New York Coalition of Specialty Care Physicians

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About The Coalition

The NY Coalition of Specialty Care Physicians is a partnership of surgical and medical organizations committed to ensuring the highest standards of care for patients.

The Coalition maintains that non-physician providers have and will continue to play an important role in the health care continuum. However, the medical profession and our patients have been progressively confronted by an increasingly aggressive posture to expand the statutory authority of allied health care providers in areas of testing, treatments and procedures, inconsistent with their education, training and lack of hands-on experience. This can only jeopardize the safety and well being of unaware but trusting patients.

The absence of an appropriate level of clinical training and experience is a fatal flaw in the majority of allied health provider expansion bills. Isolated classroom lectures, or textbook learning-in-a-vacuum, can never be a substitute for supervised, actual patient management. The citizens of New York deserve the highest, safest level of health care available.

The NY Coalition of Specialty Care Physicians urges you to reject legislation that would compromise patient safety!

Optometric Scope of Practice

S.2667/A.3718

Would dramatically expand optometric scope of practice by allowing prescription of oral analgesics (including narcotics), antibiotics, decongestants/antiallergenics/antihistamines, antivirals, and antiglaucoma medications.

Only nine states have optometric prescribing laws as broad as those proposed in this bill.

Oral medications are rarely prescribed by eye physicians (less than 5% of the time) and when they are, it is usually for significant medical conditions or controlling post operative pain. If oral medications are required, it is time to refer the patient to an Ophthalmologist.

NY has the second highest concentration of Ophthalmologists of any state in the US. With rare exceptions, every citizen is within a short distance from an Ophthalmologist or primary care physician who is appropriately trained to prescribe oral medications.

There is therefore no public need, no public demand and no public support for such far-reaching legislation.

Put patient safety first! Support medical care by medical doctors by voting NO on S.2667/A.3718!
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Podiatry Scope of Practice S.2992-A/A.2518-A

Expands the scope of practice for podiatrists (currently limited to treatment of the foot) to include treatment of the foot, ankle and all soft tissue structures of the leg below the knee.

The level of clinical education that orthopaedic surgeons provide to podiatry residents is vastly different from the extensive and rigorous training undergone by orthopaedic surgery residents (who engage in additional years of education).

The definition of “complicated fracture” is not defined in the bill although the treatment site (private office-based or hospital) depends upon a determination of the patient’s injury. This will lead to a great deal of confusion for podiatrists and patients.

Patients do not have access to public information about the malpractice history of podiatrists even though this information is available for every physician licensed in NYS.

Multiple credentialing boards exist for podiatrists and criteria for certification differs from organization to organization. Without a uniform standard that applies to all applicants, patients will not be able to compare licensed podiatrists.

Podiatrists do not have the education, training or clinical experience to treat the complicated procedures sought under this bill. Its passage would seriously threaten patient safety.

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Dental Scope of Practice
S.2937/A.4656

Authorizes dentists to perform any procedure in the oral and maxillofacial area regardless of its relation to the oral cavity.

Dentists would be permitted to perform procedures involving both hard and soft tissue including cosmetic surgery of the face, head and neck, representing an unwarranted, significant and potentially dangerous expansion of their scope of practice.

This sweeping expansion bill moves the current definition of dentistry from diagnosing, treating and prescribing for conditions related to restoring and maintaining dental health to one that is dangerously close to the definition of medicine.

Put patient safety first! Support medical care by medical doctors by voting NO on S.2937/A.4656!
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Nurse Midwife Scope of Practice S.5007/A.8117

Would eliminate the need for a written collaborative practice agreement (a document that details shared clinical responsibilities) between Obstetrician-Gynecologists and midwives that has worked effectively to protect patients since 1992.

Ob-Gyns, midwives, liability carriers and insurance companies rely on this written agreement to carefully detail provider responsibilities, communication and improve patient care.

A signed, written agreement guarantees collaboration between an Ob-Gyn and midwife and is especially important in urgent, high risk situations such as when an emergency cesarean section is required. This bill has the potential to further exacerbate an already precarious medical liability climate by increasing liability premiums for both Ob-Gyns and midwives.

There is no available data to suggest that written agreements are hindering obstetric practice. In fact, many Ob-Gyns across the state have such agreements and incorporate midwives into their private practices. The benefits of written agreements are obvious, important, and reflect good judgment and common sense.

Put patient safety first! Support medical care by medical doctors by voting NO on S.5007/A.8117!
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The NY Coalition of Specialty Care Physicians urges you to support legislation that enhances patient choice and access!

Hearing Aid Dispensing Bill A.10056

Would amend current law, unique to NYS, that prohibits physicians from dispensing hearing aids for a profit and, as a result, has limited patients’ access to hearing aids.

While originally intended as a consumer protection, current law has virtually eliminated hearing aid services in physicians’ offices, which would otherwise offer the unique benefit of enabling patients to access coordinated medical and audiological services in one location.

Recognized as an appropriate and preferred provider (Consumer Reports, July 2009), medical offices with dispensing audiologists on staff would provide patients the same consumer protections as required by law for other hearing aid providers.

Passage of this bill will result in increased access, additional jobs, lower hearing aid pricing, and make the process more thorough and convenient for patients, thereby offering New York patients the same opportunity as in other parts of the country.

Put patient safety first! Support medical care by medical doctors by voting YES on A.10056!
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Physical Therapy Scope of Practice S.4631/A.4302

Amends the Workers Compensation Law in relation to establishing payment rates and delivery of health care services.

This bill would allow carriers the option of covering physical therapy services without a physician referral. There would be no medical doctor involvement in this vital aspect of an injured patient’s care.

The needs of an injured worker require the skills of a physician (MD/DO) in order to protect their health and safeguard their interest through proper diagnosis and treatment.

Workers need accurate and knowledgeable descriptions of their conditions and responses to treatment to protect their lost wages. They should not be relegated to a lesser level of medical care then the rest of New York.

Proper treatment delayed is proper treatment denied.

Put patient safety first! Support medical care by medical doctors by voting NO on S.4631/A.4302!
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Eliminates Prohibitions Against the Corporate Practice of Multiple Professions S.7484/A.8897

Establishes an unprecedented and dramatic expansion of the long-standing restrictions on the corporate practice of a profession. The bill would permit both not-for-profit agencies and for-profit businesses (including publicly owned corporations), which have never provided health and mental health services, to do so by registering with the Education Department. Such businesses would then be allowed to render diagnostic and treatment services to mentally ill individuals by hiring physicians, nurses, psychologists, licensed clinical social workers and licensed mental health practitioners. Non-physician professionals cannot now, nor should they be allowed, as proposed by this bill, to form a business to engage in the practice of medicine by hiring a physician to treat patients of the business.

Corporations: Limited Medical Service Practices A.10150

Would permit a publicly traded retail corporation, like Wal-Mart or CVS, to operate medical practices and employ licensed health practitioners to treat medical conditions and provide diagnostic and/or preventative services.

Put patient safety first! Maintain the current statutes governing who may deliver health and mental health diagnosis and treatment by voting NO on S.7484/A.8897 and A.10150!
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The NY Coalition of Specialty Care Physicians urges you to support these desperately needed reform measures!

Physician Collective Negotiations
S.5204/A.4301-A

Would allow collective negotiations between health care providers and certain health insurance plans under close State monitoring.

Physicians are prohibited from collectively negotiating contract provisions with huge, monopolistic health insurers. As a result, independent physicians are powerless to affect changes in health insurer policies that are driven by the company’s profits motive rather than the goal of quality patient care.

This bill would allow physicians, with oversight by the State, to come together to advocate for both themselves and their patients. It will also encourage competition among health plans, thereby driving down costs.

Medical Liability Reform
S.6799/A.6184

Would enact reforms to the medical liability adjudication system to reduce the current unsustainable costs of medical liability insurance.

Enormous costs are being driven by a wildly unpredictable medical liability adjudication system. Many studies show that awards are made despite the absence of any negligence.

A temporary freeze on med mal rates does not address the serious underlying problems and need for system restructuring.

Malpractice payouts in NYS are among the highest in the country. Billions of dollars are also unnecessarily spent annually on “defensive medicine.” Change is essential.