

MSSNY END OF SESSION REPORT

Final Budget Agreement: Governor Hochul and the New York State Legislature enacted a \$220 billion state budget for fiscal year 2022-23. This budget package produced several significant victories for organized medicine following months of extensive advocacy by MSSNY, together with county and specialty medical societies. These victories include:

- ✓ Telehealth Payment Parity.
 - Requires health insurers to pay the same amount for telehealth services that they would for comparable in-person services. The law will have to be extended in 2 years.
- Extension of the Excess Medical Malpractice Insurance Program. A straight one-year extension of the Excess Medical Malpractice Insurance Program. MSSNY worked with specialty societies to defeat an executive budget proposal that would have required physicians to pay upfront for this very expensive coverage and then be reimbursed.
- ✓ Increasing Physician Loan Repayment.
 - A 75% increase in funding (to nearly \$16 million) for the Doctors Across New York student loan repayment program. In this program, physicians can receive up to \$120,000 in student loan relief for providing care (for at least 3 years) in an underserved area.
- ✓ Increasing Medicaid Payments.
 - A restoration of the 2020 1.5% cut to Medicaid payments, and an across the board 1% payment increase. Moreover, E&M and Medicine codes in Medicaid fee for service are being increased to 70% of Medicare (currently at only 45% or 58% of Medicare).

Public Health Wins: Throughout the 2022 legislative session, MSSNY was able to ensure passage of significant legislation that will benefit the lives of physicians and their patients. We are urging physicians to <u>contact Governor Hochul</u> to ask that she sign these bills into law. Here are some examples of legislation important to physicians that passed both houses:

- ✓ A.879/S.8113 Requires Same Specialty Peer Review by Health Plans. Prohibits health insurers from denying a claim or prior authorization request for patient care, unless the reviewing physician is board-certified or board eligible in the same or similar specialty as the physician who typically recommends the treatment or manages the condition that is under review. It also requires the reviewing physician to have a New York license to practice medicine.
- ✓ A.1741-A/S.5299-A Limits Health Insurer "Copay Accumulators." Prohibits health insurers from preventing patients from using copay cards or coupons to help meet their deductibles. This legislation will help patients, particularly those on chronic medication therapies, to realize the full benefit of these discount cards and help them meet their deductible requirements earlier in a calendar year.
- ✓ A.3276/S.5909 Limits Mental Health Step Therapy. Prevents health insurers from imposing step therapy or fail first protocols on coverage for prescription medications to address mental health conditions.
- ✓ A.2085-A/S.906-B Lowers Age of Colonoscopy Coverage. Requires health insurers to cover recommended patient colorectal cancer screening tests, including colonoscopies, starting at age 45.
- ✓ A.7889-A/S.4486-B Protects Health Care Providers Audited by the Office of Medicaid Inspector General (OMIG).
 - Provides additional due process protections to health care providers audited by OMIG.

Mandate Bills Passed Despite MSSNY Efforts: Despite concerns from MSSNY and specialty societies about legislating the practice of medicine, a handful of bills requiring physicians to take specific actions in patient care situations have passed both houses. MSSNY has requested that chapter amendments be added to these bills to reduce the additional documentation burden (necessary to prove compliance) that they will impose at a time when physicians are already drowning in excessive paperwork. These bills include:

A.3470C/S.2521C – Facility Fee Disclosure.

Requires hospitals and other health care providers to inform patients of facility fees not covered by insurance. This bill also requires employed health care providers to disclose, in advance, if their employer health system is charging a facility fee.

A.273/S.4640 – Opioid Alternatives.

Requires physicians and other health care providers, prior to writing a prescription for an opioid medication to treat neuromusculoskeletal pain, to consider and discuss with the patient non-opioid treatment alternatives. These alternatives include, but are not limited to, non-opioid medications, physical therapy, massage therapy, chiropractic therapy, acupuncture, and exercise. However, the bill provides that such steps would not be required for post-surgical pain management, treating patients with cancer, end-of-life care, or in an emergency.

Stop Wrongful Death Liability Expansion! MSSNY is urging all physicians to <u>contact</u> <u>Governor Hochul</u> and request that she veto legislation (A.6770/S.74-A) that could significantly increase physician medical liability premiums by expanding the types of damages awardable in a wrongful death action.

This bill is an extreme overhaul of current law. If enacted, it would:

- Sexpand non-economic damages to include grief and anguish and "disorders caused by such grief or anguish," among other damages.
- Sexpand, with no limit, the universe of individuals who may recover damages to include the undefined/unclear term "close family members."
- Nearly double the statute of limitations for wrongful death actions from 2 to 3.5 years.

This bill will increase costs for physicians. If enacted...

- Physicians in private practice will see their medical malpractice insurance rates increase by 39%, according to a Milliman study done by MSSNY and hospital associations.
- Temployed physicians will see their employers' costs increase by as much as 45% (for self-insured hospitals and large groups), reducing their ability to pay you.
- Meanwhile, New York already has the highest liability awards and costs in the US.

Again, please contact Governor Hochul here: <u>Reject Expansion of Liability (p2a.co)</u> to make sure that we #DontChasePhysiciansOutOfNY

