

026 REF COM SOCIO-MEDICAL ECONOMICS
FINAL ACTIONS

250 Avoiding misuse of artificial intelligence (AI) in clinical practice

Introduced 3rd and 4th District

ADOPTED AS IN LIEU OF

RESOLVED, that prior to the use of Artificial Intelligence (AI) in the medical record, training in the use of AI is highly recommended and to include the benefits of AI, as well as the potential harms that could exist in an AI generated document and be it further; and be it further

RESOLVED, that any physician or healthcare professional, who chooses to use Artificial Intelligence (AI) in the creation of the medical record, understands that the accuracy of that record is completely the responsibility of that author; and be it further

RESOLVED, that this resolution be forwarded to the American Medical Association (AMA) for national consideration.

251 Devaluation of Medical Services

Introduced by Lois J. Augusto, MD, MPH

ADOPTED AS IN LIEU OF

RESOLVED, that parity in reimbursement must be established between physicians for identical services; and be it further

RESOLVED, that Medical Society of the State of New York (MSSNY) work to establish a structure for collective bargaining that will define the objective value of a service, to be adopted by all third-party payors; and be it further

RESOLVED, that Medical Society of the State of New York (MSSNY) advocate for transparency and fairness in physician reimbursement practices across all payer systems.

252 Oppose Medicare Efficiency Adjustments

Introduced by Introduced by Nassau County

ADOPTED

RESOLVED, that the Medical Society of the State of New York support all efforts, whether by legislation or regulation, to restrict the use of arbitrary new factors such as the efficiency adjustment used in the 2026 Medicare Physician Payment Schedule; and be it further

RESOLVED, that this resolution be forwarded to the American Medical Association (AMA) at A-26.

253 Oppose Medicare Advantage Auto Enrollment

Introduced by Nassau County

ADOPTED

RESOLVED, that the Medical Society of the State of New York oppose efforts to force Medicare recipients to be auto enrolled into Medicare Advantage plans, thus making Medicare Advantage plans the default option; and be it further

RESOLVED, that this resolution be submitted to the American Medical Association (AMA) at A-26.

254 Resolution to Amend Timely Filing Requirements for Commercial Health Insurance Claims in New York State

Introduced by Lisa Eng, DO

ADOPTED

RESOLVED, that the Medical Society of the State of New York (MSSNY) formally calls upon New York State insurance payers and regulators (New York State Department of Financial Services) to update their provider contracts and regulations to extend the timely filing limit for all commercial health insurance claims to a minimum of 365 days (1 year) from the date of service.; and be it further

RESOLVED, that the Medical Society of the State of New York (MSSNY) advocates for this change to be implemented immediately to ensure fair, prompt payment practices, thereby protecting patient access to care by reducing the administrative burden on providers.

255 Advocacy for a National Centralized Electronic Transaction Clearinghouse

Introduced by Kings County, Alex Shteynshlyuger, MD

REFERRED TO COUNCIL

RESOLVED, that the Medical Society of the State of New York (MSSNY) advocates that the American Medical Association (AMA) adopts a policy supporting a rational implementation of the standard, national Health Plan Identifier (HPID) to facilitate true interoperability at scale, with overriding principle that all transactions must be communicated directly with the health plan which must be a single contact for all health plan communications and transactions; and it should be the health plan's responsibility to build and maintain real-time Application Programming Interface (API) connections to all its business associates and vendors, returning all information through a single two-way connection to the physician practice, and asks the Centers for Medicare & Medicaid Services (CMS) to implement it promptly; and be it further

RESOLVED, that our American Medical Association (AMA), advocates for the implementation of a National Centralized Electronic Healthcare Transaction Clearinghouse that would allow physician practices, other providers, health plans, clearinghouses, Health Information Technology (IT) vendors, state and federal regulators, digital health products, and consumer apps to maintain only one standard direct connection, through which data for all electronic transactions can flow seamlessly, securely, and at low cost, to any other participant guided by a transaction Identifier (ID) and a standard identifier such as the Health Plan Identifier (HPID) and/or National Provider Identifier (NPI); such real-time Application Programming Interface (API)-based National Electronic Transaction Clearinghouse should be modeled after well-functioning Automated Clearing House (ACH) Network in the Banking industry, specifically (1) the electronic transaction clearinghouse should be created and maintained by the Federal Government, with the option for a single, interconnected, competing member-owned private entity similar to the National Automated Clearing House Association (NACHA)-governed "The Clearing House," and (2) that such API-based transactions have embedded functionality to file complaints to governing bodies about health plan or vendor non-compliance that is seamless and easy to use.

RESOLVED, the American Medical Association (AMA) reports at the 2027 Annual Meeting on the status of implementation of the National Centralized Electronic Healthcare Transaction Clearinghouse and Health Plan Identifier (HPID).

256

Addressing Physician Burnout Through Fair Compensation and Reduction of Administrative Burdens

Introduced by Kings County, Donald Martinelli, MD

ADOPTED AS AMENDED

RESOLVED, that the Medical Society of the State of New York (MSSNY) advocate for fair and sustainable physician reimbursement that reflects rising practice costs and the essential role of physicians in

delivering high quality medical care; and be it further

RESOLVED, that the Medical Society of the State of New York (MSSNY) urge federal and state policymakers to reduce unnecessary administrative burdens, including excessive medical record documentation requirements and prior authorization demands, that contribute to physician burnout and limit patient access to timely care; and be it further

RESOLVED, that the Medical Society of the State of New York (MSSNY) advocate for reforms to streamline or eliminate redundant insured-driven documentation mandates within Electronic Health Record (EHR) systems, ensuring that electronic records support clinical care rather than impose clerical burden; and be it further

RESOLVED, that Medical Society of the State of New York (MSSNY) support prioritize initiatives aimed at reducing practice overhead, including malpractice reform, simplification of regulatory requirements, and improved insurer accountability; and be it further

RESOLVED, that the Medical Society of the State of New York (MSSNY) reaffirm its commitment to protecting physician wellbeing and promoting a practice environment that allows physicians to focus on meaningful patient care rather than burdensome administrative tasks.

257

Oppose the legal position that virtual credit cards are a legal method of payment under HIPAA

Introduced by Kings County Alex Shteynshlyuger, MD

REFERRED TO COUNCIL

RESOLVED, that the Medical Society of the State of New York (MSSNY) will advocate for the American Medical Association (AMA) to take a resolute legal position that virtual credit cards (1) have not been adopted as an electronic payment method from health plans to healthcare providers under Health Insurance Portability and Accountability Act (HIPAA), (2) they are not a legal method for electronic payment method from health plans to healthcare providers under HIPAA.; and be it further

RESOLVED, that the Medical Society of the State of New York (MSSNY) will advocate for the American Medical Association (AMA) to take a legal position that physicians are entitled to receive the very first payment from health plans in compliance with the adopted Health Insurance Portability and Accountability Act (HIPAA) electronic transactions regulations and must be allowed to elect no-cost electronic funds transfer (EFT) within 72 hour of submission of the first claim, and as such the health plan must enroll the provider in electronic standard automated

clearing house (ACH) no-cost EFT within 72 hours and issue the first payment via a standard transaction.; and be it further

RESOLVED, that the Medical Society of the State of New York (MSSNY) will advocate for the American Medical Association (AMA) to take a legal position that a preference to enroll and get paid via a standard automated clearing house electronic funds transfer (ACH EFT) be communicated within the electronic claim transaction, ASC X12 837, and advocate for legislation to mandate such a change.

258 Oppose Imposition of Fees on Physicians for Electronic Payment Transfers

Introduced by Alex Shteynshlyuger, MD

ADOPTED IN LIEU OF

RESOLVED, that the American Medical Association (AMA) asks Centers for Medicare & Medicaid Services (CMS) to issue a legally-binding rules compliant with the Administrative Procedure Act with a notice and comment period preventing the use of virtual credit cards or imposition of electronic funds transfer (EFT) fees, or any fees on Health Insurance Portability and Accountability Act (HIPAA) standard electronic transactions; and be it further

RESOLVED, that Medical Society of the State of New York (MSSNY) forward this resolution promptly to the 2026 Annual House of Delegates meeting.

259 Increasing Physician Work RVU calculations due to Increasing Use of Technology

Introduced by 9th District

ADOPTED IN LIEU OF

RESOLVED, that Medical Society of the State of New York (MSSNY) work collaboratively with appropriate national specialty societies, through their RUC (Relative Value Scale Update Committee) and CPT (Current Procedural Terminology) advisors, to (1) clarify whether these data-access activities are adequately described by existing CPT/HCPCS (Healthcare Common Procedure Coding System) G-codes(G2211 + G2212), and (2) if gaps are identified, consider supporting those specialty societies in developing and advancing any needed code or valuation changes through the AMA (American Medical Association) RUC and CPT Editorial Panel pathways.

260 Preventing insurance companies from using the lack of a Medicare IPO listing to deny prior authorization as not medically necessary

Introduced by 9th District

ADOPTED

RESOLVED, that the Medical Society of the State of New York (MSSNY) supports the physician's determination regarding the site of service of a medically-indicated procedure, based on individual risk factors.

- 261 Prohibiting Insurers from mandating a Specific Date of Service in the Preauthorization Process for a Surgical Procedure

Introduced by 9th District

ADOPTED

RESOLVED, that the Medical Society of the State of New York (MSSNY), through advocacy and/or legislation, encourage changes in New York State Health Insurance Laws and Department of Financial Services regulation to prohibit insurers from denying payment for a preauthorized surgical procedure due to a change in the date of the proposed procedure.

- 262 Telephone Preauthorization Peer Review Improvement

Introduced by 9th District

ADOPTED

RESOLVED, that the Medical Society of the State of New York (MSSNY), through legislation and/or regulation, advocate for the Department of Financial Services requiring utilization review companies participating in peer review for preauthorization in New York mandate caller identification being used for telephone peer preauthorization reviews and to prevent the companies from disguising calling reviewers as spam; and be it further

RESOLVED, that the Medical Society of the State of New York (MSSNY), through legislation and regulation, advocate for the Department of Financial Services to require utilization review company physicians to leave a direct callback number to expedite the process and to avoid wasting the requesting physicians' valuable time.

- 263 Protecting Physicians From Improper Workers' Compensation Penalties and Ensuring Oversight, Due Process, and Accountability

Introduced by 5th District

ADOPTED

RESOLVED, that the Medical Society of the State of New York (MSSNY) advocate that the New York State Workers' Compensation Board shall not impose penalties, certification denials, or non-renewals under WCL §13-b

or 12 NYCRR Part 325 solely due to billing or administrative errors committed by third-party or off-site contracted billing offices, provided that good-faith corrective action is taken once identified; and be it further

RESOLVED, that the Medical Society of the State of New York (MSSNY) advocate that physicians shall not be penalized or subjected to adverse administrative action based solely on the volume of permanency or maximum medical improvement (MMI) examinations performed, absent evidence of fraud or intentional misconduct as defined under WCL §114-a; and be it further

RESOLVED, that the Medical Society of the State of New York (MSSNY) urge the Workers' Compensation Board to clearly distinguish between intentional misconduct and good-faith administrative or billing errors when evaluating physician certification and recertification under 12 NYCRR §325-4.2; and be it further

RESOLVED, that the Medical Society of the State of New York (MSSNY) advocate for prompt, written notice by certified means to physicians of alleged deficiencies, with a meaningful opportunity to cure or correct such issues prior to the imposition of penalties or exclusionary actions; and be it further

RESOLVED, that the Medical Society of the State of New York (MSSNY) advocate for enhanced oversight, transparency, and accountability of the Workers' Compensation Board's physician certification and enforcement processes, particularly where such actions exacerbate shortages of certified Workers' Compensation providers; and be it further

RESOLVED, that the Medical Society of the State of New York (MSSNY) communicate these concerns to the New York State Workers' Compensation Board, the New York State Department of Labor, the Governor, and the New York State Legislature.

264

Payment Parity for Preventive Screening Services Performed by Primary Care Physicians Under Capitated Contracts

Introduced by Realba Rodriguez Iglesias, Alan Diaz, Rikhil Kochhar

ADOPTED

RESOLVED, that the Medical Society of the State of New York (MSSNY) advocate for payment parity for preventive and screening services provided by primary care physicians under capitated contracts when such services would otherwise be separately reimbursed if performed in another care setting; and be it further

RESOLVED, that the Medical Society of the State of New York work with state and federal policymakers, insurance regulators, and other relevant stakeholders to ensure equitable and transparent reimbursement policies for primary care–provided preventive screening services that are consistent with parity principles, quality benchmarks, and patient-centered care goals; and be it further

RESOLVED, that our delegation to the American Medical Association introduce or support national policy ensuring equitable reimbursement for preventive screening services performed by primary care physicians, regardless of payment methodology, including capitation and other value-based payment models.