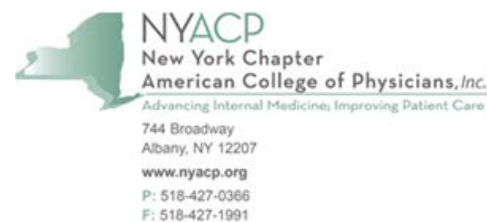


What NYACP Advocacy Did for You in 2016



NYACP advocacy activity consists of monitoring legislative sessions and working with legislators, the Administration, the State's regulatory agencies, and industry stakeholders (such as insurers, hospitals, patients and other allied health professionals) to assure physician representation and input on all discussions related to patient care. Always putting patients first, by our actions we advance Internal Medicine and improve patient care.

Changes to E-Prescribing Laws

(1) Pharmacy to pharmacy transfer allows, upon request of the patient, a pharmacy to transfer an e-prescription to another pharmacy. This addresses many issues raised by ACP with regard to patient choice based upon pricing, convenience and pharmacy supply

(2) Elimination of the need for prescribers to notify DOH each and every time an exception to the e-prescription mandate is utilized.

(3) 7-day limit on initial prescription of any Schedule II, III or IV opioid for acute pain, described as pain, whether resulting from disease, accidental or intentional trauma, or other cause, expected to last a short period of time.

Passage of Prior Authorization Standards

The Chapter worked directly with sponsors on a bill that directs the Commissioner of Financial Services to develop a standard prescription drug approval form in an electronic version for all payers in the healthcare system. This will reduce burden on our members by requiring greater standardization among insurers for making prior authorization requests.

Passage of Step Therapy (Fail First) Drug Protocols for All Insurers

This bill was recently signed by the Governor to address Step Therapy protocols used in Utilization Reviews (UR) of prescriptions drugs. Insurers and UR agents must use evidence-based and peer reviewed clinical criteria appropriate for the patient's clinical condition.

Health Professions Transparency

The Chapter supported legislation to require a clearly displayed photo ID with type of license on name badges in ambulatory care settings.

Other Supported Bills

The Chapter supported a number of other public health bills including:

- Dense breast public awareness campaign.
- Limits on flavored tobacco products, registration of e-cigarette vendors, inclusion of e-cigs into the Clean Indoor Air Act.
- Expansion of disposal sites for unused opioids, and new regulations for donations or re-dispensing of unused prescriptions.
- Continuation of prescriber prevailing authority on rx payments under Medicaid.

Medical Liability Changes

The Chapter worked with other professional organizations such as GNYHA, HANYS, MSSNY and others to defeat several regressive liability bills including: increases to attorney contingency fee limits, expansion of the statute of limitations from the date of negligence to the date of discovery, and wrongful death compensation.

Monitoring of Medical Marijuana Implementation

The Chapter has gathered member comments and monitored legislation and new regulations regarding medical marijuana implementation, including increased access.

Alternative Payment Model Demonstrations

With so many models currently funded through CMS competing in New York, the Chapter has promoted ways to help independent practices remain viable. This includes practice transformation assistance with MACRA, MIPS, CPC+, DSRIP, and TCPI.

DOH Health Advisory Group Participation

Member physicians serve on a variety of DOH advisory groups including physician profiles, Antimicrobial Resistance, Asthma, Diabetes, OPMC, and Rural Health Councils.

Support for Doctors Across New York (DANY)

Funding was continued and increased by an additional \$1 million, the application process was streamlined and total funding options merged. To date a total of \$57.4 million has been awarded to 445 physician recipients to practice in New York State.

Adequate Workforce Capacity Advocacy

(1) The Chapter continues to support legislative and regulatory efforts related to increasing workforce capacity, especially in primary care and specialty shortage areas.

(2) Several bills were introduced in an attempt to solve workforce shortages by expanding current scope of practice and creating new unlicensed healthcare job descriptions. The Chapter maintains its strong belief in team-based care and all professionals working toward the top of their license, but continues to oppose scope of practice expansion without clearly defined educational and licensure standards.

Pain Management CME Course Mandate

Although the Chapter opposed the 3-hour pain management CME mandate that was passed, chapter leaders are working diligently to develop a three-hour course that meets the State requirement, to be launched by the end of January 2017.

Aid in Dying

After several legislative proposals circulated this session, the Chapter gauged members' attitudes through membership surveys and discussions with physician and legislative thought leaders.