

New York Dermatologist

SUMMER 2011

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This is the first of many lead-ins I will write for the NYSSDDS newsletter. I have been selected to serve as your President for the next two years. We have many things to do. Build membership. Offer real value to our members. Achieve legislative victories, just to name a few. However, the summer is now upon us, and our thoughts have turned toward relaxing with our families and friends. We must remain mindful of the pressing patient care and practice concerns which face us and which must be addressed by lawmakers on the state and federal levels. The implementation of the Patient Protection and Affordable Care Act (PPACA) requires the State to establish the structural parameters of an Insurance Exchange. The Insurance Exchange will be the vehicle through which the currently uninsured and employees of small businesses will shop for coverage after January 1, 2014. If implemented properly, exchanges have the potential to transform the health insurance market by permitting easy comparison of available plan options based on price, benefits, services and quality. It is also anticipated that some employers who currently provide employer based coverage will transition previously covered employees into the Insurance Exchange. Under PPACA, stakeholder input is required. At every opportunity, organized medicine must provide input re-

garding all aspects of state Insurance Exchange construct and operation. Thus far, several states have sought to exclude physicians from the governance structure of their Exchange. A bill passed by the NYS Assembly would neither exclude nor include physi-



Mary Ruth Buchness, MD
Society President

cians as a member of the 9 member Board. It would specifically involve physicians in five 5 member regional advisory committees to the Board. The bill has not yet passed the Senate, although plans are being discussed for a limited Fall session which would include this issue on the agenda. We have other issues which are also of significant importance to our practice and our patients. For our patients, legislation stalled in the NYS Senate which would have banned the use of tanning salons by anyone under the age of eighteen. Currently, children between the ages of

fourteen and eighteen with their parent's consent may use tanning salons. Tanning salons, like cigarettes have been proven to cause cancer, particularly by those who began to use them in their youth. Like cigarettes, they should be banned from use by our children. The bill passed the Assembly. We have to continue our diligent efforts in the Senate.

We also have secured the introduction of Truth in Advertising legislation in the NYS Assembly. The measure would require a non-physician and a physician to state their credentials in the body of advertisements they publish for their services. We are working on a Senate sponsor and toward passage of the bill next year.

Lastly, we continue to rebuild membership in our statewide organization. Many professional associations are confronting this issue. While we have seen a loss in membership, I am making it my mission to revitalize the Association and its membership. Please reach out to your colleagues and friends to inquire as to their membership status and encourage them to reach out to me and other members of the Board to understand the value of NYSSDDS membership. Similarly, I look forward to your input on services which we may offer to attract additional members. I am looking for your guidance and input.

Mary Ruth Buchness, MD

Report From Albany

This year, a more significant focus has been on certain pieces of legislation. The following update is provided on legislative action taken on bills of interest.

1. LEGISLATION TO BAN USE OF TANNING BEDS BY CHILDREN UNDER 18

Legislation (**A.1074, Weisenberg/S. 2917, Fuschillo**) which would build upon existing regulations in the use of tanning beds by prohibiting their use by children under the age of eighteen passed the NYS Assembly in early June but stalled in the Senate. Currently, indoor tanning is permitted for children 14-18 with parental consent. However, the weight of scientific evidence shows that salon tanning raises the risk of skin cancer. Melanoma, the most commonly fatal form of skin cancer, makes up only 4% of skin cancers but is responsible for more an 80% of skin cancer deaths. Using tanning beds before the age of 30 has been scientifically demonstrated to increase one's risk for melanoma by 75 percent. Moreover, melanoma is increasing faster in females 15-29 years old, a pace that far outweighs males in the same age group. Notably, data show that forty percent of parents do not know that tanning devices are potentially more harmful to teenagers than adults. The legislation was favorably reported earlier this year by the Senate Health Committee to the Senate floor where it stalled. Several upstate Senators had expressed concern for the impact of this measure on small businesses (tanning salons). Additionally, the tanning industry issued a letter calling into question the scientific legitimacy of a report by the International Agency for Research Center (IRAC) which found a 75% increase in melanoma among individuals who used a tanning salon before age 30. The contention by the Indoor Tanning industry is that half of the sample used to develop the IRAC claim did not visit tanning salons but rather used unsupervised home tanning units and medical phototherapy devices under the care of a dermatologist. The AADA, in a strongly worded letter calling the industry's accusations baseless, noted that data derived from new studies published after the IRAC meta-analysis show that:

The use of indoor tanning devices represents a significant and avoidable risk factor for the development of both melanoma and non-melanoma skin cancers. Other adverse effects due to indoor tanning include burns, solar skin damage, infection, and possibly also addictive behavior.

A person who has used tanning devices for more than 50 hours, 100 sessions, or 10 or more years is 2.5 to 3 times more likely to develop melanoma than a person who has never tanned indoors.

76 percent of melanomas are attributable to ever-use (even one session) of a tanning device.

Use of indoor tanning in the past year was higher among girls and among the older age groups. These proportions among 14-, 15-, 16-, and 17-year-old girls were 8.5%, 13.6%, 20.9%, and 26.8%, respectively.

The presence of state legislation restricting minors' access to indoor tanning by requiring parental consent has limited effectiveness.

A copy the AADA written response can be found by linking to the AADA website by clicking here:

<http://www.aad.org/member-tools-and-benefits/aada-advocacy/state-affairs/policies>

A significant number of organizations continue to support the bill including: the American Academy of Dermatology Association, American Academy of Pediatrics, District II, American Cancer Society, League of Women Voters, Medical Society of the State of New York, New York Chapter of the American College of Physicians, NYS Academy of Family Physicians, NYS Association of County Health Officials, NYS Cancer Consortium, NYS Chapter of the American College of Surgeons, NYS Nurses Association, Roswell Park Cancer Institute and the Skin Cancer Foundation. Former NYSSDDS President, Judith Mysliborski, MD participated with representatives from many of these organizations in a press conference in May calling for the enactment of the bill. It is anticipated that the measure will receive a renewed focus early in 2012.

2. TRUTH IN ADVERTISING

Legislation (**A.8410, Morelle**) was introduced this year in the NYS Assembly which would assure that all health professionals who advertise their services apprise the public of their professional credentials. Specifically, the bill amends Section 6509 of the Education Law to make the failure to specify in advertisements informing the public of availability of their professional services, the title and type of license, registration or certificate conferred to non-physician health care professionals licensed by the State Education Department an act of professional misconduct.

REPORT FROM ALBANY (cont'd)

Moreover, the bill amends Section 6530 of the Education Law to make an act of professional misconduct the failure of a physician to properly identify the licensure and specialty credentials in advertisements by physicians.

Current law does not require non-physician providers to specify in their advertisements the title and type of license held by such health care professional. Current law prohibits physicians from making false, fraudulent and misleading advertisements but does not require physicians to specify their specialty credentials such as board certification in their advertisements. The measure has been referred to the Assembly Higher Education Committee.

3. DENTAL SCOPE OF PRACTICE

Legislation (**S.3059 Libous, Klein, Maziarz/A.2820 Morelle**) which would permit non-physician oral and maxillo-facial surgeons to perform a wide range of medical surgical procedures involving the hard or soft tissues of the oral and maxillofacial area, including many cosmetic surgery procedures was not taken up for consideration by the NYS Assembly Higher Education Committee this year. Earlier, the bill had passed the NYS Senate. Several organizations opposed the bill including the American Academy of Dermatology, the Medical Society of the State of New York, the American Society of Plastic Surgeons, the American Academy of Otolaryngologists – Head and Neck Surgery, the American College of Surgeons, the American College of Physicians, the American Congress of Obstetricians and Gynecologists – District II, the New York Ophthalmological Society, the New York State Society of Orthopedic Surgeons, and the New York Chapter of the American College of Surgeons.

4. PHYSICIAN DISPENSING AESTHETIC OR COSMETIC DRUGS

Legislation (**S. 4075A, Maziarz**) which would allow patients the opportunity to obtain aesthetic or cosmetic drugs from the prescribing physician was introduced in the NYS Senate but did not advance this year. Support for the bill grew out of physician concern for the well-being of their patients. It was felt that patients should have access to the most efficacious pharmaceutical drugs and not be relegated to availing themselves of less-than-efficacious, drug look-alikes, which, while accessible over the counter, have not been approved through the drug review process implemented by the Food and Drug Administration. In the waning days of the legislative session, the bill was amended to significantly narrow the number of drugs which would be allowed to be dispensed by a physician. The list would now include only bimatoprost and a drug that: is not a controlled substance; requires a prescription for dispensing; has been approved by the FDA; and is prescribed for the enhancement of an individual's appearance.

5. OFFICE BASED SURGERY FACILITY FEE

Legislation (**S.4597, Hannon/A.7431, Morelle**) to require health care insurers to pay a facility fee in addition to a procedure fee for surgery performed in accredited office based surgical practices passed the NYS Senate but failed to advance in the NYS Assembly this year. The bill would have required insurers to pay a facility fee in addition to the fee charged for the performance of the covered office-based surgery provided that the health plan also reimburses for the use of a facility charged in connection with the same covered procedure performed at a hospital or ambulatory surgery center. The bill specified that when calculating the appropriate rate of the facility fee, the insurer or health plan may also take into consideration certain comparable and non-comparable costs and obligations of ambulatory surgery centers and hospitals. Senator Kemp Hannon, Chair of the Health Committee and Senator James Seward, Chair of the Insurance Committee co-chaired a round table discussion on this legislation and on legislation which would assure greater transparency in the issuance of out of network health care coverage. Also at the table were representatives from physician organizations, hospital associations, insurers and insurance brokers. It is likely that this measure will receive additional attention in 2012.

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Dermatologic Surgery**

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2011-12 NYSSDDS Officers Elected

A slate of new Society Officers was approved at the Annual Meeting held on June 7th.

Mary Ruth Buchness, MD (New York, New York) was elected **President**.

President-Elect is **Robert Walther, MD** (New York, New York).

Vice-President is **Lynn Silverstein, MD** (Port Washington, New York).

Secretary/Treasurer is **Francis Iacobellis, MD** (New York, New York).

Congratulations to the newly elected Board!