

**2016 ACTIONS OF THE HOUSE OF DELEGATES
REFERENCE COMMITTEE ON GOVERNMENTAL AFFAIRS B**

100 Unionization Of Employed Physicians

Introduced New York County Medical Society

REFERRED TO COUNCIL

RESOLVED, that the Medical Society of the State of New York form an Employed Physician Section dedicated to addressing the interests of physicians employed in hospitals or other settings; and be it further

RESOLVED, that the Medical Society of the State of New York (MSSNY) with its legal counsel explore all avenues of representation of employed physicians including potential affiliation with an existing union, formation of a union either directly or through an entity affiliated with MSSNY, and any other manner of representation; and be it further

RESOLVED, that the efforts of the Medical Society of the State of New York (MSSNY) to form an Employed Physician Section and to explore all avenues of representation of employed physicians be initiated before the 2017 meeting of the MSSNY House of Delegates.

101 Employed Physicians

Introduced by Arthur Fougner, MD, as an Individual, MSSNY Secretary, County of Queens

SEE RESOLUTION 100; REFERRED TO COUNCIL

102 Employed Physicians

RESOLUTION AMENDED BY ADDITION

RESOLVED, that MSSNY examine governance structures of hospitals, physician group practices, federally qualified health centers, clinics, urgent care practices and other health care delivery facilities and physician employment contracts to determine the most effective way to provide a grievance mechanism to resolve disputes between physicians and their employers.

103 Unionization Of Independent Physicians

Introduced by Michael T. Goldstein, MD, as an Individual, Delegate, New York County

SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, That the Medical Society of the State of New York (MSSNY) explore with legal counsel the legal ability to and cost associated with physicians unionizing under the legal theory that physicians have *de facto* become part-time employees of insurance companies; and be it further

RESOLVED, That the Medical Society of the State of New York explore whether any established unions that represent employed physicians will support efforts to unionize physicians in independent practice; and be it further

RESOLVED, That the Medical Society of the State of New York explore ways to enhance integration of independently practicing physicians through all legal means including IPAs, ACOs in order to enhance their leverage in negotiations with managed care plans and health insurers; and be it further

RESOLVED, That the Medical Society of the State of New York initiate its exploration of the legal ability and cost associated with unionizing physicians in independent practice, whether any unions will support efforts to unionize physicians in independent practice and efforts to enhance integration of independently practicing physicians before the 2017 meeting of the MSSNY House of Delegates.

104 Formation of A MSSNY Clearinghouse

*Introduced by Saulius Skeivys, MD, As an Individual, First District Councilor
Queens County Medical Society, First District Branch*

AMENDED BY ADDITION AND DELETION

RESOLVED, that MSSNY ~~collaborate with~~ engage regional physician groups, IPAs and ACOs which have already adopted New York State payment reform principles having entered into value based payment contracts, and are accepting new physicians, so that MSSNY can disburse information to its members who need to develop a relationship with other physician practices in order to gain leverage in value based payment negotiations with health insurers, managed care plans and governmental payors. ~~a mechanism by which they can participate in the forthcoming Value-Based Payment Plan standard.~~

105 UCR-Based Out-Of-Network Policies

*Introduced by Ninth District Branch Medical Societies (Dutchess, Orange, Putnam,
Rockland and Westchester*

SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, that MSSNY continue to advocate strongly for preservation and expansion of usual, customary and reasonable (UCR) based out-of-network benefits available to our patients; and be it further

RESOLVED, that MSSNY energetically and proactively educate physicians on the importance of a meaningful UCR-based out-of-network environment in order to maintain an acceptable practice environment for physicians desiring to practice in-network and those physicians who are employed by an institution; and be it further

RESOLVED, that MSSNY energetically and proactively educate physicians including the identification of access to other information including links to social media and to successfully implemented business strategies concerning how the meaningful UCR-based out-of-network environment may be a viable option for physicians who wish to maintain independent out-of-network practices; and be it further

RESOLVED, That MSSNY proactively educate patients, employer groups and insurance agents on a UCR- based out-of-network plan.

106 Protecting Physician Choice In Mode Of Practice

Introduced by Eli Einbinder, MD, as an Individual, Delegate, New York County

SEE RESOLUTION 105

107 Protection Of Clinical Decision Making And Owership Of Medical Practices

Introduced by New York State Society of Plastic Surgeons

REFERRED TO COUNCIL

RECOMMENDED ADOPTION OF THE FIRST RESOLVED

RESOLVED, MSSNY will seek legislation and/or regulation to enable the sharing in fees of professional services in a medical practice with other medical professionals licensed by the New York State Department of Education.

RECOMMENDED ADOPTION OF THE SECOND RESOLVED

RESOLVED, MSSNY will seek legislation and/or regulation for medical practices sharing in fees, which ensures physicians maintain total control of all clinical judgment and clinical decision-making.

RECOMMENDED NON ADOPTION OF THE THIRD RESOLVED

RESOLVED, MSSNY will seek legislation and/or regulation which ensures physician majority ownership in a medical practice sharing in fees with other medical professionals licensed by the New York State Department of Education.

108 Board Certification in Advertisements or Marketing Materials to the Public

Introduced by NYS Society of Plastic Surgeons, NYS Society of Orthopaedic Surgeons, NYS Ophthalmological Society, NYS Society of Otolaryngology – Head and Neck Surgery

REFERRED TO COUNCIL

RESOLVED, that the Medical Society of the State of New York support legislative and regulatory efforts to require that physicians truthfully disclose their educational background and board certification where applicable in all advertising to the public.

109 New Review of For-Profit-Health Insurance by Institute of Medicine

Introduced by Zebulon Taintor, MD, As an Individual, Delegate, New York County

ADOPTED

RESOLVED, that MSSNY ask the Institute of Medicine to report again on the for-profit enterprise in health care.

110 Health Savings Accounts

Introduced by Medical Society of the County of Queens

NOT BE ADOPTED

RESOLVED, that the Medical Society of the State of New York (MSSNY) support health savings accounts for all individuals, regardless of health insurance status; and, be it further

RESOLVED, that MSSNY ask our New York State legislators to seek changes to the tax code to allow income tax deductions for health savings accounts not linked to health insurance policies; and be it further

RESOLVED, that MSSNY ask our AMA to support health savings accounts for all individuals, regardless of health insurance status; and to seek changes in the tax code to allow income tax deductions for health savings accounts not linked to health insurance policies.

111 Electronic Health Records, A Failure Of Health Care Reform

Introduced by Medical Society County of Kings

RECOMMENDED NON ADOPTION OF THE FIRST RESOLVED

RESOLVED, that the Medical Society of the State of New York (MSSNY) urge the American Medical Association (AMA) to research the failure of Electronic Health Records (EHRs) to achieve their stated goals and to ascertain the validity, value and accuracy of various EHRs.

RECOMMENDED ADOPTION OF THE SECOND RESOLVED

RESOLVED, that MSSNY and the AMA urge payers to issue a moratorium on penalties for those that do not utilize EHRs since they have not evolved adequately.

RECOMMENDED ADOPTION OF THE THIRD RESOLVED

RESOLVED, that the MSSNY adopt AMA policy H-478.993 that public and private insurers should note require the use of electronic medical records.

(H-478.993 It is the policy of our AMA that public and private insurers should not require the use of electronic medical records.)

112 Make State And Federal Databases Bidirectional

Introduced by Cayuga County Medical Society

MSSNY POLICY RE-AFFIRMED IN LIEU OF RESOLUTION 112

117.979 Scheduled Medications. MSSNY will work with New York State to improve the I-STOP program by including a link to patient prescription histories which will appear at the time of prescribing as well as at the pharmacy where said prescription is filled. (HOD 2015-101)

117.985 EHR Standardization: MSSNY will seek legislation or regulation to require all EHR vendors in New York State to utilize standard and interoperable software technology components to enable cost efficient use of electronic health records across all health care delivery systems, including institutional and community based settings of care delivery, and will transmit a copy of this resolution to the AMA for consideration at its next House of Delegates meeting. (HOD 2013-104)

113 Linkage Of E-Prescribing Software To I-Stop

Introduced by Nassau County Medical Society

MSSNY POLICY RE-AFFIRMED IN LIEU OF RESOLUTION 113

117.979 Scheduled Medications: MSSNY will work with New York State to improve the I-STOP program by including a link to patient prescription histories which will appear at the time of prescribing as well as at the pharmacy where said prescription is filled. (HOD 2015-101)

114 Interoperability Of Electronic Medical Records

Introduced by Nassau County Medical Society

MSSNY POLICY RE-AFFIRMED IN LIEU OF RESOLUTION 114

117.985 EHR Standardization: MSSNY will seek legislation or regulation to require all EHR vendors in New York State to utilize standard and interoperable software technology components to enable cost efficient use of electronic health records across all health care delivery systems, including institutional and community based settings of care delivery, and will transmit a copy of this resolution to the AMA for consideration at its next House of Delegates meeting. (HOD 2013-104)

115 Resolving E-Prescribing Problem

Introduced by New York County Medical Society, First District Branch of MSSNY

SUBSTITUTE 115 ADOPTED

RESOLVED, that the Medical Society of the State of New York (MSSNY) urge the New York State Health Department, Bureau of Narcotic Enforcement (BNE) to issue rules permitting physicians to prescribe via paper/fax/phone in situations where the patient needs to comparison shop among pharmacies; and be it further

RESOLVED, that the Medical Society of the State of New York (MSSNY) urge the New York State Department of Health, Bureau of Narcotics Enforcement (BNE) to make regulatory

changes to enable pharmacies that do not have a particular medication in stock the ability to transmit the prescription to another pharmacy that has the needed medication in stock; and be it further

RESOLVED, that the Medical Society of the State of New York (MSSNY) urge the AMA to work with the DEA and other appropriate federal agencies to enable the use of tokens in multiple care settings; and be it further

RESOLVED, that the Medical Society of the State of New York (MSSNY) encourage member physicians to record incidents in which a patient is harmed by the law's ban on prescribing via paper/phone/fax and provide that data showing evidence of patient harm which has occurred as a result of e-prescribing to MSSNY for its ongoing dialogue with the New York State Health Department's Bureau of Narcotic Enforcement (BNE) and the New York State Legislature on e-prescribing issues; and be it further

RESOLVED, that MSSNY support legislation (1) removing the requirement that all paper/fax/phone prescriptions be reported to the BNE, allowing instead that the prescription be recorded in the patient's medical record and (2) ensuring that a physician not be subjected to criminal charges, or other ramifications from the Department of Health or the Department of Education for having written a medically appropriate paper prescription; and be it further

RESOLVED, that the NYS DOH BNE provide prescribers and patients educational materials that satisfy the HIPAA requirement of knowing where electronic data goes, who can access it and why, and how it is used.

116 Clinical Practice Guidelines As Safe Harbors
Introduced by Monroe County Medical Society
AMENDED BY ADDITION

RESOLVED, that the Medical Society of the State of New York seek legislation to create a demonstration project which establishes use of the appropriate specialty medical society developed evidence-based clinical guidelines as a safe harbor in any subsequent medical liability litigation that may arise.

117 "De-Fiscalizing" Lobbying
Introduced by Eli Einbinder, MD, As an Individual, Delegate, New York County
NOT ADOPTED

RESOLVED, that the Medical Society of the State of New York (MSSNY) proactively and publicly support public funding of political campaigns and oppose the continuation of private donations to politicians; and be it further

RESOLVED, that the Medical Society of the State of New York (MSSNY) seriously consider and discuss curtailing the making of political contributions as a means of gaining entrée to or influencing politicians; and be it further

RESOLVED, that MSSNY identify MSSNY members who have relationships with politicians, and concentrate on using those relationships to reach out to the politicians in a non-fiscalized manner; and be it further

RESOLVED, that MSSNY recommend to physicians that during legislative visits on any topic, money should be the last item on the agenda, so that other medical and social perspectives may be covered first.

118 Taskforce on Home Care Services

Introduced by Long Term Care Subcommittee of the Quality Committee – MSSNY

ADOPTED

RESOLVED, that the Medical Society of the State of New York (MSSNY) and the Home Care Association of New York State (HCA) form a taskforce to collaborate and assess issues relating to:

- (1) community physician involvement in the development of care plans for home care services;
- (2) the transmission of clinical information;
- (3) non-reimbursement resulting from delayed requests for physician orders;
- (4) and administrative inefficiencies.

RESOLVED, that the results and recommendations of the taskforce and collaboration Between MSSNY and HCA be reported to the Long Term Care Subcommittee of the Quality Committee for further action such as educational, regulatory or legislative changes.

2016 Division of Governmental Affairs B SUNSET REPORT

ADOPTED