Legislation to Repeal Significant Portions of the ACA Could Be Back Before Congress; MSSNY Joins Several Other Organizations to Express Concerns

Multiple media outlets have reported that the members of the House Freedom Caucus agreed to support the American Health Care Act (AHCA) if it incorporated amendments that would permit states to modify specific ACA requirements, including age rating bands, essential health benefits, and continuous coverage incentives. The amendment was the result of ongoing discussions between Representative Tom MacArthur (R-NJ), co-Chair of the centrist “Tuesday Group” and the House Freedom Caucus.

(Continued on page 12)

MSSNY Pain Management, Palliative Care and Addiction Online Program Available

The Medical Society of the State of New York Pain Management, Palliative Care and Addiction modules are now available on-line here.

These modules are being offered free of charge to all MSSNY members. Physicians who are new users to the MSSNY CME site will be required to register as a new user. As a new user, physicians and non-physicians will be required to

(Continued on page 17)
**Final NYS DOH Buprenorphine Training in Ithaca on June 3**

The final NYS DOH AIDS Institute Free Buprenorphine Waiver Training for Clinical Providers will be held in Ithaca on June 3. Click [here](#) for the flyer that contains further information, including location, online registration and prerequisite training.

The New York City Department of Health and Mental Hygiene conducts free buprenorphine waiver trainings as well throughout all five boroughs. For further information, please contact them at buprenorphine@health.nyc.gov. For more information about all upcoming MAT trainings, please visit [www.pcssmat.org/mat-basics/mat-waiver-training/](http://www.pcssmat.org/mat-basics/mat-waiver-training/).

Should you have any questions, please do not hesitate to contact the department at 1-800-692-8528 or buprenorphine@health.ny.gov. Space is limited to 40 individuals and will fill up so please register soon!

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**DOH Attestation Process for Pain Management CME Must Be Completed by July 1, 2017**

The New York State Department of Health has announced the attestation process for prescribers required to complete Pain Management CME. Prescribers must attest to the completion of the pain management, palliative care and addiction course work or training by July 1, 2017, and again every three years thereafter. The prescriber should only attest after completion of at least three hours of course work or training covering all eight topics. A prescriber with a Health Commerce System (HCS) account will attest online using the Narcotic Education Attestation Tracker (NEAT) application.

Complete the steps to access the NEAT (Narcotic Education Attestation Tracker) application in the NYS Health Commerce System (HCS):

- Log into the HCS [here](#)
- Under “My Content” click on “All Applications”
- Click on “N”
- Scroll down to NEAT (Narcotic Education Attestation Tracker) and double click to open the application. You may also click on the “+” sign to add this application under “My Applications” on the left side of the Home screen.

Complete the steps to ATTEST to the completion of the education requirement. A full set of instructions can be found [here](#).

Prescribers that do not have access to a computer can request a paper attestation form by calling the Bureau of Narcotic Enforcement (BNE) toll-free at 1-866-811-7957. They may then complete the form and return it by mail to the address provided in the form. The Bureau of Narcotic Enforcement has also released a Frequently Asked Questions (FAQs) on the prescriber mandate. A copy of the FAQs can be found [here](#). In certain limited circumstances, the New York State Department of Health may grant an exemption to the required course work or training to an individual prescriber who clearly demonstrates to the department that there is no need to complete such training.

Exemptions will be granted only in very limited circumstances, and not solely on the basis of economic hardship, technological limitations, prescribing volume, practice area, specialty or board certification. Prescribers may apply for an exemption through the Health Commerce System. Further information may be obtained by contacting BNE at 1-866-811-7957 or narcotic@health.ny.gov.

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PRESIDENT’S COLUMN

A Time to Sow and a Time to Reap

There are some extremely important issues on the block that affect every physician. It is time to take a stand before our adversaries run us over.

Please take a minute to go to our Grassroots Action Center – it really only takes a minute – to let your opinion be known to YOUR legislator. With the legislative session expected to end June 21, MSSNY is currently advocating for various pieces of legislation so that you are able to assure your patients that they will continue to receive timely and quality care.

- COLLECTIVE NEGOTIATION

In my opinion, a primary goal of having collective negotiation (under states’ rights doctrine) is to level the currently one-sided contracting playing field, which would minimize the need to actually engage in bargaining. And we have precedent in the effectiveness of this concept in surprise bill legislation whereby physicians and payers seem to come to terms, mostly without resorting to the dispute resolution process. One of MSSNY’s priority bills recently moved through the Senate Health Committee to the Finance Committee. The bill (S.3663, Hannon / A.4472, Gottfried) would allow independently practicing physicians to collectively negotiate patient care terms with market dominant health insurers under close state supervision. Its Assembly counterpart has advanced to the Assembly floor and can be voted on at any time. It is very important that you send a letter to your legislators so that we can inform them how important the bill is for physicians. This bill would substantially lengthen the statute of limitations for medical malpractice actions and lead to enormous increases in the cost of liability insurance for physicians and hospitals.

If enacted this bill could increase your liability premiums by 15%. Please send a letter in opposition here.

- E-CIGARETTES

In mid-May, the Assembly passed legislation (A.516) that would place electronic cigarettes under the Clean Indoor Air Act (CIAA), and would prohibit its use in public places and certain outdoor areas. Its companion measure, S. 2543, sponsored by Senator Kemp Hannon, is on the calendar in the NYS Senate and can be voted on as early as next week. To send a letter, please click here.

(Continued on page 17)

MSSNY-PAC

Do Not React if You Do Not Ever Take Action

With June comes the end of New York’s Legislative Session and a time when there are a flurry of bills passed in the Senate and Assembly. Indeed, hundreds of bills can be passed in a single day, sometimes just in a span of a few hours.

Pieces of legislation, flying under the radar, perhaps thought to have already been rejected, can “spring to life” and end up being enacted with little if any public awareness or debate.

As a result, it is essential for constituents and groups to develop and maintain strong relationships with the key policymakers who will be making the decisions about which bills will be brought up for a vote.

It is another essential reason why we need strong physician grassroots involvement, including strong support for MSSNYPAC.

THE TIME TO ACT IS NOW

There are enormous threats facing the medical profession and the patients who depend upon us.

There are numerous proposals that would expand liability causes of action against physicians and increase our already exorbitant medical liability

(Continued on page 11)
We're here for your call.

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AgeWell New York, LLC is a HMO plan with a Medicare contract and a Coordination of Benefits Agreement with New York State Department of Health. Enrollment in AgeWell New York, LLC depends on contract renewal. This plan is available to anyone who has both Medical Assistance from the State and Medicare. This information is available for free in other languages. Please call customer service at 1-866-586-8044 or TTY 1-800-662-1220 seven days a week from 8:00 am to 8:00 pm Eastern Time or visit www.agewellnewyork.com. AgeWell New York complies with applicable Federal civil rights laws and does not discriminate on the basis of races, color, national origin, age, disability, or sex. AgeWell New York cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. AgeWell New York 遵守適用的聯邦民權法律規定,不因種族、膚色、民族血統、年齡、殘障或別而歧視任何人。ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-866-586-8044 (TTY: 1-800-662-1220). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-586-8044 (TTY: 1-800-662-1220). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-586-8044 (TTY: 1-800-662-1220). H4922_AS_4002 Accepted 09062016

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Why Physicians Die by Suicide: Lessons Learned From Their Families and Others Who Cared

Every day, we know doctors save lives. But you may not know that each day in the United States, a doctor dies by suicide. The common thread in nearly every one of those cases: a struggle with mental illness. While this heartbreaking epidemic may be largely preventable, the toxic stigma attached to mental health care for doctors is unrelenting. That stigma has been largely ignored – until now.

Through Why Physicians Die by Suicide: Lessons Learned From Their Families and Others Who Cared (February 2017), Michael F. Myers, MD, a psychiatrist and specialist in physician health, unravels the mystery of why 300 to 400 doctors kill themselves every year. Combining his lifelong clinical experience as a “doctors’ doctor” with gripping anecdotes of those who have lost a physician loved one to suicide, Dr. Myers sheds light on what has become a national tragedy.

“The words of the loved ones of doctors who have taken their own lives are treasures because they capture the complexity, the inner conflict, and the irony of self-destruction and despair in our guardians of life,” says Dr. Myers. “Ultimately, they shine much needed light on the darkness and confusion of suicide.”

Using personal narrative and real-life case examples, in Why Physicians Die by Suicide, Dr. Myers guides readers through the variety of factors that contribute to physician suicide. He then makes practical, across-the-board recommendations in an effort to end the epidemic, arriving at the encouraging conclusion that everyone has a role to play in saving a doctor’s life.

“This challenge – saving the lives of physicians – requires building the lighted darkness and confusion of suicide.”

(Continued on page 9)
THE BIRTHING CENTER OF NEW YORK OPENS IN BROOKLYN

The Birthing Center of NY, a new free-standing birthing center owned and operated by MSSNY member Dr. Lisa Eng, recently held its grand opening in Brooklyn. The celebration was attended by the center’s doctors and midwives, local leaders and invited guests.

Guests at the celebration included Andrew Hoan, president of the Brooklyn Chamber of Commerce, State Senator Marty Golden, Assemblymember Bill Colton and representatives from the offices of Brooklyn Borough President Eric Adams, Congressmember Dan Donovan and Assemblymember Peter Abbate.

“Approximately one percent of New York State’s births occur in the home and it is our hope to offer women more choices in childbirth,” said Dr. Eng. “The center will be open to all midwives, obstetricians and family practitioners who wish to credential with us and are willing to abide by the patient selection criteria for delivering at the Center as required by the Department of Health.

“It is my hope this center will be a safe place to deliver low risk pregnancies at reasonable rates, considering the astronomical costs of delivering at the three major hospitals in Southwest Brooklyn. We will provide free childbirth classes and newborn care classes for our patients.”

A graduate of Queens College, Dr. Eng received her Doctor of Osteopathic Medicine from New York College of Osteopathic Medicine in Old Westbury. She completed her residency training in Obstetrics and Gynecology at Lutheran Medical Center owned and operated by MSSNY member Dr. Lisa Eng, in Brooklyn and has been in private practice since 1995, as owner of New Life Medical Esthetics & Wellness in Manhattan and Brooklyn.

Dr. Eng was the Residency Educational Coordinator for the Department of Obstetrics and Gynecology, Lutheran Medical Center from 1995-2004 and also was a member of the Executive Board of Lutheran for over a decade.

A member of MSSNY since 1994, Dr. Eng is a member of the Committee to Eliminate Healthcare Disparities. She has also been the Chair of Section 2, District II of ACOG, and has been the Past President of the Medical Society of Bay Ridge, the Association of Chinese American Physicians (ACAP), and Chinese Community Accountable Care Organization and has served on the Board of ECAP-IPA and Homecrest Community Services. She is Past President of the Medical Society of Kings.

ENT AND ALLERGY ASSOCIATES HONORED WITH HFMA’S MAP AWARD FOR HIGH PERFORMANCE IN REVENUE CYCLE FOR AN UNPRECEDENTED THIRD YEAR IN A ROW

ENT and Allergy Associates is the first private practice to win the prestigious Healthcare Financial Management Association (HFMA)’s High Performance in Revenue Cycle for the third time in a row.

Robert Glazer, CEO of ENTA, noted, “The premise that drove this initiative was transparency of costs to our patients. We believe that the black hole of healthcare costs must be opened and patients must be well-informed and engaged in their own healthcare. Our patients are now more involved from the initial encounter and as a result, our efficiency has improved in a climate of higher copays and deductibles.”

Created by and for healthcare leaders, HFMA’s MAP initiative sets the standard for revenue cycle excellence in the healthcare industry. MAP is a comprehensive strategy that allows organizations to measure revenue cycle performance using the industry-standard MAP Keys; apply evidence-based strategies for improvement; and perform to the highest standards to improve financial results and patient satisfaction.

ENTA demonstrated its expertise in meeting industry standard revenue cycle benchmarks (MAP Keys), implementing patient-centered recommendations and best practices embodied in HFMA’s Healthcare Dollars & Sense initiatives, and achieving outstanding patient satisfaction.

The award will be formally presented on Sunday, June 25, 2017 at HFMA’s National Institute in Orlando, Florida.

MLMIC Releases New Risk Management CME Program

As part of MLMIC’s ongoing commitment to help physicians and other healthcare practitioners improve the quality of patient care and reduce potential liability exposure in their practices, a new online risk management CME program, Proactive Risk Management Follow-Up Program VII (Follow-Up VII), has been developed for its policyholders and is now available at policyholders’ secure login at MLMIC.com.

The topics covered in this program include:

- the benefits as well as the associated liability risks of using electronic health records (EHRs) in the office practice
- the proper use of EHR features and the use of EHR data in litigation
- the key factors considered by plaintiffs’ attorneys when evaluating a potential malpractice claim
- the areas of risk commonly identified in high exposure liability cases
- follow-up procedures in the office practice and the liability risks of patient noncompliance
- recent trends in pediatric claims and the main areas of liability risk in the treatment of pediatric patients

In addition to its educational value, physicians can earn CME credits, ABIM and ABP MOC credits (if appropriate), the applicable premium credit (5%, VAP or ECPIP) and eligibility to participate in the NYS excess medical malpractice insurance program (Section 18 professional liability coverage).

To view the program now, click here to log in. If you have any questions regarding this program, please do not hesitate to contact MLMIC’s Risk Management Department at (212) 576-9601, from 9 a.m. – 4:45 p.m., Monday through Friday.
From 2007 to 2014, private insurance claim lines with opioid abuse and dependence diagnoses increased 1,459 percent in the New York City suburbs of Nassau, Rockland, Suffolk and Westchester counties, according to data from FAIR Health, a national, independent, nonprofit organization dedicated to bringing transparency to healthcare costs and health insurance information.

The increase was greater than in New York City (324 percent) and the rest of the state (310 percent) for the same time period, as well as in New York State as a whole (487 percent). “Claim lines” are the individual services or procedures listed on an insurance claim.

Those trends were identified when FAIR Health investigated recent opioid-related data from New York State in its national database of over 23 billion privately billed healthcare claims, the largest such repository in the country. FAIR Health previously published two white papers on the national opioid crisis, The Opioid Crisis among the Privately Insured: The Opioid Abuse Epidemic as Documented in Private Claims Data and The Impact of the Opioid Crisis on the Healthcare System: A Study of Privately Billed Services.

Following are other pertinent New York-related findings from FAIR Health’s research.

There may be several reasons why New York City has a disproportionately smaller share of the private insurance claim lines with opioid-related diagnoses. It could be that, at least among the privately insured, the opioid epidemic is having a more severe impact on the rest of the state than on the city. It also could be that, in New York City, a greater share of patients with opioid-related diagnoses are receiving their healthcare under Medicaid than in the rest of the state. FAIR Health data do not show Medicaid utilization. And, it (Continued on page 8)
Private Insurance Claim Lines with Opioid Abuse and Dependence Diagnoses Increased

It could be that in New York City there are a greater number of higher-income individuals who are not using insurance to cover their opioid-related treatment.

**OPIOID-RELATED DIAGNOSES BY CATEGORY**

There are a number of distinct categories of opioid-related diagnoses, and claim lines associated with them have risen at different rates in different regions of New York State. Of five diagnoses—heroin overdose, opioid overdose (excluding heroin), opioid abuse, opioid dependence and pregnancy drug dependence—the largest increase in New York City from 2007 to 2014 was in pregnancy drug dependence, which rose 2,600 percent. (Pregnancy drug dependence can include other drugs as well as opioids.) But, in the same period in the New York City suburbs, claim lines with an opioid dependence diagnosis rose at the greatest rate—1,867 percent. In the rest of New York, claim lines for one of the diagnoses actually decreased: opioid overdoses fell by 56 percent. Outside New York City and its suburbs, the largest increase was 470 percent for pregnancy drug dependence.

**OVERDoses BY AGE AND GENDER**

In New York State in the period 2007-2014, age-related patterns differed for heroin overdoses and overdoses of opioids excluding heroin. Claim lines associated with heroin overdoses occurred overwhelmingly in the younger population, mostly in the age groups 23 to 30 years and 19 to 22 years, with the third most populous age group those 18 years and under. By contrast, claim lines associated with opioid overdoses excluding heroin occurred most often in the age group 51 to 60 years, followed by 41 to 50 years.

Gender-related patterns also differed with respect to heroin overdoses compared to overdoses of opioids excluding heroin. In the period 2007-2014 in New York State, claim lines associated with heroin overdoses were more numerous for males than females in all age groups but one (13 to 18 years). Claim lines associated with opioid overdoses excluding heroin, however, showed a different pattern. The frequency of such claim lines for males was greater than for females from ages 13 to 30, and again from 41 to 60. But, such claim lines occurred more frequently for females from ages 31 to 40, and again from ages 61 to over 80.

FAIR Health President Robin Gelburd commented, “As the opioid epidemic continues to spread across the nation, FAIR Health is committed to using its data to help all healthcare stakeholders understand the complexities and layered impact of this pressing national issue.”
supervision. To send a letter to your legislators click here. Changes Definition of Clinical Peer Reviewer (2539, Gottfried) – Would assure that a physician of the same or similar specialty review health care recommendations on behalf of a health plan before treatment recommendations are denied

Improving the Medical Liability Landscape in New York State (4913, Schimminger) – would implement a number of important reforms to the medical liability adjudication system to reduce the exorbitant cost of medical liability insurance.

Protecting the Peer-Review Process (2460 Gottfried / S.3661 Hannon) – Would extend the confidentiality provisions relating to discovery of testimony to apply to statements made by any person in attendance at peer-review committee that is a party to an action the subject matter of which was reviewed at such meeting.

Raising the purchase age of tobacco products to 21 and regulate e-cigarettes under the Clean Indoor Air Act.

Among the Many Bills MSSNY is Opposing: Expanding the Medical Liability Lawsuits (3339/S.4080) – would substantially lengthen the statute of limitations for medical malpractice actions and lead to enormous increases in the cost of liability insurance for physicians and hospitals. If enacted this bill could increase your liability premiums by 15%. Please send a letter in opposition click here.

Expansion of Medical Liability Damages (411/A.1386) – would greatly expand the categories of damages which a plaintiff may recover in a wrongful death action. Actuarial studies have predicted that this bill could increase liability premiums by over 50%.

Prohibiting Ex-Parte Interviews of Plaintiff’s Treating Physician (243/A.1404) – would prohibit a physician’s defense counsel in a medical liability action from conducting an interview with the plaintiff’s treating physician. This bill would present significant issues for physicians in a medical liability action by limiting the opportunity to fully examine the plaintiff’s health condition to evaluate the merit of the plaintiff’s claim.

Retail Clinics (A958) – would permit corporate owned “retail clinics” in big box stores

Certification of Certified Registered Nurse Anesthetists (CRNAs) (A.442/S.1385) – would provide for the certification by the education department of certified registered nurse anesthetists (CRNAs). This bill fails to define a scope of practice consistent with existing New York State standards. Under NYS Health Code (10 NYCRR 700.2), CRNAs are already required to register with the NYS Education Department and are prohibited from practicing nurse anesthesia without meeting specific education and testing requirements.

Podiatric scope of practice (1880/ S.4734) – would expand the scope of practice of podiatrists to allow podiatrists to “diagnose, treat, operate or prescribe for cutaneous conditions of the ankle to the level of the distal tibial tubercity” (knee).

Why Physicians Die by Suicide

bridges and cooperative work – linking the expertise of trained professionals with the words of courageous grieving individuals who have poured out their hearts on these pages,” adds Dr. Myers. “We must continue to be candid and rigorous and we must keep talking about a subject that, sadly, is not going away. When that day comes, and it will, we can be quiet.”

In this moving and critically important resource for medical educators, physicians and their families, and anyone touched by physician suicide, you’ll discover:

• The multitude of triggers that cause doctors to take their own lives— including burnout, depression, bipolar illness, drug use and PTSD
• The debilitating impact of the stigma related to mental health care and doctors, causing many of them to receive no treatment whatsoever
• Why many physicians who do go for mental health care “fall through the cracks”
• Captivating insights from those who are affected when doctors die by suicide—including bereaved loved ones, medical training directors and patients
• How the culture of medicine must change, providing support and treatment for doctors with mental illness
• The important role that family members play in a doctor’s treatment, and how they should be involved in their recovery process

Michael F. Myers, MD is a specialist in physician health, a lecturer, and Professor of Clinical Psychiatry at SUNY Downstate Medical Center in Brooklyn, NY. Treating more than 700 doctors throughout his career, Dr. Myers has devoted the bulk of his decades-long private practice to treating physicians and their families. As the immediate past president of the American Foundation for Suicide Prevention (New York City Chapter), Dr. Myers has also served as a board member for both the American and Canadian Psychiatric Associations, and is currently on the Advisory Board of the Committee for Physician Health of the Medical Society of the State of New York.

Through his award-winning scholarly work, Dr. Myers examines the training of medical students and doctors, and has authored (or co-authored) seven previous books, including The Physician as Patient: A Clinical Handbook for Mental Health Professionals (with Glen O Gabbard, MD) and Touched by Suicide: Hope and Healing After Loss (with Carla Fine). He is board certified in Psychiatry by both the Royal College of Physicians & Surgeons of Canada and the American Board of Psychiatry & Neurology.

Collective Negotiation

With the legislative session expected to end June 21, MSSNY is currently advocating for various pieces of legislation to better enable physicians to continue to assure their patients are able to receive timely and quality care. One of MSSNY’s priority bills recently moved through the Senate Health Committee to the Finance Committee. The bill (S.3663, Hannon / A.4472, Gottfried) would allow independently practicing physicians to collectively negotiate patient care terms with market dominant health insurers under close state supervision.

Its Assembly counterpart has advanced to the Assembly Ways & Means Committee. It is very important that you send a letter to your legislators so that we can inform them how important the bill is for physicians. Physicians can send a letter here. You can call your legislator’s directly in their legislative offices in Albany to speak about the issues impacting your ability to treat patients.

Senate: 518-455-2800
Assembly: 518-455-4100
Legislation Advances to Assure Peer Review Prior to Health Plan Contract Non-Renewal

Legislation (S.3943, Hannon) to assure that a physician has a right to a hearing before their clinical peers before their participation contract with a health insurance company can be non-renewed was reported unanimously from the Senate Health Committee to the Senate floor.

MSSNY supports this legislation. Identical legislation (A.2704, Lavine) recently passed the Assembly. The purpose of the bill is to address a gap in current law that prohibits a health insurance company from terminating a physician’s contract with a health plan without a written explanation of the reasons for the proposed contract termination and an opportunity for a hearing before clinical peers, but does not apply those rights to situations where the physician’s contract is not renewed.

There have been instances in the last few years where certain health insurance companies have dropped significant numbers of physicians from their networks without providing any recourse to these physicians to challenge these non-renewals. This legislation would provide important protections to better assure the continuity of the physician-patient treatment relationship. Physicians can send a letter to their Senator in support of this legislation here.

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IPRO Supporting CMS Payment Program

IPRO has been awarded a special contract from the Centers for Medicare & Medicaid Services (CMS) to help physician practices in New York, Maryland, Virginia and the District of Columbia prepare for and participate in the new Quality Payment Program, established by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). This technical assistance, authorized and funded under MACRA, brings direct support to an estimated thousands of Merit-based Incentive Payment System (MIPS) eligible clinicians in small practices with 15 or fewer clinicians, including small practices in rural locations, health professional shortage areas and medically underserved areas across the country.

The direct technical assistance is available immediately, free to all MIPS eligible clinicians, and will deliver support for up to a five-year period. “We’re very pleased to be able to support CMS in this effort to offer free technical assistance to thousands of physicians as they implement the new value-based Medicare payment system,” said IPRO Chief Medical Officer Clare Bradley, MD, MPH. IPRO will provide customized technical assistance to MIPS eligible clinicians, which may include, but is not limited to, the following:

- Conveying the MIPS expectations and timelines
- Explaining the MIPS feedback report
- Creating a MIPS-score improvement plan
- Evaluating practice readiness for joining an Advanced Alternative Payment Model (APM)
- Assessing and optimizing Health Information Technology
- Supporting change management and strategic planning
- Developing and disseminating education and training materials
- Enabling peer-to-peer learning and local partnerships.

For more information regarding this support service, go to www.mssny.org for contact information or to seek assistance.
insurance premium costs. Legislation is aggressively being pushed by the trial lawyers that would greatly lengthen the medical liability statute of limitations, legislation to greatly expand the awards in “wrongful death” actions, and to increase their contingency fees.

Enactment of any of these proposals could produce an unconscionable increase in your premiums, and force even more physicians out of independent practice. If you are employed by a health system, it could force that system to cut medical staff salaries or make other cutbacks that could greatly impact how you deliver care to your patients.

**PHYSICIANS’ SCOPE OF PRACTICE ISSUES HAVE STRONG FOES**

There are also numerous proposals that would potentially inappropriately expand the scope of practice of nurse anesthetists, optometrists, podiatrists, psychologists and other non-physicians. And there are proposals under strong consideration that would permit corporately owned retail clinics that would be staffed by extenders.

The end of session is also an opportunity for physicians to improve our practice climate.

Last year, the Legislature enacted a number of administrative simplification measures advocated for by MSSNY, reducing some of the hassles associated with the mandatory e-prescribing law, and reducing prior authorization hassles imposed by insurers when physicians seek to ensure patients have coverage for the medications they need.

This year MSSNY is seeking additional measures to reduce physician administrative hassles, such as reducing health insurer prior authorization delays and eliminating arcane laws relating to percentage-based compensation arrangements with billing vendors that currently put physicians at risk for audits and investigations.

Please join us in these efforts. When you receive an e-mail alert requesting a phone call or a letter to your legislators, please take that action. One phone call or letter can really make a difference!

And please help to assure a strong MSSNYPAC by joining here or increasing your support.

Finally, make sure your colleagues are aware of the importance of supporting MSSNYPAC. While MSSNYPAC sends out many notices to physicians, often the most compelling reason for a physician to join is the fact that their colleagues – whose perspectives they trust the most – have also joined.

The physician community is facing many challenges, but it can successfully respond to these challenges if enough physicians get involved.

Please support our efforts to improve the physician care delivery environment in New York State.

The future you save may be your own.
Legislation to Repeal Significant Portions of the ACA Could Be Back Before Congress

(Continued from page 1)

The AHCA was pulled from Congressional consideration in late March because it had insufficient “yes” votes, including lack of support from the Freedom Caucus. However, as of this writing it is not known whether this amendment to the AHCA legislation will now produce a majority to support the legislation, or whether it could also pass the US Senate.

MSSNY joined with nearly two dozen patient advocacy organizations in a letter to New York’s Congressional delegation that noted that “while the Affordable Care Act (ACA) can be improved, replacing it with the AHCA would have significant adverse consequences to millions of New Yorkers.” Instead, the letter urged that New York’s Congressional Delegation fight to: “Ensure uninterrupted healthcare coverage for the 24 million Americans, including the 850,000 New Yorkers who gained coverage under the ACA; do not harm New York State’s budget and do not shortchange New York’s Medicaid program; and protect the more than 600,000 New Yorkers who gained coverage under the Essential plan.”

The AMA sent a letter to Congressional leaders noting that “Nothing in the MacArthur amendment remedies the shortcomings of the underlying bill” and that the AMA remains “deeply concerned that the AHCA would result in millions of Americans losing their current health insurance coverage”. It is urging physicians to send a letter in opposition to their legislators here.

KEEPING SOME POPULAR PROVISIONS

As has been previously reported, the AHCA would keep some of the popular provisions from the ACA, such as required coverage for pre-existing conditions, and requiring dependent coverage up to age 26. It would also significantly expand the amount of funds that a person could direct to their Health Savings Account and delay for several years implementation of the “Cadillac Tax” on comprehensive health insurance coverage.

WOULD REVISE SUBSIDY PROGRAMS

However, it would substantially revise ACA rules that facilitated various subsidized coverage programs for those who made up to 400% FPL ($94,000 for a family of 4). While the expanded eligibility for Medicaid (up to 138% FPL) would be available through the end of 2019, starting in 2020, such expanded coverage would only be continued for those who had such coverage prior to the end of 2019. The AHCA would also repeal the tax credits currently provided to help cover cost-sharing amounts for coverage for individuals who earn too much to qualify for Medicaid. Instead, tax credits of $2,000-$4,500 (depending upon age) would be provided to enable the purchase of health insurance coverage.

Tax credits will be available in full to individuals earning less than $75,000 and households earning less than $150,000, but they will be capped for higher earners. It appears as if the AHCA would also completely eliminate funding for New York’s Essential Plan, which provides low-cost insurance coverage with little cost-sharing responsibilities for those who make between 138% -200% FPL.

The bill would also repeal several other notable ACA provisions, including the requirement for all individuals to have health insurance coverage, the large employer coverage mandate, the provision to impose a “tanning” tax and a provision that limits the tax deductible treatment for health insurers of executive income that exceeds $500,000.

We will keep physicians updated.
More New York Residents Have Access to Prescription Savings

Statewide Prescription Assistance Program Offers a Prescription to High Healthcare Costs

The Centers for Disease Control reports that Americans spend more on prescription drugs than people in any other country: some $45 billion in out-of-pocket dollars in the last year alone. With that in mind, the New York Rx Card is reminding physicians that their patients who aren’t insured or who take prescription drugs that aren’t covered by their health insurance plans, can use the New York Rx Card to obtain discounts of up to 75 percent off the retail price for FDA-approved medications.

New York Rx Card has been working closely with Medical Society of the State of New York, as well as numerous clinics and hospitals around the state to distribute free discount prescription cards so that all New York residents will have access to this free program. New York Rx Card was launched to help the uninsured and underinsured residents afford their prescription medications. The program can also be used by people that have health insurance coverage with no prescription benefits, which is common in many health savings accounts (HSA) and high deductible health plans.

New York Rx Card has helped residents save over $143 million since its inception in 2010. You can help by encouraging your patients to print a free New York Rx Card at www.newyorkrxcard.com. New York Rx Card is also available as an app for iPhone and Android. You can search “Free Rx iCard” in the app store. Any physicians who are interested in ordering free cards for their clinic/hospital can email Chez Ciccone, New York Rx Card Program Director at fciccone@nyrxcard.com.

New York Rx Card has chosen CVS as their preferred pharmacy so that residents who don’t have access to a computer and can’t obtain a hard card, can visit any CVS to have their prescriptions processed through New York Rx Card. Residents can simply reference “New York Rx Card” to have their prescription processed through the program. New York Rx Card is accepted at over 68,000 participating regional and national pharmacies.

New York Rx Card has helped residents save over $143 million since its inception in 2010. You can help by encouraging your patients to print a free New York Rx Card at www.newyorkrxcard.com. New York Rx Card is also available as an app for iPhone and Android. You can search “Free Rx iCard” in the app store. Any physicians who are interested in ordering free cards for their clinic/hospital can email Chez Ciccone, New York Rx Card Program Director at fciccone@nyrxcard.com.

For more information or to order free hard cards visit: www.newyorkrxcard.com
Chez Ciccone • fciccone@nyrxcard.com
Phone: 800-931-2297
The Annual Meeting for the Alliance with the Medical Society of the State of New York was held in Tarrytown, New York April 20-21, 2017. This year our meeting focused on membership retention and recruitment of new members. The goal this year is, once again, to look at what our members want when they join our group and to look at what we need to develop in order to retain them once we get them to join. Our organization continues to be “the volunteer voice for healthy families.”

**NEW OFFICERS**

Bonnie Liebers, our immediate Past President, installed our new slate of officers for the upcoming year 2017-2018. Once again, we will have three State Presidents each serving a term of four months. Valerie Semeran from Onondaga County will serve from May through August, Helena Mirza from Schenectady will serve from September through December and Barbara Ellman from Albany will serve from January through April. We all agreed that our collective goal must be to make our State Alliance relevant, using a value based approach, in order to attract new members. The Alliance welcomes your suggestions to improve our organization and make it more relevant to you. Please feel free to share your suggestions with our Executive Director, Kathy Rohrer at krohrer@mssny.org or by phone at 516-488-6100 x396.

**FUNDS HELP TO SUPPORT IMPORTANT CAUSES**

The Alliance would like to extend a big thank you to the members of MSSNY who supported our raffle held during the HOD. We raised $1,730 in a single night during the MLMIC dinner. We thank you all for your generosity. These funds will be distributed to the Physicians Home, the Belle Tanenhaus Education Fund, the AMAA AHEI fund and the AMA Foundation. They will go a long way in supporting these great causes. We hope to do it again when we meet next year in Buffalo, March 23 and 24.

**FALL CONFERENCE IN SCHENECTADY**

We also ask that you SAVE THE DATE for our Fall Conference, which will be held October 15-16 at the Hilton Doubletree in Schenectady. If you have any recommendations for speakers or would like more information about the Conference, please contact Kathy Rohrer.

**MSSNYPAC Is for Everyone!**

We urge you to support our efforts. You can do it right now by clicking here and making a donation to MSSNYPAC. And, if you're already a member, you are urged to contact 10 colleagues to make sure they are members.

**BUT WHY STOP THERE?**

For $85/month, you can be a member of our prestigious Chairman's Club. And for $210/month, you can join our elite President’s Circle.

**ALLIANCE**

**MSSNY’s Alliance: The Volunteer Voice for Healthy Families**

The independent practice is dead. NOT SO! Like Mark Twain, the reports of its death are greatly exaggerated. A 2015 AMA study found that over 60% of all physicians in this country practice medicine in groups of 10 or fewer physicians. Additionally, with the proper use of ONC-certified EHR, and not being afraid to learn from or the ability to control Laffer or Brady (see Malone v. County of Suffolk, 128 AD3d at 653), that Li had any relationship with the plaintiff or the decedent (see Purdy v. Public Adm’r of County of Westchester, 72 N.Y.2d 1, 8; Malone v. County of Suffolk, 128 AD3d at 653), or that Li’s treatment of Laffer or Brady “necessarily implicate[d] protection of ... identified persons foreseeably at risk because of a relationship with [the plaintiff or the decedent]” (Tenuto v. Lederle Labs., Div. of Am. Cyanamid Co., 90 N.Y.2d 606, 613; see Malone v. County of Suffolk, 128 AD3d at 653). Therefore, the Appellate Division held that the complaint failed to state causes of action against Dr. Li for either negligence or loss of services. In addition, the Appellate Division found the complaint did not state a cause of action under General Obligations Law § 11–103, as it did not allege that Laffer or Brady was “impaired by the use of a controlled substance” at the time they committed their crimes.

For more information on the above items, please contact Kern Augustine, P.C. at 1-800-445-0954 or via email at info@DrLaw.com.

**CMP Medica**

**2017 Staff Salary Results**

Looking to see if your staff salaries are in line with national benchmarks? Click here to check out national data on key positions in medical practices broken out by years of experience.

**Charting Tip**

By Larry Kobak, Esq., Partner, Kern Augustine, PC

If you have any questions, please contact Kern Augustine, P.C. at 1-800-445-0954 or via email at info@DrLaw.com.
More Photos from the 2017 House of Delegates in Tarrytown

Immediate Past President Dr. Malcolm Reid at home as Chief Engineer of his model train system that is a miniature metropolis in O-scale.

Physicians participate in the Clinical Fitness class during a break in the HOD proceedings.

Immediate Past President Dr. Malcolm Reid (left) and Dr. Anthony Clemendor

Dr. Gregory Pinto presents Governor Cuomo’s congratulatory proclamation to Dr. Malcolm Reid.

(Left to right): Immediate Past President Dr. Malcolm Reid, Past President Dr. Joseph Maldonado, Past President Dr. Andrew Kleinman and Past President Dr. Robert Hughes

Members of the Women’s Caucus meet at the House of Delegates.

Photo Credit: Steve Sachs

(Continued on page 16)
More Photos from the 2017 House of Delegates in Tarrytown

(Continued from page 15)

Dr. Kara Kvilekval (Suffolk) with Dr. Charles Rothberg

Past President Dr. Robert Scher and his wife, Dr. Phyllis Scher

President Dr. Charles Rothberg (left) and Immediate Past President Dr. Malcolm Reid

The IPRO booth in the Exhibition area

Tom Donoghue, Executive Director, Medical Educational & Scientific Foundation (left) with Dr. Charles Rothberg

MLMIC’s Nancy May-Skinner, Esq. addresses physicians at the MLMIC Risk Management Conference

Suffolk County Delegation celebrates Dr. Charles Rothberg’s inauguration.

Photo Credit: Steve Sachs
enter fields that include: position; name (the name should be what you want to appear on the CME certificate); email address; and then create a password.

MSSNY members who encounter a payment page or have difficulty registering, please email cme@mssny.org for technical support. Directions for creating a new account/or logging in can be found here. Non-MSSNY physicians will be charged $50 per module.

The MSSNY CME is a new site and while many MSSNY members have an account with mssny.org, a MSSNY member may not necessarily have an account with cme.mssny.org. If in doubt, try to create an account and if it tells you that the email address is unavailable or in use, that means that an account already exists. Passwords can be reset if you don’t know it. Physicians who have previously had an account at the MSSNY CME site will need to log into the site using their email and password.

The MSSNY CME site provides the ability for physicians and other prescribers to view the archived webinar at their leisure, take the required test and download their certificate. The online program covers all eight topics required in the New York State statute. MSSNY developed the program with the NYS Office of Alcoholism and Substance Abuse Services (OASAS). MSSNY is listed as an accrediting organization by the NYS DOH Bureau of Narcotic Enforcement.

Information on the three CME modules is available here. Additional information or technical support may be obtained by contacting cme@mssny.org.

MSSNY Online Programs (Continued from page 1)

**PRESIDENT’S COLUMN**

(Continued from page 4)

**CONVERSION THERAPY**

Legislation (A.3977/S.263) would bar mental health providers from trying to change the sexual orientation of anyone under the age of 18, something five states have already done. Gov. Cuomo signed an executive order in February precluding insurance companies in the state from covering conversion therapy. The DFS is issuing regulations barring New York insurers from providing coverage for conversion therapy given to an individual under the age of 18. The NYS DOH is prohibiting coverage of conversion therapy under New York’s Medicaid program. Warren Seigel, MD, FAAP, District II Chair of the New York State Academy of Pediatrics, said: “Being lesbian, gay, bisexual, or transgender is not a disease, disorder, illness, deficiency, or shortcoming. The American Academy of Pediatrics, as well as all major professional associations of health and mental health practitioners and child and adolescent development specialists in the United State have recognized this fact for nearly 40 years. We are very pleased by the actions announced today to help protect vulnerable gay, lesbian, bisexual, transgender and questioning youth from discredited, sham and dangerous interventions. We applaud Governor Cuomo for his bold leadership on this issue.” For more information on the bill, click here.

You can call your legislators directly in their legislative offices in Albany to speak about the issues impacting your ability to treat patients:

**Senate:** 518-455-2800
**Assembly:** 518-455-4100

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HealthClaimDenial@Outlook.com

**OBITUARIES**

**BALL, Stanley M.;** Albany NY. Died March 19, 2017, age 92. Medical Society County of Albany

**BAUMLER, Robert Albert;** Buffalo NY. Died March 7, 2017, age 89. Erie County Medical Society

**BERGER, Allan A.;** Great Neck NY. Died January 14, 2017, age 90. Medical Society County of Queens

**BRONSTEIN, Eugene;** Naples FL. Died March 7, 2017, age 92. New York County Medical Society

**CALAME, Richard J.;** Vero Beach FL. Died January 31, 2017, age 90. Medical Society County of Kings

**CASSARO, James P.;** Oyster Bay NY. Died March 26, 2017, age 82. Monroe County Medical Society

**HOLMBLAD, James E.;** Schenectady NY. Died February 05, 2017, age 95. Medical Society County of Schenectady

**LA TESSA, Anthony John;** Fayetteville NY. Died March 22, 2017, age 86. Onondaga County Medical Society

**LUBETSKY, Herman William;** New York NY. Died September 16, 2016, age 92. Medical Society County of Rockland

**MARINO, Charles Harry;** Fairport NY. Died April 9, 2017, age 89. Monroe County Medical Society

**POSKANZER, Charles Leo;** Albany NY. Died March 15, 2017, age 96. Medical Society County of Albany

**SARRECK, Robert;** Bloomingburg NY. Died March 31, 2017, age 78. Medical Society County of Rockland

**STEFANO, Robert Thomas;** Garden City NY. Died April 24, 2017, age 89. Nassau County Medical Society
BUSINESS SHOWCASE

Robert S. Asher, Esq.
Attorney at Law

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N.Y.S. Board of Regents
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212.286.8585

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