



**Deadline Approaches for Congress to Act to Reverse 3.4% Medicare Payment Cuts – Contact Your Representatives Now!**

With just a week left before Congress must act on a continuing resolution to fund the government after January 19<sup>th</sup>, physicians must continue to urge their Representatives, as well as Senators Schumer and Gillibrand, to restore a devastating payment cut for Medicare services that was implemented on January 1, 2024. [Be Heard | Physicians Grassroots Network.](#)

The looming 3.37% reduction comes after three consecutive years of cuts to payments for care provided to Medicare enrollees. If Congress does not act now, Medicare payments will have been cut by almost 10% in four years, which is simply unsustainable for physicians, and the patients who depend upon them. Unlike other care providers, physicians do not receive inflationary updates in the Medicare program, which is partially why eliminating these potential cuts is so crucial to preserving patient access to their physicians. Patients cannot expect to receive the care they need when community-based physician practices cannot keep their doors open.

The AMA, MSSNY and state and specialty societies across the country have been advocating for legislation (HR 6683) which would restore this cut. Importantly, nearly 200 members of Congress co-signed a bi-partisan letter urging House and Senate leaders to act to reverse these cuts, including New York representatives Yvette Clarke (D-Brooklyn), Adrianno Espailat (D-Manhattan), Andrew Garbarino (R-Long Island), Dan Goldman (D-Manhattan), Nicholas Langworthy (R-Western NY), Michael Lawler (R-Lower Hudson Valley), Grace Meng (D-Queens), Marc Molinaro (R-Hudson Valley and Southern Tier), Joe Morelle (D-Western NY), Jerrold Nadler (D-Manhattan), Pat Ryan (D-Hudson Valley), Paul Tonko (D-Capital District), and Ritchie Torres (D-Bronx)

Inaction is not an option - please contact your members of Congress today and urge them to include funding in the upcoming 2024 appropriations package to restore this cut! [Be Heard | Physicians Grassroots Network](#)

**(AUSTER)**

**Statement by MSSNY President Dr. Paul Pipia, MD, on Governor's State of the State Message – Positive Steps for Health Coverage, Concerns with Scope Expansion**

"We applaud Governor Hochul for her State of the State goals to address gaps in patient access to needed healthcare. Important steps announced by the Governor include updating outdated health insurer network adequacy standards, stronger enforcement of our mental health coverage parity laws, and expanded investment in loan repayment programs that will help offset the staggering medical student loan debt faced by many younger physicians.

"At the same time, we continue to have concerns with the adverse impact to patient care through removing important physician collaboration and/or supervision over care delivery by non-physicians. Not only is physician oversight essential for care quality, but it is also what patients want. A recent national [survey](#) reported that 95% of patients believe it is important that a physician be involved with their diagnosis and treatment decisions.

"We look forward to further discussions with the Governor and Legislature on the litany of steps that can be taken to help ensure our patients have access to the quality healthcare they need and deserve."

**(AUSTER)**

**Governor's State of the State Focuses on Enhanced Patient Access to Care**

This week, Governor Hochul delivered her State of the State message, accompanied by a 180-page book [2024-SOTS-Book-Online.pdf \(ny.gov\)](#) summarizing proposals she will advance this year, many through the Executive Budget to be released next week. There was a significant focus on expanding access to mental healthcare and primary care services. These proposals include:

***Health Insurance Coverage Enforcement/Expansion Proposals***

- Stronger enforcement by DFS on insurers violating mental health parity laws, including doubling the fines for parity violations.
- Imposing more aggressive network adequacy requirements for mental health coverage and substance abuse services, to ensure shorter appointment wait times.
- Creating a DOH-DFS workgroup to establish stronger network adequacy requirements for all health care services.
- Issue Guidance for Mental Healthcare screenings that will be covered by health insurers with zero cost-sharing, and increased insurer payment for mental health coverage.
- Eliminate cost-sharing for both Essential and Exchange plans for office visits, lab work and testing, pharmaceuticals, and other supplies and services to promote better management of chronic conditions such as Type 2 Diabetes.
- Provide continuous Medicaid and Children's Health Insurance Program coverage for any eligible child up to 6 years old.

***Physician Incentive Payment Programs***

- Establish a new loan repayment program for psychiatrists, primary care physicians, and other care providers who make a 4-year commitment to serve the Medicaid population.
- Increased Medicaid payments for physicians participating in the Patient-Centered Medical Home program, including for pediatric populations.

### **Health Workforce/Scope Expansion Proposals**

- Permitting PAs to practice without physician supervision in primary care and when employed by a hospital (*MSSNY has opposed similar proposals in previous years*).
- Permitting New York to join the Physician Licensure Compact (*MSSNY has raised concerns with similar proposals in previous years*).
- Permit pharmacists to administer vaccines, screen, and to dispense medication for MPOX and PrEP. (*MSSNY has raised concerns with similar proposals in previous years*).
- Permit Medical Assistants to perform immunizations (*MSSNY has supported*).
- Expand the role of registered nurses to facilitate Hepatitis B testing.
- Permit EMS providers to provide care in the community during nonemergent situations.
- Create a Paramedic Telemedicine Urgent Care program, which will use paramedics in rural areas and a healthcare provider via telemedicine to deliver low-acuity emergency services.

### **Public Health**

- Update the State's controlled substances schedule to include new fentanyl analogs, xylazine, and prescription medications regularly subject to illegal distribution.
- Permit health care providers in ERs to dispense up to a 3-day supply of buprenorphine.
- Reestablish a pain management working group to inform best practices, guideline changes, and suggest non-pharmacological ways for patients to cope with pain management.
- Require healthcare providers to obtain consent from individuals who are pregnant or recently gave birth prior to drug testing.
- Increased DOH oversight of physicians who have higher C-section rate than indicated clinical best practices.
- Require labs to report all negative HIV, Syphilis, Hepatitis B, and Hepatitis C test results to improve targeted interventions and address gaps in testing. The Governor will also propose legislation to make HIV testing a routine part of an annual visit.
- Department of Veterans' Services to develop a "pocket card" containing information that medical professionals should know when working with a veteran patient.
- Developing a Training and Awareness program for healthcare providers to file an Extreme Risk Protection Order petition to prevent individuals who show signs of being a threat from accessing any kind of firearm.

### **NYS Department of Health Proposes Standards for Mental Health Networks**

Consistent with the Governor's State of the State message, this week the NYS Department of Health (DOH) released proposed network adequacy standards for Managed Care Organizations (MCO), for mental health and substance use disorder treatment services. Importantly, the

proposed regulations would require an MCO to have a provider network of sufficient size such that a patient will be able to receive an appointment for needed behavioral healthcare services within 10 days of request. The proposed changes are designed to improve patient access to behavioral health services across the state and include sub-acute care in a residential facility, assertive community treatment services, critical time intervention services, and mobile crisis intervention services.

In addition to new network adequacy requirements, the proposal also calls for a directory of participating providers. Specific information that must be included for each provider includes any affiliation with participating facilities certified or authorized by the Office of Mental Health and the Office of Addiction Services and Supports, restrictions on availability of services, level of care offered, among a range of others. The standards would go into effect on January 1, 2025. To learn more details, please see the [full proposal](#).

MSSNY will continue to track this issue and provide updates.

(CARY)

### **DOH Proposes Regulation to Reduce Medical Staff Recertification Burdens**

The New York State has proposed a regulation [Medical Staff Recertification.pdf \(ny.gov\)](#) that would increase to 3 years from 2 years the time period for hospital medical staffs to recredential their staff physicians. The proposed regulations align with a recent change by the Joint Commission to revise its credentialing and privileging standards applied to its Advanced Diagnostic Imaging, Ambulatory Surgical Center, Critical Access Hospital, and Hospital accreditation programs, as well as a position statement adopted by MSSNY at its 2023 House of Delegates. Comments in support can be sent to Katherine Ceraolo at the NYS Department of Health at [REGSQNA@health.ny.gov](mailto:REGSQNA@health.ny.gov).

(AUSTER)

### **NYS Department of Health Advisory on Masking in Healthcare Facilities**

On January 8, 2024, the New York State Department of Health Department recommends that all healthcare and residential facilities in NYS institute a facility-wide masking policy due to a substantial increase in cases of influenza and COVID-19. The policy should apply to all personnel while working in areas where patients/residents/clients/ may be present. "Personnel" in the context of this recommendation means all persons employed or affiliated with a healthcare or residential facility or agency, whether paid or unpaid, including but not limited to employees, members of the medical and nursing staff, contract staff, students, and volunteers. Visitors should also be encouraged to wear a mask while in the facility. A copy of the advisory is [here](#).

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### **Registration Now Open Medical Matters CME Webinar**

#### **[Psychosocial Elements of Infectious Outbreaks: A History](#)**

**Wednesday January 24, 2024 @ 7:30am**

Infectious outbreaks, especially those on a pandemic scale, impact nearly every aspect of human existence. Learn more about the psychosocial impact historically experienced because of infectious outbreaks by registering for the next Medical Matters webinar, ***Psychosocial Elements of Infectious Outbreaks: A History*** scheduled for **January 24<sup>th</sup> at 7:30am**. Craig Katz, MD, vice-chair of MSSNY's Committee on Emergency Preparedness and Disaster/Terrorism Response will serve as faculty for this webinar. [Register now](#)

Educational objectives are:

- Outline common human reactions to infectious outbreaks.
- Recognize factors that influence how people react.

- Identify how to apply these historical lessons to your own medical practice.

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)**

### **Women Physicians Leadership Academy March Registration Now Open**

Registration is now open for the March 2024 Women Physicians Leadership Academy! To register for each session, please click the links below.

[March 2, 2024: The Importance of Networking](#)

[March 9, 2024: Enhancing Physician Wellness and Belonging](#)

[March 16, 2024: Designing Your Medical Career](#)

More information on this series can be found on the MSSNY website: [Public Health – MEDICAL SOCIETY OF THE STATE OF NEW YORK ORGANIZED 1807 \(mssny.org\)](#)

If you are unable to attend one of the sessions, the session will be placed on-line at the MSSNY CME website as enduring material approximately one month after the live session. The three fall sessions are now available on the MSSNY CME site at <https://cme.mssny.org/>. The three sessions will entitle a participant to earn three hours of Continuing Medical Education (CME) credit for each session.

Any questions about the Women Physicians Leadership Academy, please reach out to Pat Clancy, MSSNY Sr. Vice President/Managing Director at [pclancy@mssny.org](mailto:pclancy@mssny.org) or Emily Rento, MSSNY's Public Health Associate at [erento@mssny.org](mailto:erento@mssny.org)

**(RENTO)**

### **Peer to Peer (P2P) Program:**

Stress and burnout among physicians have been documented for years. The COVID-19 pandemic is exacerbating the public health problem of physician burnout in New York state. Throughout the pandemic, physicians and other health professionals have faced concerns about safety, overworking and feelings of loss. Without an intervention, it is possible that a high number of physicians over the next few years may develop chronic stress reactions, anger, clinical depression, substance abuse, post-traumatic stress disorder and suicidality. MSSNY's P2P program allows physicians, residents, and medical students to talk with a peer about work or life stressors.

**If someone you know is struggling with life stressors, reach out to the P2P program to connect them to a peer supporter!**

**Email: [P2P@mssny.org](mailto:P2P@mssny.org) and request that you be connected with a peer supporter**

**Phone: 1-844-P2P-PEER (1-844-727-7337) and request that you be connected with a peer supporter**

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