposes direct reimbursement to non-physician practitioners. (Council
18 1/19/95; Reaffirmed HOD 2014; Reaffirmed HOD 2024)

19
20
21 **10. RESOLUTION 60 – SUE TO INVALIDATE ILLEGAL CMS RAC PRACTICES AND**
22 **REGULATIONS, A CRUEL JOKE ON AMERICAN PHYSICIANS**

23
24 Original Resolution 60 reads as follows:

25
26 RESOLVED, that Medical Society of the State of New York (MSSNY) requests that the
27 American Medical Association (AMA) Litigation Center execute a lawsuit against Centers for
28 Medicare and Medicaid Services (CMS) and Performant to invalidate illegal laws, and
29 Congressionally unauthorized practices and regulations, related to the CMS Recovery and Audit
30 Contractors (RUC) program; and be it further

31
32 RESOLVED, Medical Society of the State of New York (MSSNY) bring a resolution to the
33 American Medical Association (AMA) requesting that the AMA Board of Trustees initiates, fully
34 funds, and executes a lawsuit against Centers for Medicare and Medicaid Services (CMS) and
35 Performant to invalidate illegal laws, and Congressionally unauthorized practices and
36 regulations related to CMS RUC (Recovery and Audit Contractors) program, and that the AMA
37 provides a report on the policy adopted with this resolution at each Annual and Interim meeting
38 until the goals of the resolution are achieved.

39
40 **RECOMMENDATION A:**

41
42 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOLLOWING SUBSTITUTE**
43 **RESOLUTION 60 BE ADOPTED IN LIEU OF RESOLUTION 60**

44
45 RESOLVED, that the Medical Society of the State of New York continue to prioritize working
46 with the American Medical Association to strongly object to the audit tactics used by the Center
47 for Medicare & Medicaid Services Recovery and Audit Contractors (CMS RAC) program; and be
48 it further

1
2 RESOLVED, that the Medical Society of the State of New York ask the American Medical
3 Association (AMA) to investigate whether the Center for Medicare & Medicaid Services
4 Recovery and Audit Contractors (CMS RAC) Program is violating existing laws that authorize
5 this program.

6
7 **RECOMMENDATION B:**

8
9 **THE REFERENCE COMMITTEE RECOMMENDS A TITLE CHANGE FOR RESOLUTION 60:**

10
11 ~~SUE TO INVALIDATE ILLEGAL CMS RAC PRACTICES AND REGULATIONS, A CRUEL JOKE~~
12 ~~ON AMERICAN PHYSICIANS STOP ABUSIVE MEDICARE RECOVERY AND AUDIT~~
13 ~~CONTRACTORS (RAC) AUDITING PRACTICES~~

14
15 The Reference Committee heard testimony in support of this resolution regarding the
16 challenges physicians are facing with audits from Medicare subcontractors, including the lack of
17 a meaningful ability to challenge the findings of the subcontractors which perform these audits.
18 The Reference Committee was made aware that the AMA has adopted Policy [D-330.915](#) that
19 among other provisions calls upon the AMA to “oppose Recovery Audit Contractor audits of
20 E&M codes...and explain to CMS and Congress why these audits as currently conducted are
21 deleterious to the provision of care to patients with complex health needs.” The Reference
22 Committee shares these concerns but does not have the appropriate expertise to determine if a
23 lawsuit would be feasible given the enormous costs and uncertainty surrounding litigation. Nor
24 is there anyone within MSSNY that has this expertise. The Reference Committee believes the
25 most appropriate step is to have the AMA assess the feasibility of bringing such an action before
26 demanding that the AMA file a lawsuit. Therefore, the Reference Committee recommends
27 adoption of the above substitute resolution.

28
29
30 **RECOMMENDED FOR REFERRAL TO COUNCIL**

31
32 **11. RESOLUTION 61 – INTERSTATE MEDICAL LICENSURE COMPACT (IMLC) FOR NEW**
33 **YORK STATE**

34
35 Original Resolution 61 reads as follows:

36
37 RESOLVED, that the Medical Society of the State of New York (MSSNY) urge support for state
38 legislation to add New York State to the list of Interstate Medical Licensure Compact
39 (IMLC) participating states; and be it further

40
41 RESOLVED, that the Medical Society of the State of New York (MSSNY) advocate for expedited
42 passage of Interstate Medical Licensure Compact (IMLC) legislation to improve physician
43 mobility and patient access to care.

44
45 **RECOMMENDATION:**

46
47 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 61 BE REFERRED TO**
48 **COUNCIL**

1 The Reference Committee heard mixed testimony on this resolution. According to the IMLC
2 website, 38 states have adopted and are implementing participating with the Compact, but New
3 York is not one of those states. Some testified in support of New York joining the Compact,
4 arguing that technology provides a good business opportunity for many New York physicians
5 whose patients at times live outside of New York State, as well as opportunities for resident
6 physicians to move to practice in New York. Others testified in support that it would expedite
7 obtaining a license in New York but still under the guise of New York State licensure rules.
8 Others testified in opposition, noting that the Compact could be used by corporate entities to
9 greatly expand the delivery of care via telehealth, potentially crowding out community-based
10 New York physicians. There were also questions to be resolved whether a disciplinary action in
11 one state where the physician is licensed would result in an automatic revocation in the other
12 Compact state where the physician was licensed. Given these divergent perspectives, the
13 Reference Committee recommended that the resolution be referred to the MSSNY Council for
14 further study.
15
16

17 **RECOMMENDED FOR RE-AFFIRMATION IN LIEU OF**

18
19 **12. RESOLUTION 62 – THE HEALTH TECHNOLOGY ACT OF 2025 (H.R. 238) – ARTIFICIAL**
20 **INTELLIGENCE TECHNOLOGY AS A “PRACTITIONER LICENSED BY LAW”**
21

22 Original Resolution 62 reads as follows:
23

24 RESOLVED, That the Medical Society of the State of New York actively educate and inform
25 state legislators about the limitations and risks of Artificial Intelligence (AI)-enabled autonomous
26 care, particularly the dangers of eliminating physician input and oversight; and be it further
27

28 RESOLVED, That MSSNY urge policymakers to ensure that Artificial Intelligence (AI)
29 technologies are used only as tools to assist licensed physicians and not as substitutes for
30 clinical judgment or patient care; and be it further
31

32 RESOLVED, That Medical Society of the State of New York (MSSNY) advocate for regulatory
33 frameworks that prioritize patient safety, transparency, physician accountability,
34 and equitable care in the development and deployment of Artificial Intelligence (AI) in medicine;
35 and be it further
36

37 RESOLVED, That Medical Society of the State of New York (MSSNY) encourage the American
38 Medical Association to join in these efforts at the national level.
39

40 **RECOMMENDATION:**

41
42 **THE REFERENCE COMMITTEE RECOMMENDS THAT MSSNY POLICY 110.980 BE RE-**
43 **AFFIRMED IN LIEU OF RESOLUTION 62**
44

45 The Reference Committee heard extensive testimony on this resolution that highlighted the
46 potential for use of AI, but also some of the risks. It was noted that legislation had been
47 introduced (HR 238) in the US Congress that would amend the Federal Food, Drug, and
48 Cosmetic Act to allow AI and machine learning to qualify as practitioners eligible to prescribe
49 drugs if authorized by a state, and approved by the US Food and Drug Administration (FDA).
50 Testimony also noted that the State of Utah recently implemented a very concerning program
51 that permits AI to re-authorize prescriptions for a number of commonly-used medications.

1 [NEWS RELEASE: Utah AI Prescription Medication Renewals](#). There have also been recent
2 concerning comments from the current President of the New York Health & Hospitals
3 Corporation suggesting radiologists could be replaced by AI for interpreting mammograms and
4 X-rays. The Reference Committee was advised that the AMA has adopted a comprehensive
5 policy on the US of AI in health care [H-480.931 Assessing the Intersection Between AI and
6 Health Care | AMA](#) including that “Clinical decisions influenced by AI must be made with
7 specified qualified human intervention points during the decision-making process.” Most
8 importantly, the Reference Committee was advised that MSSNY had adopted substantially
9 similar policy (110.980) last year calling for MSSNY to oppose legislation or regulation that
10 would enable AI actions for medical care without the involvement of a physician. Therefore, the
11 Reference Committee recommends adoption of the above substitute resolution re-affirming that
12 existing policy.

13
14 **110.980 Promoting Responsible Artificial Intelligence**

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

20
21
22 **13. RESOLUTION 64– NEW YORK HEALTH ACT SAVINGS TO OFFSET FEDERAL FUNDING**
23 **SHORTFALLS**

24
25 AND

26
27 **RESOLUTION 65 - PHYSICIAN COMPENSATION IN A SINGLE PAYER SYSTEM**

28
29 Original Resolution 64 reads as follows:

30
31 RESOLVED, that the Medical Society of the State of New York endorses the provisions in the
32 New York Health Act that would increase efficiency of New York State tax spending on
33 healthcare and thus reduce reliance on federal healthcare funding.

34
35 Original Resolution 65 reads as follows:

36
37 RESOLVED, that the Medical Society of the State of New York endorse the provisions of the
38 New York Health Act that would improve physician compensation.

39
40 **RECOMMENDATION:**

41
42 **THE REFERENCE COMMITTEE RECOMMENDS THAT MSSNY POLICY 130.931 BE RE-**
43 **AFFIRMED IN LIEU OF RESOLUTIONS 64 AND 65.**

44
45 The reference committee heard extensive testimony on these two resolutions, both in support
46 and in opposition. While neither resolution expressly calls for MSSNY to support legislation to
47 create a “single payor” health care system, it can be inferred that is the general intent of these
48 resolutions by calling for MSSNY to endorse aspect of the bill that would seek to fix certain flaws
49 in our health care system. Certainly, MSSNY adopting either of these resolutions will be

1 interpreted by the public at large as MSSNY supporting legislation to establish a single payor
2 system, regardless of attempts to characterize it differently.
3

4 Similar resolutions have been debated extensively at each MSSNY House of Delegates meeting
5 for the last several years. In these debates, there has been support from many delegates in
6 urging MSSNY to support a single payor system, but the opposition to these resolutions has
7 been greater. There is consensus that there are huge hassles for both patients and physicians
8 with receiving and being paid timely for providing care in the existing health insurance system.
9 However, there is significant disagreement on what should be the remedy for fixing these flaws.
10

11 Recognizing the significant verbal support among many legislators for a single payor system in
12 Albany, MSSNY as well as some county medical society physician leaders have engaged in
13 fruitful discussions with various bill sponsors towards amending the legislation to improve earlier
14 versions of the bill in an attempt to address concerns such as pre-authorization hassles and
15 defining a fair payment standard. These efforts calling for MSSNY to advocate to evaluate
16 various health insurance delivery mechanisms and to advocate to improve existing proposals, is
17 reflected in MSSNY Policy 130.931. This policy has been regularly re-affirmed including at the
18 MSSNY House of Delegates meetings in 2020, 2023, and 2024, and by the MSSNY Council in
19 2022. While the reference committee understands that some aspects of the New York Health
20 Act may be beneficial to physicians and patients, there does not appear to be a clear consensus
21 for MSSNY to alter its current comprehensive policy that calls for continued evaluation of the
22 New York Health Act.
23

24 **130.931 Healthcare Delivery System Including Single Payer Insurance**

25 MSSNY will continue to consider the feasibility of other payment methodologies
26 including single payer and will also continue to work collaboratively with physicians who
27 both support and oppose such proposals in order to assess the strengths and
28 weaknesses of such proposals. MSSNY will continue to advocate that physicians are
29 ensured direct input and ongoing involvement on all aspects of any single payer system
30 or other system that may be considered by the New York State Legislature or United
31 States Congress. Among the critical aspects that should be considered and included: the
32 ability of patients to receive needed quality care and medications in a timely manner;
33 whether the administrative burden to physicians of participation and facilitating needed
34 patient care in such a system are an improvement from, or worsening of, existing
35 systems; and whether the payment methodology is and will continue to be fair to
36 physicians regardless of practice setting or specialty.(Adopted Council Nov, 2017 [sub
37 res for 2017-62 & 63]; Reaffirmed HOD 2019 in lieu of resolution 69; 2019-70 Referred
38 to Council, amended and adopted 11/2019; Reaffirmed HOD 2020-61; HOD 2021-57
39 and 2021-58 reaffirmed by Council 3/9/22 in lieu of resolutions; Reaffirmed HOD 2023 in
40 lieu of resolutions 66 and 67; Reaffirmed HOD 2024 in lieu of resolutions 69 and 70).
41
42

43 **RECOMMENDED FOR NON-ADOPTION**

44
45 **14. RESOLUTION 55 – AFFORDABILITY OF LIABILITY INSURANCE PREMIUMS**

46
47 Original Resolution 55 reads as follows:
48

49 RESOLVED, that the Medical Society of the State of New York (MSSNY) advocate with the
50 Department of Health and specifically with the New York State (NYS) Commissioner of
51 Insurance that liability insurance premiums should not be granted in a vacuum, but in the

1 context of decreased reimbursement and with concern for affordability not only for patients but
2 also for the physicians who provide the care; and be it further

3
4 RESOLVED, that the Medical Society of the State of New York (MSSNY) work to ensure that
5 physician liability insurance premium adjustments consider the economic realities of practicing
6 physicians and the impact on access to care in underserved communities.

7
8 **RECOMMENDATION:**

9
10 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 55 NOT BE**
11 **ADOPTED.**

12
13 The Reference Committee heard mixed testimony on this resolution. Testimony in support
14 discussed the need to bring down the enormous costs of medical liability insurance that makes
15 it difficult for physicians to remain in practice. On the other hand, testimony was received
16 regarding the possible negative impact of placing an artificial limit on premium adjustments
17 without adequate actuarial basis, which could affect the financial solvency of a malpractice
18 insurer. The Reference Committee also advised that New York already has a law, which is
19 renewed annually, which gives the Superintendent of Financial Services the authority to set
20 medical liability insurance rates in New York State. While the Reference Committee agrees with
21 the goal of the resolution, the Reference Committee believes that the most important solution is
22 medical liability reform to bring down these costs, not artificial constraints, and that MSSNY has
23 ample policy such as [130.975 MSSNY's Actions Toward Tort Reform](#) and [130.940:Medical](#)
24 [Liability Reform](#) that call for MSSNY to make medical liability reform one of its top legislative
25 priorities. Moreover, MSSNY has policy [190.985 Independent Review of Malpractice Insurance](#)
26 [Rates](#) that already supports the power of the Superintendent of Financial Services to approve
27 medical liability insurance rates. Therefore, the Reference Committee recommends that this
28 resolution not be adopted.

29
30
31 **15. RESOLUTION 63 – MSSNY TO ADVOCATE FOR NY AI FOR HEALTH**

32
33 Original Resolution 63 reads as follows:

34
35 RESOLVED, The Medical Society of the State of New York (MSSNY) advocates to support New
36 York State (NYS) to study the possible development of a statewide Health Artificial
37 Intelligence (AI) program for the benefit of patients, physicians, other providers of care, and
38 NYS; and be it further

39
40 RESOLVED, the Medical Society of the State of New York (MSSNY) advocates to regulate
41 current and/or future Health Artificial Intelligence (AI) including any New York State
42 (NYS) supported AI, to be sure that it conforms to The Joint Commission (TJC), and Coalition
43 for Health AI (CHAI) requirements in The Responsible Use of AI in Healthcare (RUIH).

44
45 **RECOMMENDATION:**

46
47 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 63 BE NOT**
48 **ADOPTED.**

1 The Reference Committee heard mixed testimony on this resolution. The author expressed
2 support for initiatives by both New York State, and the Joint Commission to provide greater
3 assurance that AI tools are developed and implemented appropriately. However, others
4 expressed concern about using tools developed by a state agency. The Reference Committee
5 was heard testimony that the MSSNY Council recently adopted a comprehensive report from its
6 AI Task Force, chaired by Dr. Donald Moore, which makes recommendations for how to manage
7 evolving AI technologies. Moreover, the Reference Committee was advised that MSSNY
8 recently adopted policy [110.979](#) “to actively monitor and report to MSSNY membership
9 regarding the development and implementation of artificial intelligence (AI) systems to enhance
10 personalized medical education and improve patient care outcomes”. The Reference
11 Committee believes that it is a preferred approach compared to endorsing any particular entity’s
12 approach to AI, as there is much to be learned and developed regarding AI technology.
13 Therefore, the Reference Committee recommends that the resolution not be adopted.
14
15

1 Your Reference Committee Chair is grateful to the Committee Members, namely, Connie DiMari,
2 MD, Karim Makhoul, MD, Wayne Strouse, MD, and Caitriona Greene, Medical Student.

3
4 Your Reference Committee Chair also wishes to express appreciation to Moe Auster for his help
5 in the preparation of this report.

6
7
8 Respectfully submitted,

9
10
11 _____
12 Bruce Molinelli, MD, Westchester County Connie DiMari, MD, New York County

13
14
15
16 _____
17 Caitriona Greene, Medical Student Section Karim Makhoul, MD, Resident & Fellow Section

18
19
20
21 _____
22 Wayne Strouse, MD, Yates County

23