

## Highlights of MSSNY's New 2011 Policies

[50 and 51]

MSSNY will support legislation that would allow physicians to carry a first-tier of \$500,000-\$1.5 million worth of medical liability (ML) insurance and require a second tier of \$1-3 million worth of ML insurance to be financed by a state insurance pool funded by a fee on every health insurance policy purchased in NYS. To insure survivability of such a fund, MSSNY will continue to support legislation for ML reforms including: a cap on non-economic damages, a no-fault system for claims involving neurologically impaired infants, medical expert witness reform and certificate of merit reform.

[58 & 59]

MSSNY will support and advocate for legislation/regulation that will 1) prevent health insurance companies from selling policies that purport – but fail – to adequately provide out-of-network health care benefits; and that will also 2) require insurers to base their out-of-network reimbursement methodology on true usual, customary and reasonable (UCR) charges such as the methodology being used by Fair Health to develop a new NYS-mandated UCR database to replace Ingenix.

[60]

MSSNY should seek legislation, regulation or other means to require health insurance companies to provide a patient's in-network and out-of-network deductible information on a patient's insurance card as well as on the insurance company's website, and seek to assure that the information on the company's website be updated immediately when such information has changed.

[102]

MSSNY will urge the AMA to seek an immediate delay of the penalty for non-compliance with e-prescribing (eRx), scheduled to go into effect in 2012, to allow physicians more time to explore available eRx options, weigh their alternatives and make conscious, educated decisions..

[111]

MSSNY adopted policy recommending that hospitals that utilize voluntary physicians provide appropriate compensation for these services consistent with the advisory opinion issued by the Office of the Inspector General (OIG).

[112]

MSSNY adopted as policy the statement that “restrictive covenants are unethical if they are excessive in geographic scope or duration in the circumstances presented; or if they fail to make reasonable accommodation of patients' choice of physician.”

[151]

In addition to its current policy supporting legislation to completely ban indoor tanning in NYS, pending such a ban, MSSNY will support legislation to bar anyone under the age of 18 years from indoor tanning without parental or legal guardian consent. MSSNY will also ask the AMA to urge the FDA to implement similar federal restrictions on indoor

[152]

MSSNY will advocate for legislation requiring all high school students to attend a training course in CPR and the use of an automated external defibrillator (AED), using the course guidelines recommended by the American Heart Association and endorsed by the American Academy of Pediatrics.  
tanning by minors.

153]

MSSNY will seek legislation that requires 1) young athletes suspected of having an acute traumatic brain injury, including concussion, to be removed from play/practice; and that requires 2) injured players to get written approval from a physician before returning to play/practice.

[155]

In an effort to reduce overdose deaths, MSSNY will work with the NYS-DOH and specialty societies to expand Naloxone (which can reverse overdoses) programs as part of its overdose prevention programs.

[157]

MSSNY will seek legislation that 1) permits physicians to report to the DMV patients whom the physician believes should not operate a motor vehicle and that 2) provides civil and criminal immunity for good-faith reporting.

[164]

MSSNY will establish a database of physicians willing to mentor medical students, especially those of minority ethnicity, and make that database easily accessible to medical students who belong to MSSNY.

[165]

MSSNY will support legislation that gives US medical students from LCME/COCA-accredited medical schools preference over students from international and dual-campus medical schools for clerkship rotations in NYS hospitals or affiliated clinics.

[211]

MSSNY will work with NYS pharmacists and their professional organizations to help patients maintain the option of having their prescriptions dispensed at a local pharmacy and counseled face-to-face by their pharmacist.

[216]

MSSNY will seek legislation that 1) only permits the title “physician” to be used by MDs and DOs and that 2) imposes penalties on those who mislead the public with the unauthorized use of the title.

[250 and 251]

MSSNY should seek NYS Insurance Department regulations that require: 1) patients’ health insurance cards to include [provide clearer information by including]: the payer’s claim address, product line (Medicare, Medicaid, PPO, HMO, etc.), primary care physician, co-payments, deductible and/or co-insurance amounts, etc., and health plan’s website; and regulations that require 2) the health plan’s website to include a direct link to a webpage verifying this patient eligibility and financial responsibility information.. MSSNY should also seek swipe-card technology with verification.

[255]

MSSNY should: 1) inform CMS that technical errors by NYS’s Multi-Carrier System (MCS) are responsible for many Medicare claims errors; and 2) petition CMS to set up a dedicated unit or contact at the MCS to respond to – and resolve – erroneous claims denials reported by county, state and specialty medical societies.