MEDICAL SOCIETY

OF THE STATE OF NEW YORK

DIVISION OF
GOVERNMENTAL AFFAIRS

Albany, NY

MSSNY 2021 LEGISLATIVE PROGRAM

INTRODUCTION

The Covid-19 pandemic crisis tested New Yorkers and New York's healthcare system like never before. Physicians and other health care workers witnessed a scale of patient suffering they thought only existed in history books. To manage the often unending flow of patients, physicians were often asked to perform services not within their usual training. Moreover, physicians and other health care workers put their life and health - as well as their families' - at risk.

With the heroic efforts of our healthcare workers, but also the heroic efforts of the many others who socially distanced, wore masks, stayed home, worked and communicated with loved ones virtually, we were able to turn New York into a national model of containing this deadly virus. However, while treatments have improved, in the absence of a large-scale efficacious vaccine or "magic bullet" treatment, the risk remains high for future surges.

"Burnout" due to excessive administrative burdens had already been a growing problem for physicians but the pandemic exacerbated it. A recent study from the American Medical Association of over 10,000 health caregivers (including about 25% physicians) found that 52% reported at least some symptoms of burnout, and 16% of all respondents reported having persistent symptoms of burnout that won't go away.

In addition to the enormity of managing often unending patient flows, another major concern was risk of contracting Covid-19, and then passing it to their families. Indeed, physician after physician reported staying isolated from their families to avoid infecting them. Nationally, the CDC has reported that (as of September 21), more than 160,000 doctors, nurses and other medical personnel had contracted the virus in the U.S, and more than 700 had died.

One major issue we faced early in the pandemic was the inadequate availability of suitable personal protective equipment (PPE). MSSNY received countless reports from physicians, particularly young physicians and residents, regarding what they perceived to be was inadequate PPE to meet their circumstances. In response to several heartbreaking articles - some from New York, some nationally - about the challenges frontline physicians were having, the Governor and the hospitals worked together to make sure these hospitals had necessary protective gear for their frontline workers.

However, access to suitable and affordable PPE remains problematic for community-based physician practices. A recent MSSNY survey found that 72% of the physician respondents said that there was still difficulty in securing PPE. Even where it is available, there have been huge jumps in cost, with nearly 40% of the respondents indicated that their PPE costs had gone up by more than 50%.

Meanwhile, in states such as California, their state governments have aggressively worked to provide community-based physician practices with PPE to ensure that these shortages do not adversely impact patient care. MSSNY's survey also showed that nearly one third of the responding physicians indicated that delays in obtaining PPE and huge price jumps forced these physicians to reduce their patient treatment capacity by at least 25%.

Many physicians also continue to face significant financial challenges in recovering from the huge drop in patient visits that arose from the need for social distancing. A Fair Health study concluded – similar to a MSSNY survey – that patient visits dropped by as much as 80% this past spring. Many physicians received some stimulus payments from the federal government, but these only offset a fraction of what was lost. Indeed, 85% of respondents to a MSSNY survey reported that stimulus funds offset less than half of their losses. 40% of physician respondents had to lay off at least 10% of their staff. There has been much discussion about a subsequent federal stimulus package, but that has not happened.

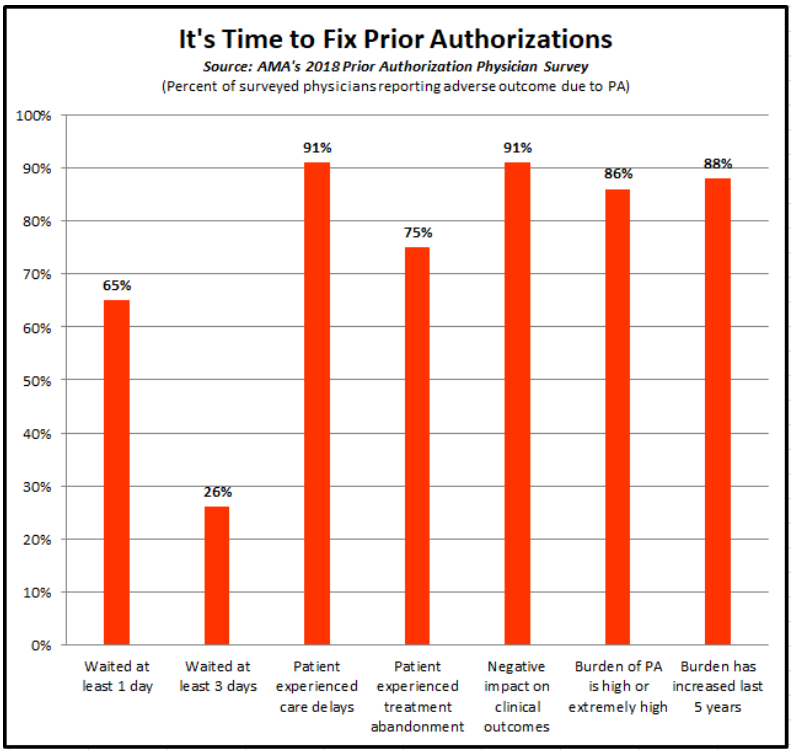
As we seek to recover from the traumatic events of this past spring while simultaneously working to prevent and manage future surges, it is critically important that our policymakers work to preserve the ability of physicians to be available to deliver care to patients.

HEALTH INSURANCE REFORM

MSSNY supports efforts to reduce health insurer-imposed obstacles to help patients receive timely, quality care. In particular, steps must be taken to contain the power of health insurance companies which are increasingly usurping the physician's role as the clinical-decision-maker for patients in New York. Across many regions of the state there remain only one or two payers that dominate that region. This power allows insurers to dictate terms of delivering care to physicians and the patients they serve. Physicians must either accept these terms or join large health systems if they want to stay in business and continue to deliver patient care in the communities they serve. In addition to adversely affecting patient care, it drives up costs by reducing competition.

Legislation is needed to allow independently practicing physicians to collectively negotiate contract terms and administrative processes such as prior authorizations (PAs) with insurance companies, as well as care payments in instances where a payer's market share is overly dominant. This would allow physicians to fight for their patients, and to push back against policies that unfairly delay patient access to care.

As patients seek to obtain care delayed by the pandemic, and physician practices seek to recover from historic drops in patient visits, this right is needed more than ever. According to a recent American Medical Association (AMA) study, physician practices already had reported completing an average of 33 PAs per physician per week. This workload consumes 14.4 hours each week of physician and staff time, and reflects time that would be better spent with patients. Moreover, 90% reported that excessive PA burdens have had a negative impact on clinical outcomes, while 86% report the burden as high or extremely high. Instead of spending endless hours waiting/hoping for procedures to be approved, physicians should be spending more time directly with patients.



MSSNY supports the following legislative policies that would improve the health insurance landscape:

- Enacting comprehensive PA reform including limiting the time for health plans to review PA requests, preventing repeat PA requests for care previously approved, and requiring health plans to involve similarly trained physicians in making PA determinations;
- Protecting against unfair insurer narrowing of networks by providing due process protections for physicians whose contracts are not renewed by insurance companies;
- Prohibiting health insurers and hospitals from requiring board certification as a condition of network participation and medical staff membership;
- Requiring health insurers to help cover the exorbitant costs of personal protective equipment (PPE); and
- Opposing legislation that would require the use of single hospital bills that would force physicians into subservient relationships with the hospitals that they serve.

Single-Payor

While MSSNY has a long-standing position in support of a multi-payor system and in opposition to a single-payor system, MSSNY continues to assess the strengths and weaknesses of this and other proposals to achieve universal health insurance coverage. What is the assurance that physicians will not experience the same issues with a monolithic governmental single payer that they now have with market-dominant insurers? As noted above, these issues include excessive

prior authorization and other administrative demands. What would occur if state budget shortfalls necessitated cuts to the program? Physicians are already battling dwindling payments and state budget pressures could prove disastrous. Physicians from across the spectrum have differing views on the topic and as such, it is vital that New York's physicians are deeply involved in conversations regarding the structural details of any single payer proposal.

Telehealth Services and Equity in Payment for Physicians

The impact of the COVID-19 crisis ushered in big changes to how patients receive care from their physicians, including a dramatic increase in the use of Telehealth appointments. Actions by state and federal agencies to ease restrictions greatly helped in this effort. While some physicians had integrated Telemedicine into their practices prior to the onset of the pandemic, the COVID-19 crisis forced physicians, and other health care providers, to quickly increase their capacity to provide care remotely.

Recent surveys of physicians revealed that nearly 80% said they started using Telehealth to hold patient appointments in just the last 4-6 months; and 58% said they averaged more than 20 Telehealth visits per week since the start of the pandemic. Furthermore, a Fair Health study showed that for the northeastern part of the country, use of Telehealth jumped from 0.08% of claim submissions in May 2019, to 12.5% of claims submitted in May 2020.

However, there remains a significant disparity in the rate at which physicians are reimbursed for Telemedicine visits, versus in-office appointments. Physician surveys found that, while Telemedicine visits conducted by video were reimbursed at higher rates than audio-only, physicians were compensated as little as 30% the rate of in-person appointments, depending on the health plan. Moreover, audio-only visits were the least compensated, with most payers reimbursing 80% less than for in-office visits.

MSSNY will continue to work with the State Legislature, the New York State Department of Health (NYSDOH), and the Division of Financial Services (DFS), to take action to close this gap so that services provided by telemedicine are reimbursed equal to in-office visits. With the uncertainty of various vaccines to prevent COVID-19 and uncertain treatments, physicians anticipate that COVID-19 will remain a public health threat for the foreseeable future, making it imperative that policies to promote the use of Telehealth delivery of medical services be continued and made permanent.

MEDICAL LIABILITY REFORM

Containing Devastating Medical Liability Costs

As we seek to ensure the stability of our health care system during this pandemic, there remains a compelling need to contain New York's astronomical health care liability costs through reform of New York's dysfunctional medical liability adjudication system. New York's physicians and hospitals continue to incur the highest liability awards and costs in the country, far surpassing more populous states such as California and Texas. Of significant concern is that the size of the awards continue to grow every year. Despite this long-standing national embarrassment, in 2017 New York enacted a law to significantly expand the window of time to bring lawsuits against physicians and hospitals.

A recent report from Diederich Healthcare showed that in 2019, New York once again had the highest cumulative medical liability payouts of any state in the country, 68% more than the state with the second highest amount (Pennsylvania). It also had the highest per capita liability payment, 10% more than the 2nd highest state (Massachusetts). These disturbing statistics demonstrate a major reason why New York once again received the dubious distinction as being one of the worst states in the country to be a doctor.

State	Total Liability Payouts 2019
California	$239,135,300
New Jersey	$251,448,000
Florida	$335,769,400
Pennsylvania	$394,162,050
NEW YORK	***$661,703,250***

(Source: Diederich Healthcare)

State	Per Capita Payment 2019
California	$6.05
Maryland	$14.88
Connecticut	$20.42
New Jersey	$28.31
Pennsylvania	$30.79
Massachusetts	$30.96
NEW YORK	***$34.01***

(Source: Diederich Healthcare)

Moreover, medical liability reform should be an essential component of efforts to reduce unnecessary healthcare spending because of the significant "defensive medicine" costs in health care. These costs generally refer to additional diagnostic tests of marginal utility that a health care practitioner feels compelled to perform to help defend against a possible future lawsuit.

MSSNY supports a number of legislative initiatives to reduce these costs and the filing of non-meritorious claims, including many that have proven successful in dozens of other states. These legislative proposals include:

- Requiring more detailed Certificate of Merit against physician defendants and stronger expert witness standards;
- Ensuring statements of apology from a physician to a patient is not "discoverable" in future litigation; and
- Placing reasonable limits on non-economic damages.

MSSNY also supports alternative systems for resolving liability claims such as medical courts or a Neurologically Impaired Infants Fund. Moreover, as physicians continue to grapple with such exorbitant costs and persistent threats to their personal assets, it is also essential that funding for the Excess Medical Malpractice Insurance Program is preserved.

Furthermore, given New York's already exorbitant liability burden, it is imperative that legislators reject "stand-alone" measures to expand medical liability exposure and costs that would certainly exacerbate health care access deficiencies. MSSNY urges the legislature to:

- Oppose expansion of "wrongful death" damages to permit "pain and suffering." One recent study estimated that this bill could increase premiums by nearly 50%;
- Oppose the elimination of consumer protections against exorbitant attorney contingency fees; and
- Oppose the elimination of important defense rights that would limit the ability of a defendant physician's counsel to question a plaintiff's treating provider.

Moreover, as part of an effort to ensure the availability of physicians and other care providers to treat patients in response to the pandemic, who due to the circumstances were often forced to provide care outside of their usual scope of services, the Governor and Legislature provided important liability protections for these care providers. MSSNY is strongly opposed to legislation to further narrow these protections.

Now more than ever we need to contain these exorbitant costs. Liability Reform is Health Care Reform!

IMPROVING ELECTRONIC HEALTH RECORD FUNCTIONALITY

Electronic health records (EHR) systems have become an essentially mandated part of health care delivery. Yet conversely, they can be disruptive to patient care. Indeed, its cumbersome nature has been reported in surveys as one of the most significant factors contributing to physician "burnout." According to a recent study from the New York e-Health Collaborative (NYeC), while physicians reported that remote access to their patients' medical records is the most positive aspect of EHR, physicians also reported that workflow concerns such as too many screens or clicks represent a significant challenge. According to a recent HHS press release, while approximately 80% of office-based physicians used an EHR system, only 10% of those physicians reported that they were able to electronically send, receive, find, and integrate health data from EHRs outside of their networks. These concerns are further borne out by a recent Annals of Family Medicine study that reported, during a typical 11-hour workday, physicians spent more than 50% of their time on data entry and other EHR system tasks instead of with patients.

MSSNY continues to work with the AMA on advocacy to improve the functionality of EHRs, including ensuring that EHR systems are interoperable. Moreover, MSSNY has worked closely with NYeC to provide small practice physicians with resources to help connect to the statewide health information system (SHIN-NY) and urges the expansion of this program. However, given the ongoing difficulties with EHR use, MSSNY continues to oppose legislation to require physicians to connect to the SHIN-NY.

MSSNY also supports efforts to ensure that New York's Prescription Monitoring Program (PMP) can be checked directly from their EHRs. Unlike many other states, New York's PMP is not interoperable with EHR systems, which adds unnecessary administrative burden by forcing physicians and their staff to toggle between different programs. While the number of PMP checks in New York increased from 16.8 million in 2014 to over 26 million in 2019, it has been surpassed by other states in large part due to the interoperability between their PMPs and physician EHR systems.

PRESERVING PHYSICAN-LED TEAM-BASED CARE

While our patients are benefitted by having many types of health care professionals to provide care, our patients benefit most from the combined care of a team, headed by a physician whose education and training enable them to oversee the actions of the rest of the team, to provide the patient with optimal medical treatment. Most physicians must complete 4 years of medical school plus 3-7 years of residency and fellowships, including 10,000-16,000 hours of clinical training before they are permitted to treat patients independently. During this training physicians receive approximately 5,000 hours of clinical experience in medical school, 4,000 hours of clinical experience in internship, and 6,000 to 18,000 clinical hours during specialty training. Additionally, physicians must pass six days of rigorous examinations that include simulated patient encounters in order to apply for a license to see patients independently.

Therefore, MSSNY has strong concerns with the patient safety implications of any proposal to expand the scope of practice of various non-physician health care providers that will enable them to practice beyond their education and training. This past year, MSSNY expressed grave concerns with a Governor's Executive Order (EO) that waived otherwise applicable statutory collaboration and/or supervision requirements for nurse practitioners (NPs), physician assistants (PAs), and nurse anesthetists (CRNAs). A recent MSSNY survey reported that 75% of the physician respondents indicated that these advanced care practitioners working independently since the issuance of these EOs had committed an error while treating a patient. Furthermore, 90% of the respondents indicated that the error could have been prevented had there been physician oversight. There were countless comments provided by physicians participating in this survey that praised the care provided by these advance care practitioners, while at the same time expressing significant concerns and presenting examples about their limited knowledge in recognizing potentially complex patient cases, often noting that NPs and PAs "don't know what they don't know." Specifically, among numerous others, MSSNY opposes legislation that would:

MEDICAL/PROFESSIONAL SCHOOL AND RESIDENCY/POST-GRADUATE HOURS FOR COMPLETION

	Lecture hours (pre-clinical years)	Study hours (pre-clinical years)	Combined hours (clinical years)	Residency hours	TOTAL HOURS
Family physician	2,700	3,000**	6,000	9,000 – 10,000	**20,700 – 21,700**
Doctorate of Nursing Practice	800 – 1,600	1,500 – 2,250**	500 – 1,500	0	**2,800 – 5,350**
Difference between FP and NP hours of professional training	1,100 – 1,900 more for FPs	750 – 1,500 more for FPs	4,500 – 5,500 more for FPs	9,000 – 10,000 more for FPs	**15,350 – 18,900 more for FPs**

* While a standard 4-year degree, preferably a BSN, is recommended, alternate pathways exist for an RN without a bachelor's degree to enter some master's programs.
** Estimate based on 750 hours of study dedicated by a student per year.

Sources: Vanderbilt University Family Nurse Practitioner Program information, http://www.nursing.vanderbilt.edu/msn/fnp_plan.html, and the Vanderbilt University School of Nursing Handbook 2009-2010, http://www.nursing.vanderbilt.edu/current/handbook.pdf.
American Academy of Family Physicians, Primary Health Care Professionals: A Comparison, http://www.aafp.org/online/en/home/media/kits/fp-np.html.

- Inappropriately eliminate statutory collaboration requirements between nurse practitioners and physicians practicing in that specialty;
- Inappropriately expand the ability of podiatrists to treat up to a patient's knee;
- Inappropriately permit independent practice for CRNAs;
- Inappropriately permit physician assistants to perform fluoroscopy;
- Inappropriately permit optometrists to prescribe oral antibiotic medications;
- Inappropriately permit pharmacists to conduct patient lab tests without physician involvement; and
- Inappropriately grant prescribing privileges to psychologists.

MSSNY also supports the ability of otolaryngologists to dispense hearing aids at fair market value.

PHYSICIAN WELLNESS

The outbreak of COVID-19 tested the wellness and resiliency of New York's physicians, residents and medical students like never before. A recent AMA national survey of the mental health aspects of COVID-19 on physicians shows that 63% of all survey respondents indicated that they worry about being exposed to COVID-19 or exposing their family. Over 52% reported at least some symptoms of "burnout" and 16% of those individuals reported persistent symptoms of "burnout" that won't go away. Further, 39% reported that they are experiencing symptoms of anxiety and depression "moderately" or "to a great extent" as a result of COVID-19. Issues such as the extension of the workplace into home life or "pajama time" for responding to email, completion of records, phone calls, excessive EHR at home, on-call responsibilities, increased requirements for CME/Maintenance of Certification, prior authorizations for medical procedures to new state and federal laws and regulations are all factors contributing to "burnout."

Physician suicide is a growing professional and public health concern. Despite working to improve the health of others, physicians often sacrifice their own well-being to do so. Furthermore, there are systemic barriers in place that discourage self-care and help-seeking behaviors among physicians. The suicide rate among the profession has exploded in recent decades. The suicide rate among male and female physicians is 1.41 and 2.27 times higher than that of the general male and female population, respectively.

During the height of NY State's COVID-19, many physicians felt a sense of abandonment within the institution that they work. The April 2020 suicide of Lorna M. Breen, MD, a New York emergency department physician who worked in a New York City hospital treating coronavirus patients, brought home to many, the fragility some physicians face.

This past summer, MSSNY launched its Peer to Peer program that offers an opportunity to talk with a peer about some of life's stressors. Under the direction of MSSNY's Physician Wellness and Resiliency Committee, the MSSNY P2P allows trained peer supports to assist their colleagues who are in need of help in dealing with work, family stressors, and COVID-19. Physicians, residents, and students can reach out to MSSNY's toll-free line at 1-844-P2P-PEER or send an email to P2P@mssny.org to be connected with a peer. To further enable this program, MSSNY continues to support legislation to facilitate the ability of physicians to have therapeutic "peer to peer" conversations by providing confidentiality protection for organizations and individuals that provide physician peer support, similar to protections already provided to NYS Bar Association peer support activities. Additionally, the committee has been educating New York State physicians, residents, and medical students on this issue and the importance of initiating steps within their personal and professional lives to ensure physician wellness and resiliency and will continue to do so throughout 2021.

This fall, MSSNY became involved in the AMA and the Physicians Foundation's Practice Transformation Initiative to help physicians and institutions reduce physician burnout by implementing evidence-based solutions, and best practices within the organization. This national initiative will help various New York State institutions assess the wellness of physicians within the institutions and practices and then implement an intervention and then reassess well-being a year after the implementation of the intervention. Currently, MSSNY has joined with the following institutions on this PTI project: Bassett Healthcare, Ellis Medicine, Northwell Healthcare, St. Peter's Partners, and NY Presbyterian/Brooklyn.

ELIMINATING HEALTH DISPARITIES

MSSNY's Committee to Eliminate Health Disparities seeks to increase awareness of how discrimination based on factors such as racism, classism, cisgenderism, heterosexism, patriarchy, and xenophobia contributes to both societal inequities and health disparities and to ensure that all New Yorkers receive the best care possible and can achieve the best health possible. MSSNY must be a voice for New York's most vulnerable populations, including sexual, gender, racial and ethnic minorities, who suffer from policies that are discriminatory and that further widen the gaps that exist in health and wellness in our nation. The significantly higher rates of infection, hospitalizations, and deaths due to

COVID 19 seen in Black and Latinx New Yorkers have made visible the longstanding effects of systemic racism that have caused Black people in New York to have the worst health outcomes for many health conditions. To eliminate such disparities, we must work to eliminate the inequities that cause these disparities. Through this committee, MSSNY is seeking to:

- Work with the AMA, specialty societies, Albany leadership, community groups, and other stakeholders to eliminate inequities, particularly those inequities that adversely impact the health and well-being and access to and quality of care for persons who are from historically disadvantaged populations;
- Prevent and manage diseases that are prevalent in historically disinvested populations burdened with the worse disease outcomes, including diabetes, hypertension, and cancer, through educational programming for physicians and other stakeholders;
- Reverse the troubling increases in race/ethnic-based health inequities such as maternal mortality; and
- Promote and expand funding for programs that attract a more diversified physician workforce, increasing the number of minority faculty including Black, Latinx, Native American, female and LGBTQ faculty teaching in medical schools and expanding medical school pipeline programs in rural and urban areas to address the shortage of physicians in medically underserved areas of New York State.

PUBLIC HEALTH 2021

COVID-19 Pandemic

Since 9/11, nothing has tested the medical profession, government, and the people of this state and country more than the COVID-19 pandemic. It advanced technological innovations with the widespread adoption of telehealth but most importantly tested physicians and the health care teams' human capacity, endurance, and mental health. Over 35,000 New Yorkers lost their lives to COVID-19, including many health care workers. Today, over 200,000 Americans have lost their lives and COVID-19 has become the third leading cause of death for all Americans.

Throughout the height of the pandemic in New York State, MSSNY, through its Committee on Emergency Preparedness and Disaster/Terrorism Response working with the NYSDOH, started COVID-19 education including numerous "live" webinars that educated countless numbers of physicians and other members of the healthcare team throughout the height of the pandemic. These efforts continue.

After months of declining infections, New York State began to see a rise in COVID-19 cases in various regions of the State in fall 2020. Health experts have been concerned that the virus could spread more rapidly as more people head indoors and schools reopen. As New York State and the country contemplate the advent of new COVID-19 vaccines, MSSNY welcomes the opportunity to lend its expertise to Governor Cuomo's Task Force on COVID-19 Vaccine. It is expected that New York State will have submitted to the federal government a NYS-specific plan on the priorities and distribution of the new vaccine.

Immunizations

Prevention of diseases continues to remain a top MSSNY priority and the best way to prevent these diseases is through immunizations. Vaccines are safe and effective—and they save lives.

In September 2020, the MSSNY Council supported a requirement for the administration of the influenza vaccine for all school-age children who attend childcare, pre-kindergarten, K-12, and college and universities in New York State, unless medically contraindicated. The American Academy of Pediatrics (AAP) also supports this requirement. MSSNY notes that New York City already has a requirement for children 6 months through 59 months of age enrolled in Head Start, Nursery, or Pre-K programs to receive one dose of influenza vaccine between July 1st and December 31st of each year. For children, their immature immune system often results in a longer, more complicated course of influenza illness. Moreover, recent studies show that children frequently introduce influenza in households and that schools act as a

conduit for infection transmission. The vaccination of school-age children, teens, and young adults promotes herd immunity and protects elderly populations or the immunocompromised who are at the highest risk of serious complications of influenza.

However, efforts to expand vaccination should not come at the expense of a child's medical home. This past August MSSNY joined with the American Academy of Pediatrics in its opposition to the U.S. Department of Health and Human Services (HHS) declaration to allow state-licensed pharmacists to order and administer all vaccines to children and adolescents ages 3-18 years. This completely unnecessary move by HHS will cause further chaos in getting children properly immunized. New York State's pediatric offices have been opened throughout the pandemic. They are safe places to receive the vaccination, and most importantly, parents and children already have an established relationship with the pediatrician. Taking children out of the medical home where they are able to get immunized, get screened for developmental milestones, and get the medical care that they need, will only lead to further fragmentation of a child's health care. MSSNY also questions the legality of a federal agency declaration pre-empting state statutes that clearly establish the scope of practices of various health care practitioners, long the jurisdiction of state governments. This action has enormous implications for the long-term health care of children and the use of the COVID-19 pandemic as justification to make a policy change, is not acceptable.

In 2019, the New York State Legislature and Governor took steps to ensure that every child attending a public, private or parochial school has received the appropriate immunizations by limiting exemptions to medical contraindications only. This requirement is essential to keep children safe and to prevent the unnecessary spread of avoidable illness. Vaccination doesn't just protect those receiving the vaccine. Critically, vaccines help to prevent others, including infants who are too young to be vaccinated and those who are unable to receive a vaccine due to a health condition. MSSNY continues to support state funding for a public health campaign to promote immunizations and to address the "vaccine-hesitant" parents. MSSNY also supports requiring all public, private and parochial schools in New York State and New York City to report immunization rates and medical exemptions to one central NYS Department of Health database. This will allow the state to effectively track immunization rates throughout the state.

MSSNY supports requiring pharmacists to post information regarding a 24-hour toll-free number to answer questions about vaccines that they receive in a pharmacy and that the pharmacy be required to post information on the pharmacist's immunization training and information on what to do in an emergency. Additionally, MSSNY supports requiring pharmacies to report these immunizations to the patient's physician by fax or electronically, as well as notification by the pharmacy about the importance of having a primary health care physician. MSSNY supports universal reporting of adult immunizations to the New York State Immunization Information System (NYSIIS), either directly or via health information exchanges, and supports removing the requirement for patient permission to report adult vaccines to the registry.

Substance Use

MSSNY continues to express its strong concerns with proposals to legalize recreational marijuana use. For the past several years, MSSNY has joined with various associations of county health officials, parents, school administrators, and law enforcement to oppose the legalization of recreational marijuana and will continue its efforts toward this end. MSSNY also has been collaborating with the Medical Societies across the northeastern U.S. facing similar issues in their states. MSSNY is also participating with an AMA-established Cannabis Task Force looking at this issue and its implications for people who consume marijuana.

According to the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) 2019 National Survey of Drug Use, the percentage of those 12 or older who were *past year marijuana users* has increased from 11% in 2002 to 17.5% in 2019. The report also reported that the number of *past year initiates of marijuana use* increased from 2.2 million people in 2002 to 3.5 million people in 2019. Among adolescents aged 12 to 17, the *perceived great risk of harm from smoking marijuana weekly* declined from 40.6% in 2015 to 34.6% in 2019. We are also troubled by some of the public health harms that have occurred in states that have legalized recreational use of marijuana. While the State faces

unprecedented financial challenges, to legalize this drug for use will certainly cause more harm than good, and the financial costs to the State due to these increased public health harms would greatly exceed any new tax revenue.

As a member of the AMA's Opioid Task Force, MSSNY actively works to increase physician awareness and leadership to combat the opioid crisis. New York State physicians are increasing the prescribing of MAT and are seeking to encourage the use of naloxone by patients and family members. MSSNY continues to support legislative efforts to enhance insurance coverage for treatment beds and strongly encourages all physicians and hospitals to advocate to patients the substance use treatment options, including buprenorphine, available to them in treating addiction and supports increased reimbursement for MAT.

MSSNY will also advocate for enhanced insurer payments to physicians coordinating interdisciplinary care for their patients confronting chronic pain, as well as reducing excessive insurer prior authorization hassles which impede patients from receiving needed non-opioid therapies such as interventional pain therapies and physical therapy. MSSNY is concerned with legislative efforts to place further arbitrary limits on the prescribing of controlled substances and legislation that is duplicative of requirements that currently exist under the ISTOP law. MSSNY is concerned about the potential for significant costs and burdens that may be associated with naloxone co-prescribing. MSSNY will encourage that all licensed drug treatment programs offer treatment for substance use disorders and that staff employed at these facilities be trained in the referral and provision of MAT.

MSSNY also supports the creation of pilot studies to assess the role of Safe Injection Facilities (SIF) in the state and that any pilot study includes New York City and two other areas outside the New York City. Additionally, MSSNY advocates that these pilot studies provide screening, support, referral for treatment of substance use disorders and co-occurring medical and psychiatric conditions, and provide education on harm reduction strategies including Naloxone training.

E-cigarettes, Vaping, Nicotine and Tobacco Products

New York State took significant strides this past year by passing a law to prohibit the sale of flavored nicotine vapor products and prohibiting the sale of all tobacco and nicotine vapor products in pharmacies. However, the ban does not include flavorless and tobacco flavored nicotine vapor products. Therefore, MSSNY will seek a similar ban, including menthol, of all flavored tobacco products and agrees with many organizations, that the tobacco industry has targeted these products to communities of color. MSSNY also supports state funding for a public health campaign on the dangers of liquid nicotine and e-cigarettes. E-cigarettes contain large amounts of nicotine, and it can be hard for a child or young adult to keep track of how much they've vaped. Nicotine replacement therapy is a cornerstone for adults who want to quit smoking, but the gum and patches are not readily available to teenagers especially if they are younger than 18.

End of Life Care

Challenging decision-making concerning end of life care has increased the burden on physicians, patients and family members. These challenges have divided family members, physicians, and the social fabric of society. When intimate knowledge of end of life choices have not been discussed between doctor and patient, an ever-changing medical environment with shifting social mores, economic influences, and legislative mandates, all can muddle the already difficult medical decisions. Further complexities arising from an acute crisis in the use of narcotic analgesics has also frustrated patients and providers in dealing with prevention and relief of pain at end of life. In 2018, MSSNY established a task force to review the current state of the art of end of life (EOL) care. The goals of the task force are to develop a framework for physicians and providers to evaluate current programs, identify gaps in care, and offer potential solutions.

A final report presented to the 2020 MSSNY House of Delegates contained the following recommendations:

- Calling for the NYSDOH to convene a group of stakeholders to standardize community hospice programs around the state as well as the distribution of those programs; and that MSSNY work with the Department of Health to develop culturally competent guidelines;
- Supporting the development of a state central depository for eMOLST (Medical Orders for Life Sustaining Treatment);

- Urging the NYS Legislature to create adequate reimbursement for end of life care;
- Requesting the NYSDOH to develop educational resources for physicians, allied health professionals, and patients on the end of life and that MSSNY offer end of life educational programming to its members;
- Requesting that the NYS DOH simplify the hospice recertification process; and
- Re-affirming MSSNY Policy 95.989 in opposition to Physician-Assisted Suicide.

Improving Women's Health

Preserving the ability for women to have access to reproductive and sexual health care services is a key public health goal. MSSNY supports efforts to expand access to emergency contraception, including making it more readily available, and will continue to support sexual health education programs amongst adolescents. MSSNY opposes any legislation that criminalizes the exercise of clinical judgment in the delivery of medical care.

Other Public Health Priorities

- MSSNY will continue to educate its physicians on tick-borne illnesses and will work with the NYSDOH on creating awareness for both patients and physicians. More than 30,000 cases of Lyme disease are reported nationwide, while studies suggest the actual number of people diagnosed with Lyme disease is more likely about 300,000;
- MSSNY supports providing family caregivers with a tax credit for providing care at home; and
- MSSNY supports ensuring that long term care facilities have physician medical directors.

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