

June 19, 2014

Advocacy

New York State HIV Testing Law Updates

There are over 10,000 people living with HIV in New York State that are unaware of their HIV status. In 2010, Article 27-F was amended to require that HIV testing be offered to all persons between the ages of 13 and 64 receiving hospital or primary care services with limited exceptions, and included a requirement for written, informed consent except in the case of rapid testing. The Centers for Disease Control and Prevention (CDC) recommends routine HIV screening in healthcare settings. Before the 2014 amendment was passed, New York State was only one of two states in the nation to have laws inconsistent with this federal guidance. Removing the requirement for written consent eliminates a barrier to expanded testing by identifying more individuals and linking them to care and treatment. Use this link [Regional Stakeholders Handout](#) to review the guidance and New York State Law references, and for a simple, easy to use one-page reference guide: [Changes to Simplify HIV Testing Consent and Improve Linkage to Care](#)



Active Bills - Last Week of Legislative Session:

While there are many, many bills active at this point, today is the final day of the scheduled legislative session. Following is a brief highlight of three very active health issues as session draws to a close. A full report will be posted to our website recapping major health legislation after session has concluded.

- 1. Lyme Disease** - A full press conference on June 18, 2014 highlighted a report just issued by the Senate Majority Coalition Task Force on Lyme and Tick-Borne Diseases. The legislation which had been recently amended, was passed by the Senate later last night and would exempt from professional misconduct the provision of a treatment modality by a licensee that is not universally accepted by the medical profession, including but not limited to, varying modalities used in the treatment of Lyme disease and other tick-borne diseases. The legislation that had previously passed in the Assembly has now been amended to match this version and may be on the Assembly Calendar today. If passed, it will then be sent to the Governor for his signature. The Chapter has worked with many other professional associations including MSSNY, AAFP and AAP to closely monitor this bill.
- 2. Medical Marijuana** - An amended version of the Compassionate Care Act was submitted in the Assembly and Senate before midnight on Monday evening, enabling it to be voted on by Thursday's final day of the legislative session. While [the new version](#) incorporates some of the changes recommended by the Governor, no final agreement has been reached as we go to print. Still, the Governor indicated he is open to using a message of necessity, which would allow lawmakers to vote on a bill without the usual three-day waiting period if a three-way agreement can be reached. The latest version of the bill eliminates several conditions from the list for eligibility: lupus, post-concussion syndrome and diabetes. It also bans smoking in public, and eliminates a regulatory advisory board. The bill allows smoking of marijuana by those older than 21, a concern of law enforcement and Health Department officials. Yesterday, advocates for the Compassionate Care Act were clearly visible at the Capitol.
- 3. Heroin-Opioid Addiction** - An agreement has been reached on a package of legislative bills that includes new programs and insurance reforms to improve treatment options for individuals suffering from heroin and opioid addiction, measures to strengthen penalties and put in place additional tools for law enforcement to reduce the distribution of illegal drugs, provisions to ensure the proper and safe use of naloxone and support for increased public awareness campaigns. This package builds upon the adoption last year of the ISTOP Act where physicians must check a statewide database before issuing a prescription for controlled substances.



Practice Management

Are you Ready for ICD-10?

The use of ICD-10 code sets will replace ICD-9 effective October 1, 2015 and will affect diagnosis and inpatient procedure coding for everyone covered by Health Insurance Portability Accountability Act (HIPAA). The conversion adds increased specificity to clinical diagnoses reporting, thus creating a multitude of new codes to learn and implement - over 69,000! Because implementation was delayed, we advise all practices to take steps NOW, as it will take a significant amount of time and practice transformation to accomplish. You also need to be sure if you are using an IT vendor that they are ready and compliant.

In preparation, CMS has launched the **Road to 10** ICD-10 program which is designed to improve the ICD-10 readiness of small physician practices. This no cost, easy to use web-based program will guide small physician practices by offering free tools, resources and training. You can create a customized Practice Action Plan that contains a checklist of activities and processes to be considered when planning your transition to ICD-10.

Please visit www.roadto10.org to begin your transition journey today!

Contact Us

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