

C.8.b.2

TO: MSSNY Officers, Councilors and Trustees

FROM: MSSNY's Legislative & Physician Advocacy Committee

DATE: November 2, 2017

RE: Resolution 62 – 2017 House of Delegates  
New York State Healthcare Delivery System  
*Introduced by the Medical Society of the County of Sullivan*

Resolution 63 – 2017 House of Delegates  
MSSNY Support Single Payer Health Insurance  
*Introduced by the Medical Society of the County of Kings*

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The following resolutions were referred to the Council by the House of Delegates. The resolutions were forwarded to the Legislative and Physician Advocacy Committee for further study and recommendation for the Council's consideration. Since the topics of Resolutions 62 and 63 are substantially similar, they are being considered together:

**Resolution 62**

**RESOLVED, That MSSNY support a healthcare delivery system based on a universal, single payer healthcare system; and be it further**

**RESOLVED, That physicians must have direct input and ongoing involvement on all aspects a single payer system; and be it further**

**RESOLVED, That MSSNY lobby the New York State Legislature position in support of a single payer healthcare system.**

**Resolution 63**

**RESOLVED, That MSSNY support a New York State single payer health insurance bill; and be it further**

**RESOLVED, That MSSNY introduce a resolution at the AMA to support federal single payer health care legislation.**

The resolutions were referred for consideration by the MSSNY Council after there was extensive testimony both strongly in favor and strongly against at the MSSNY House of Delegates. Among the arguments in support of these resolutions presented at the HOD:

- the possibility of reducing the administrative burdens faced by physicians that are imposed by private health insurance companies were a single payor system to be enacted, and
- the fact that MSSNY has conducted surveys where a majority of the respondents indicated that they supported a single payor system rather than a multi-payor system.

Among the arguments in opposition raised at the HOD:

- the possibility of a single payor system having the power to arbitrarily reduce payments to physicians, while having little if any option to choose to not to participate;
- the possibility that a single payor system could impose unproven and burdensome value based payment methodologies similar to those that have been implemented in the new Medicare Merit Based Incentive Payment System (MIPS) and the Medicaid VBP program; and
- concerns how a system how a single payor system could be paid for, given that other states attempting to implement similar programs had to abandon it due to the extensive cost.

There was also discussion regarding debates in past years' House of Delegates meetings where similar resolutions were defeated. It should be noted that MSSNY has long standing policy, recently re-affirmed at the 2014 MSSNY House of Delegates, that calls for MSSNY to oppose "single payor" legislation and to continue to support a multi-payor system. Perhaps of greatest concern for the reference committee,

there was great uncertainty regarding what will happen by Congress regarding legislation under consideration to repeal the Affordable Care Act. Therefore, the reference committee recommended referral of Resolutions 62 and 63 to Council, and the full House ultimately agreed with this recommendation.

It is clear that the House of Medicine remains strongly divided on this issue. Legislation has passed the New York State Assembly (A.4738, Gottfried) in multiple years that would create a single payor system. Same-as legislation (S.4840, Rivera) also has substantial co-sponsorship in the Senate (31 co-sponsors). While under the current political leadership in the Senate, a vote is not likely, that could change if the majority leadership were to change in the Senate.

At the September 7 meeting of the Legislative & Physician Advocacy Committee, similar arguments in support and in opposition were discussed. The sponsor of Resolution 63 and representatives of the New York Academy of Family Physicians again discussed support for a single payor system because of the potential opportunity to create greater uniformity and reduce existing pre-authorization hassles created by insurance companies. Opponents of a single payor system raised the concern that payments for care could be cut significantly, and that MSSNY support for such a system could cause many physicians in opposition to a single payor system to quit MSSNY altogether. It was also noted that the existing single payor legislation introduced in the New York State Legislature proposes to ultimately replace fee for service payments with “value-based” payments similar to the Medicare MIPS and Medicaid VBP programs, which could cause significant administrative burdens. Additionally, the existing legislation would not permit any competition by commercial insurance companies, decreasing options for consumers and reducing incentives for the government payor to treat physicians fairly. Another physician noted that an issue as far reaching as this one should have an overwhelming majority of physician support before MSSNY’s position to change. Another physician noted that, regardless of MSSNY’s position, it would be imperative that MSSNY work closely with all involved in the development of single payor legislation, given the great interest in this legislation.

Given the increasing interest and ongoing evaluation of such systems, the possible changing of political dynamics, and the significant support from many physicians and certain specialty societies, at the October 17 meeting several committee members stressed the importance of MSSNY aggressively evaluating these proposals, and engaging with legislative leaders to discuss shortcomings of these bills. Recognizing, however, that these efforts could be misconstrued as qualified support for such a proposal, the Committee also recommends that MSSNY’s existing policy be re-affirmed even as MSSNY engages with legislators on this important issue.

**RECOMMENDATION:** That the MSSNY Council adopt the following substitute resolution in lieu of Resolutions 62 and 63.

**RESOLVED, That the Medical Society of the State of New York re-affirms MSSNY Policy 130.996; and be it further**

**RESOLVED, That MSSNY will continue to consider the feasibility of other payment methodology including single payor and continue to work collaboratively with physicians who both support and oppose such proposals to assess the strengths and weaknesses of any such proposals; and be it further**

**RESOLVED, That MSSNY continue to advocate to assure that physicians have direct input and ongoing involvement on all aspects of any single payer system or other system that may be considered by the New York State Legislature or US Congress.**

**130.996 Single Payor Reimbursement System – Opposition To:**

MSSNY is opposed to universal health care proposals with single-payor reimbursement systems. It reaffirms the position reflected in its Universal Health Plan (UHP) Proposal for improving the U.S. Health Care System which call for: (1) Retention of the present multiple payor system with tighter oversight mechanisms to enhance administrative controls and cost efficiencies; (2) Free-market competition as a stabilizing factor in choosing among a multiplicity of health insurers offering a standard and appropriate benefits package. (HOD 1992-13; Reaffirmed HOD 2014)