TO: **MSSNY's Officers, Councilors and Trustees**

FROM: **MSSNY Legislative & Physician Advocacy Committee**

DATE: **November 7, 2019**

RE: **Resolution 70 – 2019 House of Delegates**
Introduced by Dr. Maria Basile and Dr. Charles Rothberg, as Individuals

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The following resolution was referred to the Council by the House of Delegates. The resolution was forwarded to the Legislative and Physician Advocacy Committee for further study and recommendation for the Council's consideration.

RESOLVED, that MSSNY support only a single payer system that begins with a physician fee schedule tied to 70% of fair health and that is then adjusted upward annually no less than the adjustment for the negotiating stakeholders such as pharmacy and hospitals, and be further

RESOLVED, that the MSSNY delegation to the AMA sponsor a resolution to seek support only for a single payer system that begins with a physician fee schedule tied to 70% of fair health and that is then adjusted upward annually no less than the adjustment for the negotiating stakeholders such as pharmacy and hospitals.

At the MSSNY House of Delegates, the Reference Committee raised significant concerns with establishing in MSSNY policy that any single issue be the defining factor for MSSNY to support or oppose a single payor system. Instead, the Reference Committee indicated in its report that MSSNY should continue to engage in constructive advocacy with the Legislature on the many aspects of a possible single payor system. The report also noted that the Reference Committee recommended in a separate resolution (Resolution 69) the re-affirming of MSSNY policy to engage in constructive discussions on the single payor issue as set forth in MSSNY Policy 130.931, and also set forth a statement that defines comprehensive health reform principles for MSSNY to pursue as a substitute for Resolution 71. Therefore, the Reference Committee recommended that this resolution not be adopted. However, when the resolution was brought before consideration before the full House, a motion was offered and adopted to have the resolution referred to Council for further consideration.

MSSNY Policy 130.996, first adopted in 1992 and re-affirmed in 2014 and 2017, states that "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."

Recognizing the differing perspectives of physicians on this issue, when a similar resolution was brought in 2017, the MSSNY Council adopted Policy 130.931, which called for it to "continue to consider the feasibility of other payment methodologies including single payer and will also continue to work collaboratively with physicians who both support and oppose such proposals in order to assess the strengths and weaknesses of such proposals. MSSNY will continue to advocate that physicians are ensured 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 United States Congress".

The two policies, taken together, mean that even as MSSNY is opposed to the concept of a single payor structure, it will continue to have productive dialogue with members of the NYS Legislature regarding this issue, and to provide evaluation of various proposals. The new policy directs MSSNY to work with physicians regardless of their perspectives to engage with their legislators about the "on the ground" implications of specific proposals. Among the questions physicians should be asking:

How burdensome will prior authorization requirements be? What will be the process for patients to appeal when recommended care has been denied? How meaningful will be the right to collectively negotiate? Could state budget limitations result in a grossly inadequate Medicaid-type payment structure that would make it impossible for many physicians to remain in practice in New York?

It was noted during testimony that, as a result of dialogue between MSSNY, the NY County Medical Society and Assemblyman Gottfried, some improvements have been made to the New York Health Act legislation (A.5248, Gottfried/S.3577, Rivera) including: a) parameters to limit burdensome prior authorization requirements; b) additional steps to facilitate fairer negotiations between a government bureaucracy and the physicians delivering care; and c) coverage for long-term care. MSSNY issued a statement that acknowledged the improvements to the legislation, but also noted the "huge ramifications not only for patients considering their options for receiving needed care, but also for physicians and other health care providers deciding in which states they would like to deliver patient care" (http://www.mssnyenews.org/press-releases/health-act-legislation/.

Moreover, recently MSSNY President Dr. Art Fougner testified at an Assembly-Senate hearing on the single payor legislation. Dr. Fougner's testimony praised the sponsors for their efforts to ensure New Yorkers have coverage for the care they need, as well as the efforts to revise the legislation to address concerns that physicians have raised with the legislation. His testimony noted that these improvements included provisions to reduce prior authorization requirements and additional mechanisms to help physicians more fairly negotiate with a monolithic bureaucratic structure. He noted that MSSNY has a long-standing position in opposition to a single payor insurance system, though many physicians across the State have expressed support for such a system.

He also noted that while there are aspects of such a system that are appealing, such as the potential for administrative simplification, MSSNY remains concerned that the good intentions of the sponsors of this proposal may not be how the NY Health system will ultimately operate, particularly when they must respond to situations where anticipated tax revenues do not meet spending projections. He also noted that continued promotion and expansion of the varied programs to provide health insurance coverage for New York's uninsured and underinsured is MSSNY's preferred approach to covering the uninsured and underinsured.

Given the divergent perspective of MSSNY members, this resolution generated significant discussion at the September 11 and October 17 Committee meetings. Recognizing the ongoing discussion that MSSNY continues to have with legislative leaders on single payor legislation, the Committee agreed that MSSNY's existing policy calling for constructive dialogue should be amended to incorporate factors that should be satisfactorily addressed if single payor legislation ever were to move forward. Indeed, as noted above, we have routinely raised these questions with lawmakers. These factors include: the potential impact on the ability of patients to receive timely needed care, the possible reduction or increase in administrative responsibilities, and assuring fair payment for care delivery.

RECOMMENDATION: That the MSSNY Legislative & Physician Advocacy Committee recommends that the MSSNY Council adopt the following resolution in lieu of the original resolution:

RESOLVED, That MSSNY Policy 130.931 be amended as follows:

130.931 Healthcare Delivery System Including Single Payer Insurance

MSSNY will continue to consider the feasibility of other payment methodologies including single payer and will also continue to work collaboratively with physicians who both support and oppose such proposals in order to assess the strengths and weaknesses of such proposals. MSSNY will continue to advocate that physicians are ensured 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 United States Congress. Among the critical aspects that should be considered include: the ability of patients to receive needed quality care and medications in a timely manner; whether the administrative burden to physicians of participation and facilitating needed patient care in such a system are an improvement from, or worsening of, existing systems; and whether the payment methodology is and will continue to be fair to physicians regardless of practice setting or specialty.