



## **State Budget Discussions Head to Overtime - Please Urge Your Legislators to Protect Patient Access to Community-Based Physician Care and Treatment**

With the Legislature having passed two 7-day State Budget extenders until April 14, negotiations are beginning to intensify towards the Senate, Assembly and Governor arriving at an agreement for a State Budget that was technically due on April 1. Therefore, physicians must re-engage with their legislators on the several pressing State Budget health care policy issues under negotiation that will exacerbate the significant challenges facing physician practice across the State if they are adversely decided.

***Urge Your Legislators to 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, and New York physicians already pay far and away the highest liability costs in the country.

Please continue to urge your legislators to continue to OPPOSE this measure. [Reject Physician Cost-Share.](#)

***Urge Your Legislators to Protect Access to a Fair Dispute Resolution Process.*** 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.

For more information on this issue, please see these op-eds from MSSNY President Dr. Mark Adams [PressReader.com](#) and MSSNY Immediate Past-President Dr. David Jakubowicz [Newsday](#).

Please continue to urge your legislators to continue to OPPOSE this measure [Protect Fair IDR Process.](#)

**Urge Your Legislators to 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 implemented last year giving PAs significantly more care responsibilities.

Urge your legislators to continue to OPPOSE this proposal. [Preserve Physician-led Care.](#)

**Urge Your Legislators to 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. 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.

This proposal would eliminate an important community review role that helps to ensure injured workers are treated by qualified physicians. 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. Please continue to urge your legislators to OPPOSE elimination of the important vetting role of county medical societies. [Preserve Workers' Compensation Peer Review](#)

**Urge Your Legislators to Enact Meaningful Reduction in Prior Authorization Hassles.** The Senate included the Executive Budget proposal supported by MSSNY 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/S.9651, Rivera) that would reduce the time for receiving prior authorization requests and prohibit altogether repeat prior authorization requirements from health plans. More information here: [2026 Budget Prior Auth Fact Sheet.](#)  
(AUSTER)

### **MSSNY Supports Legislation to Ensure Coverage for Interhospital Transport for Hospitalized Postpartum Parents**

MSSNY has joined with the American College of Obstetricians & Gynecologists, District 2, in supporting legislation (A.7384, Reyes/S.7731, Webb) to require insurance coverage for a hospitalized postpartum patient's interhospital transport to accompany their newborn infant who is in need of transport to a facility with a higher level of care. The bill passed the State Senate in March and is before the Assembly Insurance Committee.

Prior authorizations frequently impose overwhelming burdens that can cause unnecessary delays in needed care for patients and delays in authorization of procedures, tests and other necessary medical services that often lead to needless anxiety for patients already stressed by uncertainty

regarding their condition. For postpartum parents and their newborns, it is essential for the parent to be with their baby following childbirth and insurance coverage should not obstruct this process.

When newborn infants are transferred to a different hospital to receive a higher level of care, it is often due to the child having a potentially life-threatening or life-limiting condition. It is difficult to involve the parent in care decisions when they are in a different facility. Parents need to know they and their child will receive treatment together in a timely manner and that their care and treatment will continue to be covered by their insurance plan.

MSSNY will continue to monitor this bill and provide updates as it moves forward.

**(CARY)**

### **Bill Introduced in Congress to Help Provide Greater Sustainability in Medicare**

The Provider Reimbursement Stability Act, H.R. 8163, recently introduced in Congress takes a major step in modernizing Medicare physician payment. Introduced by Rep. Tom Suozzi (D-NY) and Rep. Greg Murphy, MD (R-N.C.), the bipartisan bill modernizes key budget neutrality rules, ensuring fairness and predictability for medical practices and stability for physicians and patients.

When adjusted for inflation, Medicare reimbursement for physician services has declined 33% from [2001 to 2026](#). Without any action to meaningfully address these staggering cuts, physicians are unable to sustainably run their medical practices and are driven to retire or work for consolidated health systems, private equity, or insurance companies, which results in decreased access in rural and underserved communities.

H.R. 8163 promotes reimbursement stability and protects physicians by: 1) updating the budget neutrality threshold, 2) mandating that CMS evaluate the actual base costs for running a medical practice at least every five years, and 3) revising how CMS addresses incorrect billing codes.

Currently, budget neutrality dictates that if spending increases exceeds \$20 million in one area, then that must be offset by other costs in healthcare. The \$20 million budget neutrality threshold has remained the same since the early 1990s and has never been adjusted for inflation. H.R. 8163 would modernize this outdated provision, providing a long overdue threshold increase to \$54.3 million, and indexing it every five years based on the cumulative percentage increase in the Medical Economic Index (MEI).

This bill requires CMS to regularly evaluate medical practice costs (i.e., clinical wage rates, equipment, medical supplies, etc.) to prevent large swings in payment rates. In addition, H.R. 8163 directs CMS to correct major errors in billing code estimates by reviewing actual claims data and making prospective rate adjustments, thus preventing deep, unnecessary cuts under current budget neutrality guidelines that stem from inaccurate utilization projections.

Make your voice heard: [Contact your member](#) of Congress and urge them to support commonsense Medicare payment reforms by cosponsoring this bipartisan bill.

**(AUSTER)**

### **Registration Now Open - Medical Matters: Post-Viral Syndromes Fireside Chat**

COVID may now be an endemic viral disease, but countless people remain burdened by Long-COVID or Post-acute sequelae of SARS-CoV2. There are myriad other post-viral syndromes that need further discussion as well. Be sure to register and join us for a discussion about these post-viral syndromes on April 15<sup>th</sup> at 7:30a.m. Faculty for this webinar are William Valenti, MD chair of MSSNY Infectious Diseases Committee and Lorraine Giordano, MD, past chair of MSSNY Emergency Preparedness and Disaster/Terrorism Response committee.

**You can register for this program [Here](#).**

**Educational Objectives:**

- Identify the multi-systemic clinical features of Long COVID and distinguish them from other post-viral conditions, such as Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) and Post-Postural Orthostatic Tachycardia Syndrome (POTS).
- Examine standardized diagnostic workup options for patients presenting with persistent post-viral symptoms.
- Develop multidisciplinary treatment strategies that prioritize "Pacing" and symptom management over traditional "Graded Exercise Therapy" (GET), specifically for patients exhibiting Post-Exertional Malaise (PEM).
- Analyze current research regarding the underlying mechanisms of post-viral syndromes, including viral persistence, micro clotting, and immune dysregulation, to better inform patient counseling and participation in clinical trials.

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

Additional information or assistance with registration may be obtained by contacting Melissa Hoffman at [mhoffman@mssny.org](mailto:mhoffman@mssny.org)

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 this 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.

**(HOFFMAN)**