



New York State Society of Dermatology and Dermatological Surgery

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Governmental Affairs Update: January 2015

The 2015 Legislative Session has had a rough start. With the passing of former Governor Mario Cuomo in early January causing a delay in the presentation of the State of the State until January 21st, the Session has gotten off to a slow start and now is seemingly mired in political upheaval. As you have read, Assembly Speaker Sheldon Silver has been arrested on charges of public corruption and has stated publicly that he will not disrupt a succession process which is now underway within the Democratic Conference. An official vote is slated to occur on February 10th, but many pundits believe that it will occur as early as February 2nd.

Nevertheless, the legislative process is advancing with public hearings on the proposed Health Budget to occur on Monday, February 2nd.

The Senate Health Committee is holding its first Committee meeting on February 3rd. Among the bills it will consider is legislation (S.2486, Hannon/ A.4274, McDonald), which will postpone the implementation of the e-prescribing mandate for one year until March 27, 2016. Physicians are encouraged to weigh in to support enactment of this measure by going to the following link:

<http://cqrcengage.com/mssny/app/write-a-letter?2&engagementId=73149>

There are a number of other issues, which will be discussed in the context of the proposed budget including the following issues:

- Regulation of non-hospital owned Urgent Care practices including requiring such urgent care practices to be accredited and approved to operate by the Department of Health. Under this proposal, the Public Health and Health

Planning Council (PHHPC) is authorized to: establish the scope of services that may be provided by urgent care providers; standards for the appropriate referral and continuity of care, staffing, equipment and maintenance and transmission of patient records;

- Amendment of the OBS statute to require OBS practices to be registered with the Department of Health and to include within the parameters of the OBS law procedures requiring neuraxial anesthesia and major upper or lower extremity regional nerve blocks. Requires that OBS procedures cannot be longer than six hours. Also requires OBS accrediting agencies to: (a) require OBS practices to perform quality improvement and quality assurance activities and utilize ABMS or equivalent certification, hospital privileging or other equivalent methods to determine competence; (b) carry out surveys or complaint/incident investigations upon department request; and (c) report individual findings of surveys and compliant/incident investigations;
- Authorization of the Public Health and Health Planning Council (PHHPC) to review the type of procedures performed in outpatient settings, including OBS practices and ASCs for the purpose of (a) identifying the types of procedures performed and the types of anesthesia/sedation administered in such settings; (b) considering whether it is appropriate for such procedures or anesthesia/sedation to be performed in such settings; (c) considering whether settings performing such procedures or administering such anesthesia/sedation are subject to sufficient oversight; (d) considering whether settings performing such procedures or administering such anesthesia/sedation are subject to an equivalent level of oversight regardless of setting; and (e) making recommendations to the department regarding the foregoing.;
- Elimination of the New York physician profile database including the requirements for physicians to update their profiles;
- Continuation of the Excess program at \$127.4M; would establish a new provision that participation is contingent upon a finding that physician or dentist has no outstanding state tax liabilities;

- Authorization of Retail Clinics— clinics which provide a limited list of services in retail stores- provided that they adhere to regulations which would among other things require them: to be accredited; accept walk ins; adhere to advertising and signage standards; disclose ownership interests; directly employ a medical director; and strengthen primary care through integration of services with the patient’s other health care providers;
- Authorization of the Commissioner to utilize methodologies of reimbursement that are value based. Specifically authorizes a DSRIP performing provider system (PPS) or subset of providers to arrange by contract for the provision of services in exchange for value based reimbursement;
- Elimination of existing fees for requesting arbitration of workers compensation cases and certain registration fees for radiologic sites;
- Establishment of a private equity pilot program, allowing up to 5 business corporations to make private capital investments to assist in restructuring health care delivery system; and
- Establishment of a \$1.4 billion capital construction fund to build a new hospital in Brooklyn and to assist in capital construction and health care integration across upstate New York.

The NYSSDDS will again hold its Lobby Day in conjunction with the physician advocacy day organized by the Medical Society of the State of New York on March 4th in Albany New York. The event will take place in the Louis Swyer Theater in the Egg on the Empire Plaza beginning at 8:30AM. A jammed packed agenda is scheduled with several panels of representatives from both Chambers on Health and Insurance issues.

MSSNY Governmental Affairs staff will be conducting a Pre-Lobby Day briefing on February 4th at 7:30AM. If you are interested in participating in the webinar please click go to the link below:

<https://www.surveymonkey.com/r/6H8VPGC>