

**MSSNY Collective Negotiation and Integration Ad Hoc Workgroup
May 17, 2019**

Michael Goldstein, MD, Chair
Paul Aaronson, MD
Mark Adams, MD
Lance Austein, MD
Art Fougner, MD, MSSNY President
Mark Fox, MD
Daniel Koretz, MD
Thomas Madejski, MD, MSSNY Immediate Past-President
Leah McCormack, MD
Michael Richter, MD
James Slough, MD

Moe Auster, MSSNY staff
Michael Avella Jr., MSSNY Staff

The meeting commenced at 7:30 AM.

Dr. Goldstein gave an overview of the legislative landscape for the collective negotiation (A.2393/S.3462) legislation. It has advanced from the Assembly Health to the Codes to the Ways & Means Committee. He noted that Assemblyman Gottfried had indicated there was a better chance for passage this year than in previous legislative sessions, and that MSSNY should meet with Speaker Heastie and Senate Majority Leader Stewart Cousins to ask that the bill be advanced. He noted that the memos in opposition from the health insurers and businesses, but suggested we could convince the business community to reconsider its position because the bill would actually save premium dollars, by providing competition to the huge market share now demonstrated by large health systems. He also noted that since the legislation follows antitrust precedent, there is little basis for the FTC to challenge this legislation.

Dr. Richter articulated a number of reasons for why it should be enacted, including limited state oversight of rising insurer premiums while coverage for services is increasingly limited; and helping to protect physicians as small businesses is critical for economy.

Dr. Aaronson asked for an explanation how the law would work. Mr. Auster described the legislation, where a representative of a large group of physician would apply to NY State to negotiate on behalf of those physicians in a particular region of the State. In order to comply with the ~~State~~ State Action doctrine, the State would monitor the negotiations and have to approve whatever is agreed to by the parties. The physicians would be responsible for helping to pay for the costs of the oversight by the NYSDOH.

Mr. Auster also mentioned the support of the NY AFL-CIO for this legislation, noting their interest as a possible organizing entity should the bill be enacted. Dr. Goldstein and Dr. McCormack noted his support for creating a guild, which was agreed with Dr. McCormack. There had been positive discussions with an AFL-CIO subsidiary last year.

Dr. Goldstein noted that he thought MSSNY would facilitate negotiations on physicians behalf should this bill be enacted. Mr. Auster noted that MSSNY did not have the infrastructure now to do this, but would either need to build that infrastructure internally or contract with an outside entity to help provide that negotiating structure

Dr. Richter noted that legislators should be very concerned about the challenges patients face when insurers drop physicians from their networks. Mr. Auster also noted the several ~~stand alone~~ bills moving in the State Legislature to address concerns raised by physicians and patients, including differing credentialing forms, pre-authorization hassles, lack of due process when physicians contracts are non-renewed, and changing formularies.

Dr. Goldstein discussed to revise some of our talking points for this legislation to highlight its potential cost savings. In particular, he noted a Massachusetts study that discussed the wide disparity in payments between patient care provided in a hospital owned setting versus an independent physician practice. This disparity is even greater where certain systems have great market domination. He also noted that increased community physician care could produce a decrease in avoidable hospitalizations.

Dr. Fougner noted that the key group MSSNY should be looking to work with are patients and patient advocates. It was noted that MSSNY has been working with patient advocacy groups on a number of other issues, such as prescription medication access, immunizations, and pre-authorization hassles. It was suggested by Dr. Richter that a simple survey be created for patients to document their difficulties with insurance companies that could become a key talking point in favor of physician collective negotiation

Dr. Austein questioned the applicability of this legislation to physician employees, since a great number of physicians are now employed by health systems. The legislation is only applicable to negotiations of physicians with insurance companies

Dr. Richter also suggested MSSNY work with community pharmacists, as they face many of the same issues faced by community physicians.

Dr. Adams raised a concern if there would be a request for MSSNY to have to trade any issue in order to have the collective negotiation legislation passed. Mr. Auster noted that has not been expressly raised, but legislators will sometimes seek to link bills, particularly when sought-after legislation is far-reaching

Dr. Slough discussed his meeting this week with top staff to Assembly Speaker Heastie this week, who noted the importance of increasing the number of co-sponsors, particularly in the Senate, but the Assembly as well. Mr. Auster noted a call with many County Society Presidents and Executive Directors last week who were requested to undertake grassroots efforts on this issue, and a few other issues. He also discussed whether other states had adopted similar laws. He had heard that Washington state had such a law (staff will investigate).

Dr. Goldstein re-iterated the importance of grass roots physician and patient efforts, particularly in upstate and Long Island where certain insurance companies have enormous market share. It was also noted that the Bronx County medical society could play a particularly important role, given how closely they have worked with Senate Health Committee Chair Gustavo Rivera and Assembly Speaker Carl Heastie. While we have an uphill battle to achieve this legislation with just 5 weeks left in the Legislative Session, we have a better chance than in years past

The follow up steps were summarized again:

- Meeting with the AFL-CIO to coordinate advocacy
- Meeting with the State Business Council to share studies that highlight how this legislation will reduce, not increase, premiums
- Expanded grassroots efforts, including through the use of social media
- Develop a simple survey regarding insurer hassles that can be completed by patient and physicians
- Set up a meeting with Speaker Heastie to urge that the bill be passed.

The meeting ended at 8:20 AM.