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*C.L.D.*

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TO: MSSNY Council Members

FROM: Bonnie L. Litvack, MD  
MSSNY President

SUBJECT: 2020 HOD Resolutions Referred to Council  
(For Council Approval)

DATE: June 4, 2020

Below are 2020 Urgent Resolutions that have been referred to Council:

**Reference Committee on Governmental Affairs (A)**

Resolution EM 5 – CARES Act Equity

Resolution EM6 – Loan Forgiveness in the Medicare  
Accelerated/Advanced Payment Program

Resolution Late G – Malpractice Relief during Time of COVID  
Emergency

**Reference Committee on Governmental Affairs (B)**

Resolution 101 – Development of Political Ally Relationships

Resolution 102 – Development of Alliances with Non-Medical  
Policy Experts

Resolution 103 – Relationships with Media

Resolution 115 – Restricting the Nurse Practitioner  
Modernization Act

**Reference Committee on Public Health & Education**

Resolution 167 – Personal Protective Equipment Preparedness

& Late B – Purchasing Critical Personal Protective Equipment

Resolution 168 – COVID-19 Emergency

**Reference Committee on Reports of Officers &  
Administrative Matters**

Resolution EM3 – Postpone House of Delegates Activities

Resolution Late F – Expanded Telemedicine Regulations



1 **TO: MSSNY COUNCIL**  
2  
3 **FROM: REFERENCE COMMITTEE ON GOVERNMENTAL AFFAIRS**  
4 **AND LEGAL MATTERS (A)**  
5  
6 **RE: MSSNY HOD Resolution EM 5 - CARES Act Equity**  
7  
8 **MSSNY HOD Resolution EM 6 - Loan Forgiveness in the Medicare**  
9 **Accelerated/Advanced Payment Program**

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10  
11 Mister Speaker, your Reference Committee has reviewed the following late resolutions for  
12 consideration by the MSSNY Council on June 4. Given that all these resolutions relate to  
13 aspects of the Congressional stimulus enacted in the CARES Act and pending legislation to  
14 expand and reform these programs, it is recommended that the 3 resolutions be combined into  
15 one resolution:

16  
17 **EM 5:**  
18 **RESOLVED, That the Medical Society of the State of New York (MSSNY) ask the**  
19 **American Medical Association (AMA) to advocate that the CARES Act be amended or**  
20 **implemented to include the concept that any physician practice that see patients from**  
21 **government payors, not solely those with Medicare payments, and provides testing or**  
22 **treatment for individuals with possible or actual COVID-19 be made eligible for relief**  
23 **funding, including a minimal base grant plus a percent of their annual expenses.**  
24

25  
26 **EM 6**  
27 **RESOLVED, That the Medical Society of the State of New York (MSSNY), that in the**  
28 **setting of the COVID-19 pandemic, advocate for additional relief to New York physicians**  
29 **via loan forgiveness in the Medicare accelerated/advanced payment program; and be it**  
30 **further**

31  
32 **RESOLVED, That the Medical Society of the State of New York (MSSNY) ask that the**  
33 **AMA, that in the setting of the COVID-19 pandemic, advocate for additional relief to**  
34 **physicians via loan forgiveness in the Medicare accelerated/advanced payment program.**  
35

36  
37 Both resolutions address various federal government efforts to provide relief to physicians,  
38 hospitals and other health care providers as a result of the financial consequence of the Covid-  
39 19 pandemic.

40  
41 **Resolution EM 5** relates to physician concerns that the first round of payments from the  
42 CARES Act health care provider relief pool was linked to a percentage of Medicare fee for  
43 service payments received 2019, and that concern was exacerbated by the fact that physicians  
44 who did not receive an award in "Round 1" faced significant obstacles to receiving a payment in  
45 subsequent distributions. Therefore, physicians such as pediatricians and Ob-GYNs who by the  
46 nature of their specialty do not treat many Medicare patients faced difficulties and were often  
47 unable to collect funds from this pool despite the significant financial hit to their practice as a  
48 result of the pandemic.

49  
50 MSSNY worked with the AMA and other state medical societies in advocacy to ensure as the  
51 law was being developed by Congress that physicians were eligible for funding from this pool



despite it being reported continuously that it was a “hospital” fund. MSSNY’s recent survey showed that 63% of respondents received a CARES Act relief pool grant in the first round. MSSNY staff has been bringing to HHS the concerns of physicians who believe they should have received payment from these pools, but have not been able to receive any funding. Moreover, MSSNY has been working with the AMA and a handful of state and specialty societies in support of efforts to ensure that funding from this pool is being made available to all physicians, and that there is a greater prioritization towards physicians in hard-hit areas such as New York State.

**Resolution EM 6** relates to physicians concerns that the Medicare Advance payment program was suspended by CMS on April 26 despite the fact that it was used by many physicians. A CMS report (<https://www.cms.gov/files/document/covid-accelerated-and-advance-payments-state.pdf>) showed that New York Part B providers including physicians received \$458 million in advance payments prior to the time that the program was suspended. MSSNY’s recent survey showed that 21% of its responding physicians received a Medicare Advance payment. However, it should be noted that this program has a very high interest rate (which can exceed 10% if not immediately offset by future Medicare payments) and must be paid off within 210 days (90 days following the initial 120 grace period following payment).

MSSNY is working with the AMA and other state and specialty societies in support of legislation, including that contained in the HEROES Act that would a) re-start the Advance payment program b) significantly decrease the repayment interest rate (from 10% to 1%); and c) lengthen the period of time of repayment (from 210 days to 2 years).

While MSSNY’s survey showed that 74% of responding physicians successfully received a Paycheck Protection Program (PPP) forgivable loan, given some of the logistical issues physicians have shared with MSSNY associated with how the funds can be spent, MSSNY has been working with the AMA and other state and specialty societies in support of components of the HEROES Act that reform the PPP by: extending it from June 30 to December 31; extending the 8-week covered period to 24 weeks; removing the requirement that 75% of loan proceeds be used for payroll expenses; and setting the minimum maturity on PPP loans at 5 years.

**RECOMMENDATION:** That the MSSNY Council adopt the following substitute resolution in lieu of Resolutions EM 5 and 6

**RESOLVED,** that the Medical Society of the State of New York continue to work with the American Medication Association and the federation of medicine to improve and expand various federal stimulus program (i.e. CARES Act) to assist physicians in response to the Covid-19 pandemic, including:

- Re-starting the suspended Medicare Advance payment program, including significantly reducing the re-payment interest rate and lengthening the repayment period;
- Expanding the CARES Act health care provider relief pool, and working to ensure that a significant share of the funding from this pool is made available to physicians in need regardless of the type of patients treated by that physicians; and
- Reforming the Paycheck Protection Program, to ensure greater flexibility in how such funds are spent and lengthening the repayment period.



101 **TO: MSSNY COUNCIL**  
102  
103 **FROM: REFERENCE COMMITTEE ON GOVERNMENTAL AFFAIRS**  
104 **AND LEGAL MATTERS (A)**  
105  
106 **RE: MSSNY HOD Resolution Late G - Malpractice Relief during**  
107 **Time of Covid Emergency**  
108

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109  
110 Mister Speaker, your Reference Committee has determined that resolution Late G referred to  
111 the MSSNY Reference Committee on Governmental Affairs and Legal Matters (A) is time  
112 sensitive and be considered by the MSSNY Council on June 4.  
113

114 **RESOLVED, that MSSNY push to have the Governor clarify that all medical services that**  
115 **physicians provide during the course of this emergency be considered “in support of the**  
116 **State’s response to the Covid-19 outbreak” and therefore given immunity from civil**  
117 **liability absent gross negligence; and, be it further**  
118

119 **RESOLVED, that MSSNY will try to procure with liability carriers and Department of**  
120 **Financial Services a new medical malpractice category with markedly reduced rate, for**  
121 **physicians who continue to work during this time, but whose exposure is dramatically**  
122 **reduced because of the reduced workload, and preferably, the reduced exposure due to**  
123 **the Governor’s executive order.**  
124

125 Resolution Late G asks that MSSNY: 1) push to have the Governor clarify that all medical  
126 services that physicians provide during the course of this emergency be considered “in support  
127 of the State’s response to the Covid-19 outbreak” and therefore given immunity from civil liability  
128 absent gross negligence; and 2) try to procure with liability carriers and Department of Financial  
129 Services a new medical malpractice category with markedly reduced rate, for physicians who  
130 continue to work during this time, but whose exposure is dramatically reduced because of the  
131 reduced workload, and preferably, the reduced exposure due to the Governor’s executive order.  
132

133 Your reference committee agrees with the goals of the resolution, but is aware that New York  
134 State has already established important liability protections. After the Governor provided liability  
135 immunity through an Executive Order in late March, the State Legislature and the Governor  
136 agreed to a State Budget statutory provision that provides that health care professionals and  
137 health care facilities are immune from any civil or criminal liability (meaning that they are not  
138 liable for any harm or damages) alleged to have been sustained as a result of an act or  
139 omission in the course of arranging for or providing "health care services," if:

- 140 • the health care services being arranged or provided are pursuant to a COVID-19
- 141 emergency rule or otherwise in accordance with the law;
- 142 • the act or omission occurs while arranging or providing health care services,
- 143 • and the treatment of the patient is impacted by the health care facility's (or
- 144 professional's) decisions and activities in response to or as a result of the COVID-19
- 145 outbreak and in support of the state's directives; and
- 146 • the health care facility (or professional) acted in good faith
- 147

148 "Health care services" means services provided by a health care professional or facility that  
149 relate to:

- 150 • The diagnosis, prevention, or treatment of COVID-19; or



- The assessment or care of an individual with a confirmed or suspected case of COVID-19; or
- The care of any other individual who presents at a health care facility or to a health care professional during the period of the COVID-19 emergency declaration.

This was a very broad liability protection that appears to not only cover care provided to Covid-19 patients, but to all patients whose care was adjusted as a result of the emergency, such as surgery that was delayed due to the prohibition on performing “elective surgery”. Indeed, many medical associations across the country have used the New York liability protection provision as a goal to achieve in their states. However, these protections could be subject to litigation over time, as we begin to emerge from the acute crisis. Therefore, MSSNY should be prepared to work with medical liability carriers and hospital associations to ensure that the law is being interpreted as it was intended.

Moreover, MSSNY has been in frequent contact with MLMIC during the crisis to discuss how best to assist physicians whose patient volume dropped precipitously and, therefore, is less of a risk to be sued. MLMIC and other carriers have a process for physicians to request premium relief including designation as “part time”; or shifting to a lower risk premium tier. According to MLMIC, relief has been provided to hundreds of physicians through these mechanisms. Therefore, your reference committee recommends that the MSSNY Council adopt the below substituted resolution to clarify the goals of the resolution.

**RECOMMENDATION: That the MSSNY Council adopt the following substitute resolution in lieu of Resolution Late G**

**RESOLVED, that the Medical Society of the State of New York continue to advocate to ensure the broadest possible interpretation of the medical liability immunity provisions enacted during the Fiscal Year 2020-21 State Budget for health care delivered during the Covid-19 pandemic; and be it further**

**RESOLVED, that the Medical Society of the State of New York continue to advocate to medical liability insurers to provide physicians with appropriate premium discounts, rebates, etc. to account for the significant drop in patient care services during the pendency of the Covid-19 epidemic.**

188 **TO: MSSNY COUNCIL**  
189  
190 **FROM: REFERENCE COMMITTEE ON GOVERNMENTAL AFFAIRS**  
191 **AND LEGAL MATTERS (B)**  
192  
193 **RE: MSSNY HOD Resolutions: 101- Development of Political Ally Relationships;**  
194 **102- Development of Alliances with Non-Medical Policy Experts;**  
195 **103- Relationships with Media**  
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197  
198 Mister Speaker, your Reference Committee B has determined that the following resolutions,  
199 referred to the MSSNY Reference Committee on Governmental Affairs and Legal Matters (B),  
200 are time sensitive and should be considered by the MSSNY Council on June 4<sup>th</sup>.

201 **Original Language**

202 ***Resolution 101***

203 Relates to the development of political ally relationships.  
204

205 RESOLVED, that MSSNY will make a specific and vigorous effort to develop political interest  
206 group allies that can be called upon for political support, efforts which could include (a) pledging  
207 to support the interests of other existing groups and asking for reciprocity for doing so and (b)  
208 creating new allied groups; and be it further  
209

210 RESOLVED, that MSSNY will report back on such initiatives.  
211

212 ***Resolution 102***

213 Relates to the development of alliances with non-medical policy experts.  
214

215 RESOLVED, that MSSNY will cultivate relationships with policy experts who can be called upon  
216 to support proposed medical policies during advocacy efforts and campaigns and will report  
217 back on the development of such relationships.  
218

219 ***Resolution 103***

220 Relates to relationships with the media.  
221

222 RESOLVED, that MSSNY will endeavor to develop strong relationships with state and national  
223 media outlets that would be helpful and necessary in advancing a successful advocacy  
224 campaign and will report back on such initiatives.  
225

226 Each of these resolutions relate to tactics already employed when working to advance  
227 COVID19-related policies like funding for small businesses and physicians, through the CARES  
228 Act.

229 **Recommendation**

230  
231 **We recommend that the MSSNY Council combine all three and adopt the following**  
232 **substitute resolution in lieu of Resolutions 101, 102 & 103.**  
233

234 RESOLVED, that MSSNY will endeavor strongly to develop and cultivate relationships with  
235 political interest groups, non-medical policy experts, and with state and national media outlets to  
236 help advance issues important to our physicians and the patients that we serve.  
237

238 RESOLVED, that MSSNY will report back to the membership via our electronic  
239 communications, and online resources, on development of such relationships.  
240



241 **TO: MSSNY COUNCIL**  
242  
243 **FROM: REFERENCE COMMITTEE ON GOVERNMENTAL AFFAIRS**  
244 **AND LEGAL MATTERS (B)**  
245  
246 **RE: MSSNY HOD Resolution 115- Restricting the Nurse Practitioner**  
247 **Modernization Act**  
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249  
250 Mister Speaker, your Reference Committee has determined that resolution 115 referred to the  
251 MSSNY Reference Committee on Governmental Affairs and Legal Matters (B) is time sensitive  
252 and should be considered by the MSSNY Council on June 4<sup>th</sup>.  
253

254 **Original Language**

255 RESOLVED, that MSSNY work to introduce legislation in New York state to place restrictions on  
256 Nurse Practitioner Modernization Act to restore patient safety and transparency.  
257

258 **Background/Justification**

259 Passed in 2014, over the strong objections of MSSNY, the Nurse Practitioner Modernization  
260 Act, the law includes a sunset provision, which is scheduled to expire in 2021. The bill  
261 eliminated, in certain instances, the requirement for a written practice agreement, and practice  
262 protocols, between a nurse practitioner and a physician. This change allowed certain nurse  
263 practitioners to have a collaborative relationship, but no written practice agreement with a  
264 physician, physicians or a hospital. The law is scheduled to expire.  
265

266 **MSSNY 2014 Memo in Opposition**

267  
268 [https://www.mssny.org/MSSNY/Governmental\\_Affairs/S4611%20Oppose%20NPs%20Independent.aspx](https://www.mssny.org/MSSNY/Governmental_Affairs/S4611%20Oppose%20NPs%20Independent.aspx)  
269  
270

271 Reverting back to the former legal requirements for a written practice agreement, and  
272 collaborative relationship with a physician, ensures patient safety, promotes high quality, cost  
273 effective, and integrated care coordination which will serve the best interests of the patients of  
274 New York State.  
275

276 In 2014, the Medical Society of the State of New York (MSSNY) strongly opposed passage of  
277 the Nurse Practitioner Modernization Act, which eliminated the written practice protocols and  
278 written practice agreements between a physician and a nurse practitioner.  
279

280 **Recommendation**

281 **The reference committee recommends that MSSNY Council adopt the following**  
282 **substitute resolution language in lieu of Resolution 115.**  
283

284 **RESOLVED, that MSSNY will support expiration of the statute and its sunset provision**  
285 **when it is scheduled to expire in 2021. The policy will revert back to its original form,**  
286 **prior to passage of the Nurse Practitioner Modernization Act in 2014, to restore patient**  
287 **safety and transparency.**  
288  
289



290 **TO: MSSNY COUNCIL**  
291  
292 **FROM: REFERENCE COMMITTEE ON PUBLIC HEALTH AND EDUCATION**  
293  
294 **RE: MSSNY HOD Resolution 167 Personal Protective Equipment Preparedness**  
295 **And**  
296 **Late B – Purchasing Critical Personal Protective Equipment**  
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298  
299 **RESOLUTION 167 – PERSONAL PROTECTIVE EQUIPMENT PREPAREDNESS**  
300 **AND**  
301 **LATE B—PURCHASING CRITICAL PERSONAL PROTECTIVE EQUIPMENT**  
302

303 Resolution 167 urges that the Medical Society of the State of New York (MSSNY) support and  
304 advocate that hospital systems and outpatient centers develop, enforce and maintain set  
305 protocols to protect the medical staff with personnel protective equipment (PPE) in preparation  
306 for any outbreak of infectious diseases.  
307

308 Late B urges that the State of New York take the following steps: (a) Work with local businesses  
309 to increase Personal Protective Equipment (PPE) production and sell to NY State directly; (b)  
310 allow physicians to buy NY state made PPE and hand sanitizer directly from the Department of  
311 Health website.  
312

313 Your Reference Committee agrees with the intent of both of these resolutions but also notes  
314 that they were introduced in February and early March. Since the spread of the COVID-19  
315 virus, securing sufficient supplies of personal protective equipment has become a significant  
316 issue, not just for hospitals, but for community based physicians. Your Reference Committee  
317 was apprised by the state Department of Health that requests for PPE needed to be directed to  
318 the local Office of Emergency Management (OEM). Early on, community based physicians  
319 were somewhat successful in securing PPE from the various OEMs, however, at this point in  
320 time the local resources of PPE have now become non-existent. MSSNY recently conducted a  
321 brief survey about the need within the community practice setting and found that close to 700  
322 physicians or small groups were in need of PPE. Known supply chains have all but dried up  
323 and physicians, hospitals and even the state are competing with vendors for this needed  
324 equipment. Therefore, your Reference Committee is offering up a substitute resolution as it  
325 now reflects the current state of affairs in regards to PPE. Your Reference Committee believes  
326 that New York State should serve as the conduit for community based physicians and all of  
327 health care to secure these products and recommends that the resolution be adopted.  
328

329 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOLLOWING SUBSTITUTE**  
330 **RESOLUTION 167 BE ADOPTED IN LIEU OF ORIGINAL RESOLUTIONS 167 AND LATE B.**  
331

332 **RESOLVED, That the Medical Society of the State of New York advocate that all**  
333 **community based physicians and its member institutions are appropriately protected**  
334 **through the use of personal protective equipment (PPE) through the COVID-19 pandemic**  
335 **and beyond; and be it further**  
336

337 **RESOLVED, That MSSNY work with the New York State Governor's Office and the New**  
338 **York State Department of Health to develop mechanisms for state to become a central**  
339 **purchaser of PPE for community based physicians, institutions, and other health care**  
340 **entities in need of such equipment.**



341 **TO: MSSNY COUNCIL**

342  
343 **FROM: REFERENCE COMMITTEE ON PUBLIC HEALTH AND EDUCATION**

344  
345 **RE: MSSNY HOD Resolution 168—COVID-19 Emergency**

346  
347  
348 Resolution 168 urged that That the Medical Society of the State of New York (MSSNY) work  
349 with local officials, the county medical societies, the New York State Osteopathic Medical  
350 Society, the New York City and State Offices of Emergency Management, the American Medical  
351 Association, the American Osteopathic Association and others to expand the ability of all  
352 physicians and other clinical practitioners be able to incorporate telemedicine into their practices  
353 for local as well as rural use; (2) That the Medical Society of the State of New York (MSSNY)  
354 urge the Governor of the State of New York to order that all health insurance plans, including  
355 those issued by CMS (Medicaid and Medicare Services), pay for such services at a level that is  
356 commensurate with a level 4 face-to-face visit; (3) That the Medical Society of the State of New  
357 York (MSSNY) urge regulations such that community health centers, physicians, and other  
358 clinical practitioners be directed to submit claims for services to individuals who have no health  
359 insurance to the New York State Office of Emergency Management so as to utilize emergency  
360 funds approved by Congress so as to provide medical care to the widest population of at-risk  
361 individuals as possible.

362  
363 Your Reference Committee agrees with the intent of this resolution and notes that this was  
364 written before NY State and other states commenced isolation and quarantine protocols.  
365 Telemedicine, in the broadest sense, is now permissible during the pandemic and your Reference  
366 Committee supports

367  
368 MSSNY strongly urged CMS to continue telemedicine as currently provided during the  
369 pandemic, post pandemic. MSSNY also asked for same pay, telephone, video, and pointed out  
370 that many elderly don't have video capability or bandwidth to meet the video demands. MSSNY  
371 also urged CMS to understand that if patients don't have telemedicine capability, in both urban  
372 and rural areas, these patients will resort to the so much more costly, and unnecessary,  
373 emergency department visits. The CMS staff understood and said they bring MSSNY concerns  
374 to their Central Office staff in Washington. Your Reference Committee agreed to offer up the  
375 substitute resolution recognizing that MSSNY already had existing policy, and that the same  
376 telemedicine service after the pandemic concludes. The committee also agreed that the AMA  
377 should advocated similar and envisions having a letter sent to the AMA in lieu of the AMA  
378 House of Delegates.

379  
380 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE FOLLOWING SUBSTITUTE**  
381 **RESOLUTION 168 BE ADOPTED IN LIEU OF ORIGINAL RESOLUTION 168:**

382  
383 **RESOLVED, That the Medical Society of the State of New York reaffirm MSSNY Policy**  
384 **110.991, Web-based Tele-Health Initiative and Possible Interference with the Traditional**  
385 **Physician-Patient Relationship; and be it further**

386  
387 **RESOLVED, That with the expanded use of telemedicine during the COVID-19, that the**  
388 **Medical Society of the State of New York continue to advocate for a continuation of**  
389 **coverage for the full-spectrum of technologies that were made available during the**  
390 **pandemic and that physicians be reimbursed by all government and private payers for**  
391 **time and complexity; and be it further**

392  
393 **RESOLVED, That a copy of this resolution be transmitted to the American Medical**  
394 **Association (AMA) for similar advocacy.**



**MSSNY POLICY 110.991 Web-based Tele-Health Initiatives and Possible Interference with the Traditional Physician-Patient Relationship** The Medical Society of the State of New York (MSSNY) urges the NYS Department of Financial Services and Department of Health, to review tele-health initiatives being implemented by major health insurance carriers (i.e., United Healthcare, Blue Cross Blue Shield) and others to assure that proper standards of care are maintained, that such initiatives and the physicians who work with them are adherent to professional practice standards and NY State health laws and regulations; and to take appropriate actions to eliminate such initiatives that do not meet acceptable standards and regulations. The Medical Society of the State of New York (MSSNY) will seek regulatory guidance from the NY State Department of Financial Services regarding the essential requirements of web-based tele-health technology and health care initiatives and the requirements of physicians and healthcare providers who engage in the delivery of such services. Concerns about tele-health initiatives and this resolution are to be brought by the MSSNY AMA delegation to the AMA for appropriate action at the Federal level. (HOD 2012-165)



408 **TO: MSSNY COUNCIL**  
409  
410 **FROM: REFERENCE COMMITTEE ON REPORTS OF OFFICERS AND**  
411 **ADMINISTRATIVE MATTERS**  
412  
413 **RE: MSSNY HOD Resolution Late Resolution F- Expanded Telemedicine**  
414 **Regulations**  
415 **And**  
416 **Emergency Resolution 3 – Postpone House of Delegates Activities**  
417

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418  
419 Your Reference Committee has considered the various resolutions submitted to it in light of the  
420 request to bring the most time-sensitive ones to the attention of the Council.  
421

422 We believe that Late Resolution F, Expanded Telemedicine Regulations, and Emergency  
423 Resolution 3, Postpone House of Delegates Activities, are matters that should be addressed  
424 without delay.  
425

426 **Late Resolution F - Expanded Telemedicine Regulations**

427 Late Resolution F called for the following:  
428

429 Resolved, that the MSSNY advocate that the current emergency regulations for improved  
430 access to and payment for telemedicine services be made permanent; and, be it further  
431

432 Resolved, that MSSNY present this resolution to the AMA HOD at its' next meeting.  
433

434 Comments received from members, including some members of MSSNY's HIT Committee,  
435 stressed the importance of retaining policies requiring that physicians caring for New Yorkers be  
436 licensed to practice medicine in New York, and of ensuring that visits conducted remotely be  
437 done in a secure environment.  
438

439 The reference committee felt that these were important considerations and included them in the  
440 proposed substitute resolution.  
441

442 **THE REFERENCE COMMITTEE RECOMMENDS ADOPTION OF THE FOLLOWING**  
443 **SUBSTITUTE RESOLUTION IN LIEU OF LATE RESOLUTION F:**  
444

445 **RECOMMENDATION A:**  
446

447 **Resolved, that MSSNY advocate that the current emergency regulations for improved**  
448 **access to and payment for telemedicine services be made permanent with respect to**  
449 **payment parity and use of commonly accessible devices for connecting physicians and**  
450 **patients, without reference to the originating site, while ensuring qualifications of duly**  
451 **licensed physicians to provide such services in a HIPAA-secure environment; and be it**  
452 **further**  
453

454 **Resolved, that MSSNY propose that all NY insurance carriers provide coverage for New**  
455 **Yorkers' telemedicine visits with any physician licensed and registered to practice in**  
456 **New York State; and be it further**  
457



458 **Resolved, that MSSNY present a resolution to the AMA HOD at its next meeting**  
459 **addressing these issues on a national level.**

460  
461 **RECOMMENDATION B:**

462  
463 **THE REFERENCE COMMITTEE RECOMMENDS ADOPTION OF THE SUBSTITUTE**  
464 **RESOLUTION.**  
465



466 TO: MSSNY COUNCIL

467  
468 FROM: REFERENCE COMMITTEE ON REPORTS OF OFFICERS AND  
469 ADMINISTRATIVE MATTERS

470  
471 RE: Emergency Resolution 3 – Postpone House of Delegates Activities  
472

473 Emergency Resolution 3 contained the following Resolved clauses:  
474

475 RESOLVED, That the Medical Society of the State of New York (MSSNY) House of Delegates  
476 for 2020 be indefinitely postponed until a later date and more appropriate circumstances that  
477 allow for proper conduct of the business of the House; and be it further  
478

479 RESOLVED, That the meaning of "appropriate circumstances" be that New York State's health  
480 care system and MSSNY members have returned to an operating environment wherein the  
481 delegates to the MSSNY House of Delegates have sufficient time, relatively devoid of pandemic  
482 and economic distractions, in order to focus their intellect and energies on the matters of the  
483 House of Delegates; and be it further  
484

485 RESOLVED, That MSSNY Council should consider either maintaining the existing officers and  
486 American Medical Association (AMA) delegates until such time as the House of Delegates  
487 convenes and is able to vote, or that MSSNY should hold elections for officers and AMA  
488 delegates by mail-in or electronic  
489

490 The reference committee agrees with the sponsors of the resolution that it is impossible at this  
491 stage of the coronavirus pandemic to know what the situation may be in terms of travel or public  
492 gatherings at any time in the coming months. Additionally, it can be expected that when  
493 restrictions are lifted, physicians' practices will be extremely busy due to postponed care.  
494

495 We are advised that the MSSNY leadership and Speakers have met weekly throughout the  
496 crisis to consider options for getting the business of the House accomplished, and each week it  
497 has been clear that no plans could be made in the current environment.  
498

499 Some potential target dates were considered for closing written testimony and letting the  
500 reference committees begin the process of preparing recommendations on each, but those  
501 dates had to be postponed, as extremely few comments were received by any of the  
502 committees on any of their resolutions.  
503

504 This year the traditional "single vote of the Secretary" was cast at a Council meeting rather than  
505 at the House, to elect new officers to their uncontested positions. It remains to determine the  
506 best approach to electing delegates to the AMA. **As there will be no real urgency to**  
507 **conclude these elections for some time, the reference committee believes that the**  
508 **Council is in the best position to determine the fairest method of conducting them, and**  
509 **the best means to accomplish the business of the House.**  
510

511 The reference committee recommends that Emergency Resolution 3 be referred to  
512 Council.