WESTCHESTER PHYSICIAN

February 2021 **Volume 37,**

PRESIDENT'S MESSAGE
THE NEW NORMAL

Regular readers of my column may remember that I am a big fan of audiobooks which I listen to anytime I am driving alone in my car. It allows me to get through a lot of novels and nonfiction works each year. It provides a discipline I don't always have when I am home surrounded by distractions. I am literally a captive audience of one as the audio work starts as soon as I start my car and stops when I reach my destination. Luckily, my commute is long enough (about half an hour) to get properly engaged in the segment I am listening to. Of course, I often linger at my destination with the car running to get to a suitable stopping point. It has enabled me to get through some tomes that have resisted previous attempts. For example, I just finished reading a classic: **The Magic Mountain** by Thomas Mann weighing in at more than 700 pages. It had been on my to read list for many years and I actually read part of it many years ago but alas put it down. Part of my motivation was my father, a prodigious reader all his life, compiled a list of what he considered the greatest novels of all time. This book was number three on his list. In addition, it continued a pandemic themed reading foray that I started in the late spring – Boccaccio's **The Decameron** (a tale of a group of younger upper class men and women who decamp to a country estate during the bubonic plague), David France's **How to Survive a Plague** (about the AIDS epidemic and the activism it fostered), and Camus's **The Plague** (a fictional account of a plague set in in the 1940's but partially based on 1840's cholera epidemic). Mann's novel fit nicely into this genre as it recounts the experiences of a young man who spends several years in a tuberculosis sanatorium high in the Swiss Alps. My next will be Stephen King's **The Stand** about a weaponized highly virulent strain of influenza that decimates most of the world's population!

Actually the above is a long digression from what I was initially planning to write – a timely account on the radio. After finishing my

(Continued on page 6)

PETER J. ACKER, MD
President, WCMS

INSIDE THIS ISSUE

From the guest Editor....................2
Stop the Train................................5
DOE Phishing Warning..................8
Physician Lobby Day Info..............9
Legislative Updates.......................10

UPCOMING EVENTS

All Upcoming Events have been Postponed or Rescheduled at this time.

WESTCHESTER PHYSICIAN

Published by the
Westchester County Medical Society
40 Sunshine Cottage Road
Valhalla, NY 10595
914.967.9100 / FAX 914.967.9232

PETER J. ACKER, MD
Editor

OFFICERS 2020-2021

PETER J. ACKER, MD
President

JEFFREY JACOBSON, MD
President-elect

BELLA MALITS, MD
Vice President

DANIEL GOLD, MD
Immediate Past President

BRUCE MOLINELLI, MD
Treasurer

TOBI KLAR, MD
Secretary

JOSEPH TARTAGLIA, MD
President
Westchester Academy of Medicine

STAFF

JANINE MILLER
Executive Director

Kalli Voulgaris
Membership/CME Director

RHONDA NATHAN
Accounting

Articles published in the *Westchester Physician* represent the opinions of the author and do not necessarily reflect the official policy of the Westchester County Medical Society or the Westchester Academy of Medicine. This publication, or any part thereof, may not be reproduced without the express, written permission of the WCMS. Publication of an advertisement is not to be considered an endorsement or approval of the product or service by the WCMS or the Academy, except where indicated. The WCMS reserves the right to accept or reject any advertising in this publication.

FROM THE EDITOR…

ATUL GAWANDE

PETER J. ACKER, MD

Note: I wrote this a number of years ago, but since I talk about him in my president's column, think it was worth reprinting

On a recent Saturday, I attended a lecture by Atul Gawande, the Harvard based surgeon and writer, under the auspices of the New Yorker Festival. The venue was a large auditorium in fashionable Chelsea and every seat was taken. While the stage was empty, the crowd murmured anticipatorily, but when Dr.Gawande strode onto the speaking platform without fanfare, the audience immediately settled into a respectful silence. Tall and lanky, wearing a blazer over jeans, he reminded me of Steve Jobs at an Apple convention.

I have been a fan of Dr. Gawande's for a number of years. His New Yorker articles and books are superbly written and generally focus on a particular aspect of medicine in a thought provoking and insightful way, so I was excited to see him in person. It is not necessarily true that an author will possess skills in oral exposition equal to the written form, but I am happy to report that he was about as polished a speaker that I have ever heard. His tone was conversational and personal and if I'd closed my eyes I would have imagined that he was in my living room having a quiet chat with me.

His topic was "End of Life Care", a reprisal, with some added material, from his New Yorker article from last July entitled "Letting Go: What Should Medicine Do When it Can't Save Your Life." His article centered on the story of a young woman pregnant with her first child who was diagnosed with stage 4 lung cancer late in her third trimester. He went on to chronicle the torturous multiple courses of treatment she underwent, ending with an ICU stay on a ventilator where she succumbed to her illness. Of course, this is an all too familiar tale, but Dr. Gawande used it to illustrate how medicine and society grapple with the "end if life" issue. Unfortunately, of late, it has entered the national political dialogue where the issue is often posed as a question of expense or hyperbolic citing of "death panels". He brings some vitally needed nuance to this question by giving a detailed account of the experiences of the patient, her family and her various care takers. A couple of things emerge from the aggregate of detail: 1. that the patient was well aware of her prognosis and was philosophically inclined towards acceptance and a peaceful death at home and 2. her doctors, including Dr. Gawande, were reticent about discussing end of life issues, indeed felt ill equipped by their training to initiate such a discussion. As he points out, modern medicine is good at staving off death but bad at knowing when to focus on improving the days left.

In his talk, he related an anecdote not in his article about an elderly woman with a pulsatile abdominal mass upon whom he was called in the emergency room to consult on. He diagnosed her with a large abdominal aortic aneurysm. The woman asked him many pointed questions about the surgery and the post op course. He explained that it was

(Continued on page 6)

No one knows NY better than MLMIC.

Choose NY's #1 medical liability insurance provider.

For 40+ years, MLMIC has been providing New York medical professionals from Buffalo to the Bronx with localized risk management insights, claims protection, and 24/7 legal advice. Our policyholders enjoy benefits and expertise not found anywhere else – supported by concierge-level service every step of the way.

For medical malpractice insurance in New York, **nothing compares to MLMIC.**

Learn more at MLMIC.com/better
Or, call (888) 996-1183

Endorsed by MSSNY

GARFUNKEL WILD, P.C.
ATTORNEYS AT LAW

General Counsel to
THE WESTCHESTER COUNTY MEDICAL SOCIETY

Garfunkel Wild attorneys can advise and represent you in matters including:

- OPMC
- compliance issues
- employment disputes
- real estate leases and purchases
- wills and estate planning
- corporate transactions
- litigation and arbitrations
- audits and investigations
- payor disputes

Great Neck, NY 516.393.2200 | Hackensack, NJ 201.883.1030 | Stamford, CT 203.316.0483 | Albany, NY 518.242.7582

garfunkelwild.com

STOP THE TRAIN
Elliot Barsh, MD

“...endlessly, every day...”

Hi everyone.

As human beings we experience and share all of the emotions that life brings.

We are trained to compartmentalize our work from the emotional ties that we create while get to know and love our patients.

For many of us, this is the hardest part of our jobs.

It takes so much energy to keep one part of ourselves separate from another, and can lead to real problems of anxiety, sadness, and depression.

We don’t have to hide our feelings or hide from them.

We are vital and vulnerable, and worth too much to hide from how hard things can be for our patients and for us.

Our patients invite us to join them to be a part of something so much bigger than just who we are and what we know

When we are at our best, we do give our love effortlessly.

Thanks for reading.

Be safe.

Learning How to Die — Lessons from the Irish Wake
https://www.nejm.org/doi/pdf/10.1056/NEJMp2030773?articleTools=true

Sylvia Plath does not let us look away.
"Her poem resonates because it speaks to the abiding struggle between life’s disheartening realities and the call to reawaken ourselves following periods of despair.
Tulips *by Sylvia Plath*

https://www.newyorker.com/magazine/1962/04/07/tulips?utm_source=onsite-share&utm_medium=email&utm_campaign=onsite-share&utm_brand=the-new-yorker

It is a gift to be able to love someone, knowing that one day we will lose them.
Being with them and being there to say goodbye is something we carry with us, “endlessly, every day...”
The Gift *by Sarah Holland-Batt*
https://www.newyorker.com/magazine/2021/02/15/the-gift?utm_source=onsite-share&utm_medium=email&utm_campaign=onsite-share&utm_brand=the-new-yorker
As the author says, “...there’s a place in all the grief of the pandemic for your personal grief.”

Donning and Doffing—Hiding Cancer Treatment in Plain Sight
https://jamanetwork.com/journals/jama/fullarticle/2776204?utm_source=undefined&utm_campaign=content-shareicons&utm_content=article_engagement&utm_medium=social&utm_term=021521
"The right words break our isolation. They are the agents of, and conduits to, love.”

How the Right Words Help Us to Feel the Right Things

https://www.theschooloflife.com/thebookoflife/how-words-help-us-to-feel-things/?utm_source=The+School+of+Life&utm_campaign=a8cff87883-Articles+February+2021&utm_medium=email&utm_term=0_717e06d46b-a8cff87883-23395977&goal=0_717e06d46b-a8cff87883-23395977&mc_cid=a8cff87883&mc_eid=3a3e04e305

Articles published in the *Westchester Physician* represent the opinions of the author and do not necessarily reflect the official policy of the Westchester County Medical Society or the Westchester Academy of Medicine. This publication, or any part thereof, may not be reproduced without the express, written permission of the WCMS. Publication of an advertisement is not to be considered an endorsement or approval of the product or service by the WCMS or the Academy, except where indicated. The WCMS reserves the right to accept or reject any advertising in this publication

President's Message
The New Normal
Peter J. Acker, MD
(Continued from page 1)

last audio, I forgot to download a new one and found myself listening to very interesting interview on NPR. It was the regular feature entitled the New Yorker hour in which the editor of the magazine, David Remnick hosts. In this episode he was talking with Atul Gawande, the Boston based surgeon and writer and who recently served on president-elect Biden's transition team. Dr. Gawande made some very interesting points. His overall impression was cautious optimism. Part of that was the news that the Johnson & Johnson vaccine will most likely be approved and this will add tremendously to the vaccine supply. He was asked why the vaccine rollout has been so darned hard. His answer can be partially summarized in the phrase "all breakthrough and no follow through", that all the attention was on creating the vaccine and little on the complicated logistics of vaccine delivery into the arms of Americans. He has commented on how poorly suited the American health care system is for a massive vaccine rollout. He compared it the UK and Israel where vaccine administration has far exceeded ours.

The final part was the most interesting when Reminick asked him can we go to Yankee Stadium or take a flight without a mask. Gawande predicted that by late summer we may at a point where it will be down to flu-like levels in terms of serious disease. However this will set up a debate about where we draw the line on taking precautions. I have observed as many practitioners that we are seeing far fewer other diseases during this pandemic. Last June I saw maybe 2 cases of Coxsackie, whereas normally I would have seen dozens. This winter, the influenza has been practically nonexistent. Gawande compared the discussion that will ensue to the decisions made about the highway speed limit. When it was lowered to 55 mph, there was significant decrease in motor vehicle deaths. This rose dramatically when it was returned to 65 mph. So similarly the more careful we are, the fewer deaths, but should we lower the speed limit to 30 mph? I am personally hoping that mask wearing will continue in certain situations as the new normal.

From the Editor…
Atul Gawande
Peter J. Acker, MD

(Continued from page 2)

a significant operation, with multiple risks and a potentially long recovery involving ICU and ventilator care. She asked for an hour or so to think it over and in the end she opted to go home where it was anticipated she would die in the next few weeks. He called her home a couple of weeks later where she lived with her son expecting to hear a male voice, but instead she answered, sounding hale. She lived comfortably for more than a year.

So, it comes down to a fundamental question: to treat or not to treat. Despite our oath to "first, do no harm", the default decision is to treat. Ironically, this is the path of least resistance as it is far easier, with all our technological and pharmaceutical tools at our disposal to choose the "active" course. It allows us to skip the awkward conversations about end of life choices which we are mostly ill-equipped by training or temperament to embark upon. The "to treat" option permeates our whole medical culture down to the simple act of writing a script for an antibiotic for a cold rather than taking the extra time to explain why it is not needed. Instead, the medical juggernaut begins its down hill course apace with tortuous ICU stays, body taps and CT scans aplenty.

As Dr. Gawande pointed out, and his story of the woman with the aneurysm is a good example of, doctors are bad at estimating prognosis and therefore are reluctant to proffer any predictions. The patient-doctor conversation is sprinkled with words and phrases such as "hope" and "doing battle" while questions about the patients concerns, ie do you worry about being a burden, what do you fear most, where would you prefer to die, are avoided. In an apt analogy, Dr. Gawande asks "do you want a Custer or a Lee as your general?" I personally would opt for Lee.

After the lecture, I waited in the lobby while my wife stood in a long line to the woman's room. I looked over to see Dr. Gawande. I approached him and found him to be just as personable up close as he was on the stage. I gingerly asked him a question about surgical temperament and how different he seemed. I told him about a surgeon during my residency at Bellevue who screamed at me in the peds ICU over some minor matter. He laughed and said "Oh, he wouldn't get away with that today. Things have changed." And then he spotted a woman I assume was his wife emerging from the rest room and they strode off together.

Medicare Advantage Prescription Drug Plans

$0 or Low Cost Plan Premiums

Health plan options for those with:

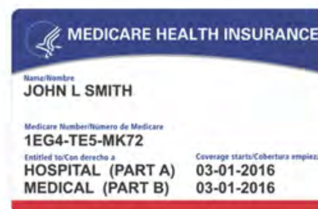
- Medicare
- Medicare and Medicaid
- A Medicaid Advantage Plus (MAP) Plan for those who need community based long term care services and supports in the home

Call for eligibility and enrollment

agewellnewyork.com

718-696-0206

TTY/TDD 800-662-1220



AgeWell New York, LLC is a HMO plan with a Medicare and Medicaid contract. Enrollment in AgeWell New York, LLC depends on contract renewal. ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-866-237-3210 (TTY/TDD: 1-800-662-1220). Hours are 7 days a week from 8:00 am to 8:00 pm. Note: From April 1 to September 30, we may use alternate technologies on Weekends and Federal holidays. Assistance services for other languages are also available free of charge at the number above. AgeWell New York complies with applicable Federal civil rights laws and does not discriminate on the basis of races, color, national origin, age, disability, or sex. AgeWell New York cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. AgeWell New York 遵守適用的聯邦民 權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。 H4922_C4002_M Accepted 09052020 DOH Accepted 08032020

New York State Board of Regents
Betty A. Rosa
Commissioner of Education
The State Education Department
The University of the State of New York / Albany, NY 12234
Office of Communications

Media Contact:
JP O'Hare or Jeanne Beattie
(518) 474-1201
www.nysed.gov

NEWS

FOR IMMEDIATE RELEASE February 24, 2021

STATE EDUCATION DEPARTMENT WARNS OF PHISHING SCAM TARGETING LICENSED PROFESSIONALS

The New York State Education Department today is warning licensed professionals in New York State about a scam involving telephone calls from individuals posing as NYSED Employees or law enforcement officials to defraud and extort victims. The scam is targeting such licensed professionals as physicians and pharmacists, and is seeking the professional's social security number and an immediate bond payment under the guise that the professional's license has been suspended and payment is required to reverse the suspension and avoid further charges. The New York State Education Department will never telephone or fax any individual to request a bond fee or payments related to an ongoing investigation of professional misconduct. If you receive such a phone call, please hang up immediately and report it to the proper law enforcement authorities.

"It is truly unspeakable that during the challenges of this pandemic there are individuals intentionally seeking to defraud the nurses, pharmacists and other professionals who have been heroes through all of this," said Chancellor Lester W. Young, Jr. "I encourage anyone that receives a suspicious call to immediately contact the FBI and your local law enforcement officials to report the incident. Thank you all for everything you have done throughout the pandemic."

"The commitment of our front-line workers and licensed professionals to their fellow New Yorkers has been unwavering throughout the pandemic, which is why this scam is so reprehensible," said Commissioner Betty A. Rosa. "We will work with our partners in law enforcement in any way possible to ensure those responsible for this scam are brought to justice. New Yorkers should be aware that the Department will not telephone any licensed professional to seek a bond fee at any time and should report any such call immediately."

The police and impacted licensees have reported to the Department that the phishing scam involves a phone call from an individual claiming to represent New York State stating that the professional's license has been temporarily suspended and in order to have their license reinstated, they must pay a bond fee via bank wire transfer, which would be refunded to them if they were cleared by an investigation. Using phone "spoofing" technology, the phone calls and faxes appeared to come from real government agencies. Numerous pages of official looking documents that appear to be from New York State, the U.S. Department of Justice, the FBI, Trans Union and the New York State Office of Professions are then sent to these licensed professionals which contain publicly available information including their license number, National Provider Identifier (NPI) number, name, address, and other personal information. To complete the documentation, licensed professionals are asked to complete a box in which their social security number is requested.

If you have lost money in such a scam, immediately notify your bank and file a report with the FBI at Internet Crime Complaint Center(IC3) | Home Page. This must be done quickly, usually in less than 72 hours, for even a very slight chance of recovering any money sent by bank wire transfer. You should also file a report with your local police precinct. Additionally, notify the Federal Trade Commission and visit Identity Theft Recovery Steps | IdentityTheft.gov to learn how to mitigate your chances of becoming a victim of identity theft.

Should you wish to check the status of your current registration and ability to practice, please do so using the OP Website found here: NYS Professions - Online Verifications (nysed.gov)

Virtual
MSSNY'S PHYSICIAN ADVOCACY Day

TUESDAY MARCH 2ND, 2021
VIA ZOOM
8AM-11AM

Join your colleagues from all around New York State to speak with your legislators and communicate the right health policy solutions for you and your patients!

Following the morning program, physician and allied groups will meet with legislators and their staff!

PRIORITY ISSUES:

- **Oppose cuts to Medicaid**
- **Maintaining adequate supply of PPE**
- **Oppose inappropriate scope expansion**
- **Expand Telehealth coverage**
- **Discuss health concerns with legalizing recreational marijuana**
- **Reject Unfair Professional Discipline changes**
- **Reducing prior authorization hassles**
- **Rejecting burdensome mandates**
- **Shape the discussion surrounding Single Payor Healthcare**
- **Preserving opportunities for NY's medical students and residents**

For More Information Contact:
Raza Ali
Legislative Associate
Rali@mssny.org

The Medical Society of the State of New York (MSSNY) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide Continuing Medical Education for physicians.

The Medical Society of the State of New York designates this live activity for a maximum of 3.0 *AMA PRA Category 1 Credits™*. Physicians should claim only the credits commensurate with the extent of their participation in the activity.

THE MEDICAL SOCIETY OF THE STATE OF NEW YORK
WWW.MSSNY.ORG

Make the most of your membership

MSSNY JOINS OTHER NORTHEASTERN STATE MEDICAL SOCIETIES URGING ALLOCATION OF COVID-19 VACCINE TO COMMUNITY BASED PHYSICIANS TO IMMUNIZE THEIR PATIENTS

The Medical Society of the State of New York and other state medical societies joined together to urge that the Biden Administration and state governments take necessary to steps to ensure that community-based physicians can receive the COVID-19 vaccine to immunize their patients. Joining in the statement were the: **Connecticut State Medical Society, Massachusetts Medical Society, Medical Society of New Jersey, Pennsylvania Medical Society, and the Ohio State Medical Association.**

The statement says in part: "As the country moves forward into the immunization process, and as supply increases, it is vitally important that the country and the states employ all resources available and that includes the community-based physicians. Unfortunately, so far, hospitals, chain pharmacies and mass vaccination sites have been prioritized at the expense of those who know their patients' needs best – the community physician. These are individuals who can quickly identify the most vulnerable and can reach large amounts of patients who suffer from significant co-morbidities and cannot travel to a vaccine distribution site due to health reasons.

Community-based physicians practice in a wide range of communities such as urban, rural and suburban settings and serve the poor, the elderly, individuals of color and those with co-morbidities. Many of these patients do not have transportation, are in communities without mass transportation, lack the financial resources or are simply too ill to travel. Community based physicians care for thousands of patients each and can quickly identify those patients who are most at risk of getting COVID-19 or having complications due to their comorbidities. More importantly, patients feel comfortable with their physicians, with whom they can discuss the vaccine, and address any vaccine hesitancy, and feel comfortable in the office setting." **(CLANCY, AUSTER)**

URGE YOUR LEGISLATORS TO REJECT PROPOSAL TO CURTAIL PHYSICIAN DUE PROCESS PROTECTIONS

Please urge your legislators to reject an Executive Budget proposal that that would greatly curtail due process protections for physicians when a complaint has been filed with the Office of Professional Medical Conduct (OPMC), including making information public about a complaint even if no professional misconduct is found and greatly lessening the burden for imposing an interim suspension prior to the conclusion of the statutory hearing process. You can send a letter and/or tweet to your local legislators from here.

MSSNY has joined with more than a dozen specialty medical societies in a letter to the State Legislature expressing its strong opposition to this proposal (Click Here). While New York's physicians share the goal of assuring the State has ample power to protect the public when the conduct of a particular health care provider places patients at risk, the Commissioner already has authority to take summary action prior to the conclusion of a disciplinary hearing in the absence of a finding of misconduct. Moreover, this proposal is stunning in light of the enormous sacrifices made by countless physicians over the last year, serving on the front lines in responding to the pandemic.

The group letter reminds the State Legislature that, while the medical community is always ready to work to address gaps in our disciplinary system to protect patient safety, this proposal is grossly unfair and over-reaching given that most complaints never result in findings of misconducts or even formal charges being filed. Of greatest concern is that information released to the public, even if there is no action ultimately taken, can remain available through "Google searches" forever, with the potential to eviscerate a physician's professional reputation. **(AUSTER)**

Governor Cuomo Announces 30-Day Budget Amendment on Recreational Marijuana

This week, Governor Cuomo announced a budget amendment on his quest to legalize recreational marijuana. This amendment included a designation of $100 Million for the purposes of Social Equity Funding including how it will be allocated as well as refining criminal penalties related to the improper sales. Under the Governor's proposed amendments, qualified community-based nonprofit organizations and local governments would apply for funding to support a number of different community revitalization efforts, including, but not limited to:

- Job placement and skills services,
- Adult education,
- Mental health treatment,
- Substance use disorder treatment,
- Housing,
- Financial literacy,
- Community banking,
- Nutrition services,
- Services to address adverse childhood experiences,
- Afterschool and child care services, system navigation services,
- Legal services to address barriers to reentry, and
- Linkages to medical care, women's health services and other community-based supportive services

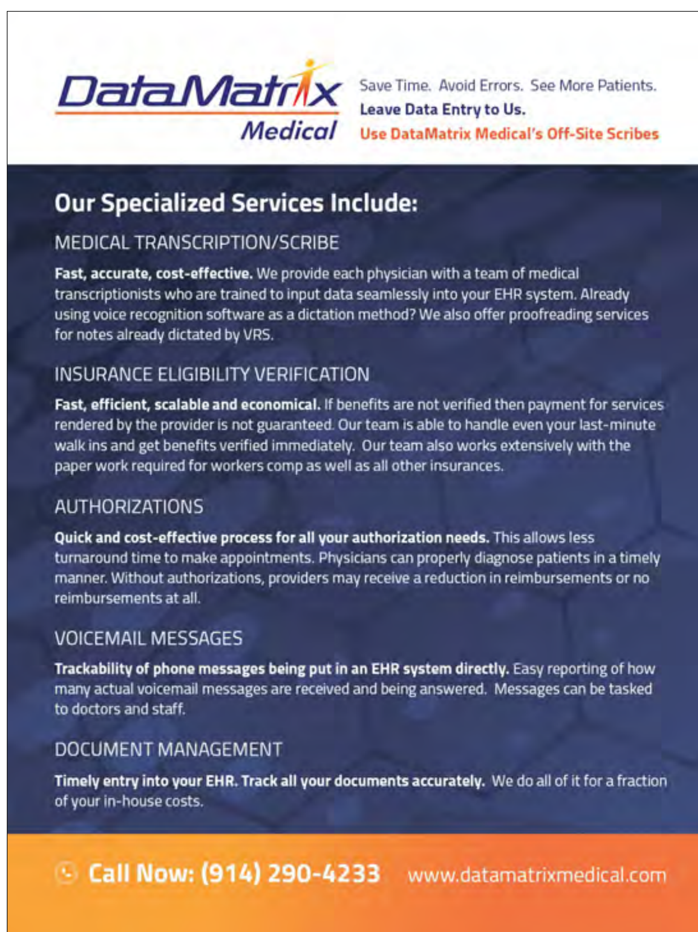
The amendment also calls for the following classification of certain criminal penalties:

- Criminal sale in the third degree (sale to under 21 year old) will be made a class A misdemeanor
- Criminal sale in the second degree (sale of over 16 ounces or 80 grams of concentrate) will be made a class E felony
- Criminal sale in the first degree (sale of over 64 ounces or 320 grams of concentrate) will be made a class D felony

MSSNY continues to oppose the legalization of recreational use of marijuana and also urges that it be taken out of the NYS budget for 21-22. Physicians are encouraged to send a letter to the Governor and to members of NY Legislature through MSSNY's Grassroots Action Center (GAC) here. **(CLANCY)**

Join your colleagues March 2, 2021 for Virtual Physician Lobby Day

Visit mssny.org for information



PLEASE CONTACT YOUR LEGISLATORS TO RAISE CONCERNS WITH "CONSOLIDATED BILLING" LEGISLATION

Physicians are urged to contact their Assemblymembers and Senators to urge them to substantially revise A.3470- A/S.2521-A, "The Patient Medical Debt Reduction Act". Click here to contact your legislators today!

While there are many components to this well-intended legislation, there is a seriously problematic component would prohibit a physician or other provider with any "financial or contractual relationship" with a hospital from separately billing a patient for a course or episode of treatment in the hospital. While it doesn't appear to prohibit continued separate billing to insurance companies or other payers, a single hospital-physician bill would be required when a bill is sent to a

patient for costs not covered by the patient's insurance, such as collection of a deductible. It would also require such consolidated bill to be sent within 7 days of a patient's discharge from the hospital before there is any clarity as to what expenses will actually be covered by a patient's insurance.

If this bill were to pass and this provision not amended, it would put non-employed physicians at the mercy of the hospitals where they practice since the legislation does not specify how payments to hospitals from this "single bill" would then be distributed to these physicians. In an era when patients' insurance policies regularly impose enormous deductibles, it would likely force even more physicians to sell their practices and become employees of hospitals in response to the helpless position many physicians would find themselves. Other physicians may leave the state altogether. The impact of this prohibition will fall most adversely on physicians who are on the front lines of the pandemic, many of whom are facing an enormous drop in patient volume due to a significant amount of delayed care.

The legislation recently advanced from the Assembly Health Committee to the Codes Committee and is before the Senate Health Committee. Please let your legislators know you appreciate the intent of the legislation to minimize the financial burden on our patients but that this "single bill" component will most heavily adversely impact community physicians, and ultimately result in the loss of patient choice and exacerbate health care monopolies in our health care system. **(AUSTER)**

tsi®
WE GET CASH FLOWING.
CASH FLOW SOLUTIONS FOR YOUR PRACTICE
EXCLUSIVE PRICING FOR WESTCHESTER COUNTY MEDICAL SOCIETY MEMBERS
$10 - $17 PER ACCOUNT – NO PERCENTAGES!
GREAT RECOVERY...30% - 60% DEPENDENT UPON YOUR SPECIALTY
LOW COST...MOST MEDICAL CLIENTS ENJOY COLLECTION COSTS AROUND 10%
SEND ACCOUNTS ELECTRONICALLY USING OUR VARIOUS INTERFACES
FOR ADDITIONAL INFORMATION, PLEASE CONTACT OUR TRANSWORLD REP
Dick Neary.....(941) 350-9918....dick.neary@transworldsystems.com
https://gotsi.com/dickneary