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On the cover:
SUNY Upstate Medical University in Syracuse, New York, is the only academic medical center in Central New York. It is also the region’s largest employer, with 9,460 employees.

Cover photo courtesy of SUNY Upstate Medical University.
President’s Message

Reflections on Our Profession

ANDREW D. ROSENBERG, M.D.

As I move into the second half of my presidency, I would like to reflect on some of the things I have learned that have expanded my understanding of and insight into both our advocacy efforts and our profession.

First, this is a major election year and those seeking office will be looking for support from their constituents. It is during this time period when we may gain additional access to those who represent us at local, state and national levels and I urge you to become involved in the process now so that those we ask for support later know we were there when they needed us. There are many issues that our elected officials are asked to support and if we do not advocate for ourselves the risk exists that we will get lost in the shuffle. Now is the time to be involved.

As an organization, the New York State Society of Anesthesiologists was fortunate this year, as, I believe, were all New Yorkers, as neither the New York state Senate nor the New York state Assembly passed the “title bill.” This legislation would have provided nurse anesthetists with a professional title but not a defined scope of practice. The fact that this bill did not pass can be attributed to the hard work of our dedicated physicians, lobbyists and NYSSA staff members.

Did you know that the nurse anesthetists were “camped out” in Albany pushing for passage of this bill during the final days of the session in June? It was a hectic last few weeks in Albany and, until the session adjourned, we were uncertain what would happen to the title bill. Had this legislation passed, it could have become the first major step toward nurse anesthetist independent practice in New York state, something I believe that nurses are neither educated nor qualified to perform.

Our organization is not opposed to nurse anesthetists gaining “title,” but we want their scope of practice to be defined as one in which they work under the supervision of a physician. I value our working relationship with nurse anesthetists but it bothers me that others who
have significantly less education in our field and less medical knowledge claim that they are our equals in the operating room and the perioperative arena. What bothers me just as much is the fact that we are having such a difficult time convincing others, meaning our politicians, that nurses are not our equals. While some legislators agree with the NYSSA position, and we are extremely grateful to them, many see “both sides of the story.” That is why we must be out there advocating for ourselves. Please take the time to support those candidates you endorse and let them know where you stand on issues that affect the practice of anesthesiology.

Second, as my year as president progresses, I continue to be impressed with what we as anesthesiologists provide for our patients and the field of medicine. We are physicians — clinicians, researchers and educators. We enable both non-complicated and the most complex surgical and medical care to proceed as a result of our cognitive and technical skill set. Our focus also needs to be on our academic and clinical accomplishments as we continue to introduce new and improved approaches to medical care. Come to the PGA. Enjoy and embrace our educational offerings as you expand your intellectual horizons and ultimately enhance patient care. We are the leaders and innovators in our field and need to continue as such.

I am incredibly proud to be an anesthesiologist and to have the opportunity to represent you. I am also extremely thankful for all those who have worked so hard this past year on our behalf. While there are many, I would like to specifically mention both Rose Berkun, M.D., our president-elect, and Mike Duffy, M.D., our past president. Their dedication and hard work were instrumental in our political gains this session, as was the tireless activity of our lobbyists, our legal counsel, and our NYSSA staff — in particular Executive Director Stuart Hayman. Have a happy and healthy fall and winter. I hope to see you at the PGA this December.
As many of you probably know by now, there has been a recent revolution in the general medical community regarding maintenance of certification exams, or MOC exams. Namely, most physicians don’t like them. For many specialties, including our own, MOC exams historically consisted of one lengthy exam administered every 10 years for board recertification. Some physicians like this because it is a single exam and, once it’s taken, there’s no need to worry about it again for another 10 years. On the other hand, a single exam for which the consequences of failure could be significantly damaging to one’s career creates a high pressure situation. Two of the first bodies to institute changes in the MOC process were the ABIM and our very own ABA. While the changes made by the ABIM were largely met with disapproval, resulting in yet another overhaul of the process, the reaction thus far to the new system developed by the ABA, MOCA 2.0, has been comparatively well-accepted.

In a parallel move, the ABA has also transformed the board certification process. What was once a written exam followed by an oral exam is now two separate written exams (termed a basic exam and an advanced exam), followed by the standard oral exam. In 2018, the standard oral exam will be combined with an objective structured clinical examination, or OSCE, which is intended to evaluate communication and professionalism, as well as technical skills such as interpretation of EKG or ultrasonography. That will effectively be four exams in the place of two. In addition, some fellowships now include a certification exam.

Why do these changes matter for the practicing anesthesiologist? In the case of MOCA 2.0, the answer is obvious: Anyone who wants to recertify will have to follow the established protocol to do so. But for the initial board certification, knowledge of the changes may seem unnecessary for anyone other than those undergoing the process.

For those working in an academic setting, resident education is an important part of the job and takes place in a variety of forms, whether it
be hands-on training in the operating room, didactic sessions, or simulation experiences, all of which serve as preparation for the upcoming exams and for being an excellent anesthesiologist. Awareness of the exam formats allows for tailoring of the teaching methods. This is not to say that “teaching to the exam” is necessarily the best approach, but, rather, that the diversity of examination methods should promote a broad education in anesthesiology.

For those working in a private practice setting, depending on the environment, you may inevitably be interviewing or meeting graduating residents who have undergone the new certification sequence. Board certification allows a certain standard to be met, putting everyone on a level playing field to some degree. Knowing the process is vital to understanding what type of employees you will be hiring and, if they are fresh out of residency, to understanding that they will be preparing for a wholly new type of exam, potentially overlapping with their clinical duties.

Being an anesthesiologist is a lifelong educational experience; while their forms may continue to evolve and change, board certification and MOCA are here to stay. They help to maintain a standard among anesthesiologists and provide a unifying language within our community. For practicing anesthesiologists, seemingly the best way to “prepare” for the question portion of MOCA 2.0 is simply to remain connected with the field, whether it be through other CME activities, attending conferences (like the PGA), discussing cases with colleagues, reading medical journals, or reading case reports (like the ones published in Sphere). Our friends at SUNY Upstate Medical University in Syracuse have apparently figured this out already. Read about their accomplishments in this issue’s feature article. We are grateful to have such active members of the anesthesiology community at SUNY Upstate, from their involvement in state and national committees, to writing textbook chapters, to engaging residents in research and engaging the public by hosting the NYSSA booth at the state fair. We hope you enjoy reading about the contributions of some of our esteemed members, and that they inspire you to become similarly involved.
By now you should be aware of the effort undertaken by the NYSSA and the ASA to have physicians comment on the proposed Department of Veterans Affairs (VA) rule change regarding nurse anesthetists. The VA proposed a new rule in the Federal Register that would give “full practice authority” to nurse anesthetists without the need for clinical oversight by physicians. The justification for this proposed change is the fact that some specialties are experiencing physician shortages. That said, there is no shortage of physician anesthesiologists within the VA system and the change is not needed to improve access to anesthesia care in surgery.

NYSSA President Dr. Andrew Rosenberg has spoken about this issue several times in different venues. His message has been consistent: “It would be wrong to lower the standard of care provided to the men and women who have courageously served our country.” I know that each of you agree with Dr. Rosenberg and believe this is a dangerous proposal that would needlessly jeopardize the health and well-being of our veterans.

I think it’s important to point out that the VA’s own Quality Enhancement Research Initiative (QUERI) could not discern “whether more complex surgeries can be safely managed by CRNAs.” In fact, there are no independent studies that show nurses can ensure the same outcomes as physician anesthesiologists.

The VA’s leading experts on anesthesia care, the chiefs of anesthesiology, have expressed concern that the new policy “would directly compromise patient safety and limit our ability to provide quality care to veterans.” The proposal also conflicts with 46 state laws that recognize the importance of physician involvement in the delivery of anesthesia.

The comment period for the proposed policy change ended on July 25. The ASA reported that 90 percent of veterans who commented said “no” to the proposed rule. Overall, the majority of respondents (an estimated
two-thirds of more than 167,000 comments) opposed the rule change.
In fact, the proposal attracted an overwhelming response from the public,
purportedly a record response rate for a VA-related issue as well as a
record for the most comments posted to the Federal Register in 2016.

We strongly encouraged all NYSSA members as well as your family
members and friends to advocate for the safe care of our veterans. We
made it known that the ASA and the NYSSA strongly oppose giving nurse
anesthetists “full practice authority,” or the nurse-only model of anesthesia
care. In fact, we sent out 11 email blasts asking members to submit
comments on this suggested change.

As of July 21, NYSSA members had generated more than 4,000
comments on this issue. Considering that the NYSSA has approximately
3,600 members, that is a terrific response rate. I want to thank each and
every member who submitted a response. As a Navy veteran myself, I am
personally appreciative that so many of our members took the time to
support safe care for my fellow veterans.

The VA will now review and consider all the submitted public comments
before publishing a final rule. I know you share my concern as we await
the final determination. We will keep you posted.

PostGraduate Assembly
in Anesthesiology
Fri. - Tues. Dec. 9-13
Marriott Marquis
NYC/USA

Have You Registered for PGA70?

As a benefit of membership, all NYSSA members attend the PGA for FREE. Just be
sure to register this year to reserve your spot.

Registration is quick and easy thanks to
the NYSSA’s new and improved registration
system. Once you register, you can update
your contact information, select programming,
book hotel accommodations and social events,
and edit your schedule at any time.

Go to pga.nyc and register today!
In Memoriam

Kurt G. Becker
February 20, 1944-September 1, 2016

“Kurt G. Becker, 72, of Sherman, CT, passed away peacefully on Thursday, September 1, 2016, at Danbury Hospital.” As I read this, I thought to myself, “There’s a lot more to this story.” How can words convey your past memories of people who have touched your life and inspired you to be a better version of yourself? Perhaps Helen Keller gave me a hint of what I was searching for in her quote, “The best and most beautiful things in the world cannot be seen or even touched - they must be felt with the heart.” I have but pen and paper to tell “the rest of the story.”

Kurt Becker served the NYSSA for 37 years; for 28 of those years, Kurt served as our executive director. Those who worked with him experienced his dedication, gentle nature, and thoughtfulness. During his tenure as executive director, the NYSSA membership and PGA attendance more than doubled; Kurt kept the ship afloat in weather both fair and foul. He was a source of insight, guidance, and wise advice for 28 presidents and 10 PGA general chairs, as well as countless Executive Committee and Board members and committee chairs.

In his last annual report, Mr. Becker stated, “To [those] that I had the opportunity to work with directly, I cherish the conversations and the times we’ve shared. To the membership, when you’ve contacted headquarters, I’ve always reminded the staff to consider that we may be communicating with a future NYSSA president. I hope we did not disappoint you.”

I hope I don’t disappoint the memories of those who knew Kurt. Kurt endeared himself to generations of engaged members of our society, and retired from service to our society at the end of 2007. A native New Yorker, he had moved to “the country” (a.k.a. Connecticut) and lived there with his family until his death.

The NYSSA has a bright future, with a superb staff and executive director. We are well poised to advance our mission and redefine our future. However, we would not be where we are today without the talent and effort of those who preceded us. As Dennis E. Adonis stated, “Sometimes in order to appreciate your future, you must remember the past.” Kurt’s spirit is in the heart of many of us when we say, “Thank you, Kurt, for your service.”

Rich Beers, M.D.
NYSSA Delegates to 2016
ASA House of Delegates

All sessions related to the ASA House of Delegates will take place at the Hyatt Regency McCormick Place, Chicago, IL, as follows:

First Session  8:00 a.m. — Sunday, October 23, 2016
Second Session  8:00 a.m. — Wednesday, October 26, 2016

DELEGATES (VOTING)
1. Dr. Richard A. Beers
2. Dr. Rose Berkun
3. Dr. Jesus R. Calimlim
4. Dr. Lawrence J. Epstein
5. Dr. Gregory W. Fischer
6. Dr. Charles C. Gibbs
7. Dr. Jung T. Kim
8. Dr. Scott N. Plotkin
9. Dr. Salvatore G. Vitale
10. Dr. Lance W. Wagner
11. Dr. Melinda A. Aquino
12. Dr. Audrée A. Bendo
13. Dr. David S. Bronheim
14. Dr. Christopher L. Campese
15. Dr. Vilma A. Joseph
16. Dr. Jason Lok
17. Dr. Andrew D. Rosenberg
18. Dr. Steven S. Schwalbe
19. Dr. Michael B. Simon
20. Dr. David J. Wlody
21. Dr. Michael P. Duffy
22. Dr. Ingrid B. Hollinger
23. Dr. Lawrence J. Routenberg
24. Dr. Steven B. Schulman
25. Dr. Tracey Straker
26. Dr. Richard N. Wissler

Scott B. Groudine, M.D. — ASA Director, New York State

ALTERNATE DELEGATES (NON-VOTING)
1. Dr. Peter A. Silverberg
2. Dr. Ketan Shevde
3. Dr. David Seligsohn
4. Dr. Lee H. Winter
5. Dr. Sudheer K. Jain
6. Dr. Jayapratak R. Chenna
7. Dr. Edmond Cohen
8. Dr. Jonathan S. Gal
9. Dr. Meg A. Rosenblatt
10. Dr. Matthew B. Wecksell
11. Dr. Susan Bogdan
12. Dr. Chantal M. Pyram
13. Dr. Michael J. FitzPatrick
14. Dr. Michael Angelucci
15. Dr. Kevin W. Roberts
16. Dr. Donna-Ann Thomas
17. Dr. Andrew M. Sopchak
18. Dr. Alan E. Curle
19. Dr. Jennifer A. Macpherson
20. Dr. Melissa A. Kreso
21. Dr. Elizabeth L. Mahoney
22. Dr. Nader Nader
23. Dr. Stacey A. Watt
24. Dr. Francis S. Stellaccio
25. Dr. Kevin M. Glassman
26. Dr. Daniel H. Sajewski
SUNY Upstate Medical University: An Academic and Regional Leader in Anesthetic Medicine

MARK W. SAWERIS, M.D.

At a time when hospital administrators are often challenged to keep their medical systems afloat, SUNY Upstate Medical University in Syracuse, New York, is flourishing. In 2015, the hospital reported a $120 million profit (up $50 million from the previous year) on $1.02 billion in revenue, largely due to an additional 1,133 operating room cases performed. The increase in caseload requires a keen and attentive administrative effort to maintain diligence and patient safety. The Department of Anesthesiology, led by Chairman Dr. P. Sebastian Thomas, has played a significant institutional leadership role in the successful adjustment to this higher volume. Under his guidance, the department has made strides both at the institutional and state levels. As the premier institution in Central New York, there hasn’t been a more exciting time to practice anesthesia here.

SUNY Upstate Medical University is a vital regional resource for an area that stretches from Pennsylvania to Albany and all the way to the northern Canadian border. The anesthesiology department serves a major leadership role in the provision of the highest level of care in the region’s only comprehensive Level I trauma center. The East Tower is the home of the newly constructed Golisano Children’s Hospital, which opened in September 2009 and has become the major referral center for a full range of pediatric services, including an acute post-operative pain service, under the leadership of Dr. Bettina Smallman.
Across from the East Tower is a brand new, state-of-the-art Cancer Center, which was awarded the CEO Cancer Gold Standard accreditation. The cancer team’s mission is to promote healthy lifestyles, reduce cancer risk, and encourage early detection through advancements in cancer screening.

The institution also boasts Central New York’s first and biggest comprehensive Stroke Center, with the highest designation and level of care for stroke patients with the worst possible neurological sequelae. The new facility allows for the expansion of faculty research projects, including hyperbaric oxygen treatment of brain injury, amelioration of neurologic injury after cardiopulmonary bypass, chronic pain models, and immunosuppression after organ transplantation. Additionally, these modern facilities supplement a unique residency training experience by expanding the practice of anesthesiology to new “off-site” locations.

This training experience supplements many other components of the academic curriculum, including the department’s own simulation lab. The lab experience helps get trainees up to speed with common operating room emergencies, providing an instrumental transition to clinical practice. Dr. Jesus Robert Calimlim and Dr. Rahila Bilal simulate many virtual scenarios with trainees — including, for example, emergency endoscopies with uncontrolled gastrointestinal bleeding and blunt trauma requiring massive transfusion.
protocols — before they encounter real situations with real consequences. The program also maintains an annual dissection course in the cadaver lab with the pain fellows, a great way to master anatomical landmarks and skills needed for regional anesthesia. Dr. Bilal is one of many faculty members with IRB-approved research projects on the subject, including the study of long-term analgesia obtained from penile blocks in hypospadias repairs and circumcisions.

Dr. Carlos Lopez, our program director, strongly believes in a rigorous academic curriculum. He is a passionate educator who takes all first-year categorical residents under his wing. My first encounter with Dr. Lopez occurred late in my residency interview trail. Instead of the standard one-on-one applicant and prospective program director interview (one that the majority of programs follow), he utilizes a more inclusive approach. Sitting at the edge of the table while nervous applicants made their entrance, his skill at transforming an awkward group encounter into an open group discussion (among strangers, no less) stood out to me. He is truly a gifted teacher. In his spare time, aside from residency obligations, he serves as a member of both the NYSSA’s Problem-Based Learning Discussions (PBLD) and Academic Anesthesiology committees to encourage academic
discussion on important anesthesia topics. Dr. Lopez works closely with Dr. Thomas, our chairman and the vice chair of the NYSSA’s PostGraduate Assembly in Anesthesiology (PGA) Mini-Workshops Committee. Our program had 20 presentations at both the American Society of Anesthesiologists (ASA) and PGA conferences this year, thanks in part to our faculty’s heavy involvement in academic research with the residents in our program.

Dr. Richard Beers, who is also a member of the NYSSA’s PBLD Committee and serves as PGA general chair, works with Dr. Lopez and Dr. Thomas to encourage academic achievements and advancements in clinical practice. As a member of the ASA’s Committee on Occupational Health, Dr. Beers helps provide guidance on the prevention of workplace illness and injuries. He recently published multidisciplinary infectious control recommendations for the operating room — in conjunction with surgeons, nurses, and pharmacists — in the May 2015 issue of the ASA MONITOR. This is a subject anesthesiologists are putting in the national spotlight while also taking a more prominent role in providing recommendations to help diminish the rampant progression of uncontrolled infectious diseases. As the fifth district delegate to the Medical Society of the State of New York and a former president of the Onondaga County Medical Society, Dr. Beers has also been active in legislative reform, specifically with regard to New York tort law and the effort to limit burdensome legal expenses in the region.

SUNY Upstate Medical University has been a huge stimulus for economic growth by providing employment opportunities in its unique subspecialty service areas. These include complex spinal procedures, robotic gynecological and urological procedures, and neurological interventions, including the region’s only Gamma Knife Center. Dr. Reza Gorji, professor of anesthesiaology, and Dr. Fenghua Li, assistant professor of anesthesiaology and associate program director, are heavily involved in complex neuroanesthetic services and are pioneers in the advancement of intraoperative neuromonitoring. Together they published a research article in the Neurodiagnostic Journal regarding multimodality of intraoperative neurophysiological monitoring during Onyx embolization of cerebrovascular malformations. They have also worked to advance the understanding of cerebral ischemic injury in relation to repercussion injury as well as intraoperative fluid management. I personally had the privilege of working with both of them on a poster presentation regarding postoperative
neuroleptic malignant syndrome secondary to pharmacological interactions in an end-stage Parkinson’s patient, to be presented at the ASA 2016 Conference in Chicago.

We also have faculty and fellows from our outstanding pain management division who have written chapters in notable textbooks, including a chapter written by Dr. Vandana Sharma in *Complex Regional Pain Syndrome: Past, Present and Future*, published by Nova Science Publishers. Additionally, Dr. Brandon McGinn wrote a piece for the *Essential Clinical Anesthesia Review* regarding physiological changes in pregnancy and analgesia for labor. Drs. McGinn and Sharma, along with Dr. Parikshith Sumathi, work with residents in the block room and the Upstate Comprehensive Pain Clinic. They are instrumental in teaching the attentive skills necessary in regional and neuraxial anesthesia to provide regional blocks for operating room procedures as well as treatment for chronic low back pain syndromes, sympathetically mediated pain syndromes, CRPS, post-operative and diabetic neuralgias, deafferentation pain syndromes, phantom limb pain, cancer pain, and various myofascial pain syndromes. The pain fellowship here at SUNY Upstate is one of the largest and oldest in the state, established in 1977 and rapidly growing in size and patient load.

*Upstate University Hospital as seen from University Hill, home of Syracuse University and the Carrier Dome.*
Aside from these academic achievements and positions, our department members proudly host the NYSSA booth at the annual New York State Fair in Syracuse. For those unfamiliar with this event, it is without question upstate’s biggest attraction. Drawing nearly one million to the New York State Fairgrounds, it is conveniently located in the heart of Syracuse, the ideal location for such an event. The fairgrounds are currently undergoing a $50 million renovation to accommodate even larger crowds that are coming to watch mainstream artists like Jason Derulo and Nas, among others.

In the mix of the chaos, Dr. Srinivasa Thota, the NYSSA state fair vice chair and Communications Committee member, can be found at the NYSSA booth raising awareness about the role of anesthesiologists in medical practice. In addition to his work on behalf of the NYSSA, Dr. Thota has written chapters on pituitary apoplexy for a textbook on neuroanesthesia by Elsevier publications as well as a chapter on neuroimaging and clinical monitoring for a standard reference book, Essentials of Neurointensive Care, to be published by Oxford University Press, U.K.

Dr. Thota is joined at the fair by SUNY Upstate residents who volunteer their time to answer questions about the specialty of anesthesiology. This includes showing enthusiastic members of the general public airway management techniques using mannequins. Volunteer physicians inevitably offer medical advice to those who haven’t seen a doctor in years. In one instance, an intrigued elderly man, who admitted the only reason he visited the booth was to learn more about the field for his grandson, was persuaded by our chief resident to go to the emergency room for chest pain that was later diagnosed as an NSTEMI. This likely saved his life, and he was very thankful after the fact. This fairgoer and others have commented on the traction and recognition the NYSSA booth has garnered at the jam-packed event. Our department excels in advancing the mission of the New York State Society of Anesthesiologists at this annual event, while occasionally also enjoying some roasted corn, a Daniella’s lobster roll, or a Gianelli’s sausage with peppers and onions.

The New York State Fair isn’t the only fun event in town. The hospital is located in close proximity to University Hill, and the faculty and staff members at Upstate Medical University are frequent visitors to the Syracuse University Carrier Dome. In the stadium that athletic icons and
legends Jim Brown and Ernie Davis built, the incredible athletic program here never disappoints, including the basketball program’s improbable run from an at-large number 10 seed bid in the NCAA tournament to the Final Four. Jim Boeheim, assistant coach of the USA Olympic men’s basketball team and legendary coach of Syracuse basketball, is nearing retirement. He is a frequent visitor to the Golisano Children’s Hospital here at SUNY Upstate, to the excitement of patients and staff alike. A great role model and incredible icon, he embodies everything people love about Syracuse. He is a big supporter of and an advocate for the institution. Under his guidance, the hospital and private university often throw joint fundraisers for children with incurable malignancies.

In addition to serving the NYSSA at a regional level, members of the institution are invigorating their approach to treating uncontrolled diabetes, a national epidemic that affects 29 million people. SUNY Upstate has officially reinstated its pancreatic transplant program under the leadership of Dr. Rainer Gruessner, chief of the Transplant Surgery Program, and the results are promising. As an advocate of pancreatic transplant in the definitive treatment of diabetes, it was Dr. Gruessner’s goal to reinstitute this program after a prolonged dormant period. To that end, the institution recently (and successfully) performed its first pancreatic transplant since 2005. The reinstatement of pancreatic transplant surgery reaffirms SUNY Upstate’s reputation as the leader in the region for combating endocrine disease. The procedure offers a cost-effective alternative to the rampant medical costs accumulated secondary to diabetic end organ damage. This cost-effective approach has been made possible through advancements in population health management tools and partnerships with healthcare providers to share analytics on clinical interventions aimed at key patient groups, including those with diabetes.

Upstate University Hospital was recently listed as a 2016 “Most Wired” hospital by Hospitals & Health Networks (H&HN), a publication of the American Hospital Association. This has been a great breakthrough for our anesthesiology department, as advancements in IT continue to improve the infrastructure and quality performance necessary for the residency training program to achieve both value-based and educational healthcare. For example, it is through IT advancements that the institution can promote the immunosuppressive protocols in the operating room that are necessary
for successful procedures. The transplant program not only adds to our training, it also offers a promising alternative to combat one of our nation’s biggest health epidemics.

It’s an exciting time to be a resident here at SUNY Upstate Medical University and a member of the Syracuse community. The cliché, “If you can make it here, you can make it anywhere” certainly applies for SUNY Upstate, an institution that is experiencing incredible growth and achievement. I am thankful for my time here and will continue to enjoy watching this program grow to new heights.

Mark W. Saweris, M.D., is a CA2 resident at SUNY Upstate Medical University from the Long Island and New York City region who loves all that Central New York has to offer.

Photographs courtesy of SUNY Upstate Medical University.

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Participate in the Democratic Process

You have an opportunity to voice your opinions on positions and policies of the New York State Society of Anesthesiologists at the annual Reference Committee Hearing, which is open to the membership at large.

**REFERENCE COMMITTEE**
Saturday, December 10, 1:45 p.m., Marquis Ballroom (9th floor)
Reviewing: Officers and Directors reports; Bylaws & Rules; Communications; Government & Legal Affairs; Economic Affairs; Patient Safety and Quality Improvement; Pain Management; Critical Care Medicine; Judicial & Awards; Annual Sessions; Continuing Medical Education & Remediation; Academic Anesthesiology; and Retirement committee reports.

**LOCATION:** The New York Marriott Marquis
1535 Broadway (between 45th and 46th Streets)
New York, New York

All Officer, Director, Standing Committee, and Board of Directors’ reports are subject to review by a panel of your peers and are discussed at this open forum.

Please come to listen, learn, and, if you wish, to speak. Here’s your chance to have a direct impact on the decision-making processes that will steer the New York State Society of Anesthesiologists into the future.

For additional information, contact Stuart A. Hayman, executive director, at NYSSA headquarters.
Where anaesthesiologists meet in Europe

ESA Focus Meeting on Perioperative Medicine:

The Ageing Patient

18-19 November 2016
Lisbon, Portugal

Euroanaesthesia
The European Anaesthesiology Congress

2017
Geneva Switzerland
03-05 June 2017

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Abstract presentations
Latest in science and technology
Hands-on workshops
Self-study workshops
Simulation seminars
Ultrasound workshops

Notify me when registration opens in June
goanesthesiology.org/notify-me

OCTOBER 21-25
BOSTON, MA

OCTOBER 13-17
SAN FRANCISCO, CA

OCTOBER 19-23
ORLANDO, FL

OCTOBER 3-7
WASHINGTON, D.C.

OCTOBER 9-13
SAN DIEGO

OCTOBER 29-NOVEMBER 2
NEW ORLEANS

This activity has been approved for AMA PRA Category 1 Credit. Directly sponsored by the American Society of Anesthesiologists.

American Society of Anesthesiologists
Michael Jakubowski, M.D., to Receive the NYSSA Distinguished Service Award

LARRY ROUTENBERG, M.D., AND MICHAEL DEPETRILLO, M.D.

Michael Jakubowski, M.D., will receive the NYSSA’s Distinguished Service Award at the 70th PGA. Dr. Jakubowski is being recognized for his long, distinguished career in anesthesiology and his years of dedicated service to his profession and his colleagues.

Dr. Jakubowski earned his medical degree at Tufts School of Medicine. He went to Boston City Hospital for his internship and then to Boston Naval Hospital for his residency in anesthesiology. He followed his residency with a research fellowship at the Naval Blood Research Laboratory in Chelsea, Massachusetts. During this fellowship he published multiple articles on the oxygen carrying capacity of blood, anaphylactic shock during surgery for hydatid disease, and the effects of anesthesia on blood coagulation.

After his fellowship, Dr. Jakubowski continued his naval service as a staff anesthesiologist in Boston before moving to the Naval Regional Medical Center in Oakland, California. Upon leaving the Navy he entered private practice in Schenectady, New York.

Dr. Jakubowski has been on the clinical faculty at Albany Medical College and has held numerous positions on the staffs of Ellis and St. Clare’s hospitals in Schenectady. He served as president of Schenectady Anesthesia Associates, PC, and president of the medical dental staff at Ellis Hospital. He was also president of the Schenectady County Medical Society and vice president of medical affairs at Ellis Hospital. He served as chief of the Anesthesia Department at St. Clare’s Hospital, as a member and chairman of numerous committees at Ellis Hospital, and on the Ellis Hospital board. Even after retirement, Dr. Jakubowski continues to serve on the Medical Dental Quality Committee at Ellis Hospital after chairing this committee for five years.

Dr. Jakubowski has also served in many different roles with the New York State Society of Anesthesiologists, including president. After his term he
did not fade away; instead, he formed and chaired the Retirement Committee. In this capacity he has organized and delivered numerous lectures at our PGA.

Now that he has retired from clinical duties, Dr. Jakubowski has taken a position with the New York State Office of Professional Medical Conduct. He strives to ensure that safe, reliable anesthesia care is delivered throughout the state of New York.

Dr. Jakubowski continues to give back to the communities he has touched. He reaches out to elected officials and attends the NYSSA’s Legislative Day on a regular basis. He also maintains a close relationship with U.S. Rep. Paul Tonko and New York Assemblyman Phil Steck.

We are proud that we have been able to call Dr. Michael Jakubowski a friend and honored partner for more than 35 years.

In keeping with its mission, AFNY provides PGA-related scholarships to the most enthusiastic and dedicated anesthesiologists from the developing world who wish to refine their delivery of safe, modern anesthetic care. During the past 23 years, more than 356 anesthesiologists representing 61 countries have enhanced their education and training thanks to the generosity of the NYSSA and its members.

You can help AFNY fund the education and research that will improve patient care. Contributions are tax deductible and 100 percent of every donation will be used to fund the programs that fulfill AFNY’s mission.

Visit http://nyanesthesiologyfoundation.org and make your donation today.
Considering Going Out-of-Network?  
Food for Thought

DAVID L. ADELSON, ESQ., AND SVETLANA (LANA) ROS, ESQ.

As insurance companies continue their efforts to reduce reimbursement rates and increase administrative burdens on participating providers, more and more physicians are considering terminating their in-network contracts with private insurance payors and going out-of-network. If you and/or your practice are contemplating doing so, there are some issues you may want to consider when making that decision.

As an out-of-network physician, you are not limited by in-network negotiated rates when setting your fees (although you continue to be subject to the Medicare fee schedule for Medicare patients should you continue to accept Medicare); you are free to charge any rate that you believe is commensurate with your expertise and the quality of services you provide, subject to the regulations of New York state. Generally, absent a contractual agreement, you should charge a reasonable and customary fee for your specialty and geographic area. Keep in mind that private payors are increasingly attempting to challenge the fees charged by out-of-network physicians. Some insurance companies are notorious for suing physicians, alleging "excessive" billing/"unconscionable" fees.

One of the most common issues that arises in connection with an out-of-network practice is the extent to which an out-of-network physician is required to collect co-payments, co-insurance and deductibles. When dealing with Medicare and Medicaid, a routine waiver of such payments can constitute a violation of the Anti-Kickback Act or the False Claims Act. Although those statutes do not generally apply to patients with private insurance, New York has both criminal and civil statutes prohibiting an outright waiver of a co-payment, co-insurance or deductible payment. That said, a physician/practice may occasionally waive a co-payment or deductible following a determination of financial hardship, but this must be done on a case-by-case basis. A physician who, as a general business practice, waives co-insurance, co-payments or deductibles may be accused of insurance fraud.1

An exception to the requirement to balance-bill patients arises when services are rendered by an out-of-network provider to an insured patient
seeking emergency treatment at an in-network hospital or facility. New York’s Financial Services Law protects patients from being responsible for “surprise bills.” The law limits the patient’s responsibility to no greater than his/her in-network co-payments, co-insurance or deductible obligation, as long as he/she went to an in-network hospital or ambulatory surgical center, regardless if the emergency services were rendered by an out-of-network provider.

It may also be inappropriate to balance bill a patient in various non-emergent situations where the bill would be classified as a “surprise bill.” Financial Services Law § 603(h) defines a “surprise bill” as a bill for healthcare services other than emergency services received by:

(1) an insured for services rendered by a non-participating physician at a participating hospital or ambulatory surgical center, where a participating physician is unavailable or a non-participating physician renders services without the insured’s knowledge, or unforeseen medical services arise at the time the health care services are rendered; provided, however, that a surprise bill shall not mean a bill received for health care services when a participating physician is available and the insured has elected to obtain services from a non-participating physician;

(2) an insured for services rendered by a non-participating provider, where the services were referred by a participating physician to a non-participating provider without explicit written consent of the insured acknowledging that the participating physician is referring the insured to a non-participating provider and that the referral may result in costs not covered by the health care plan; or

(3) a patient who is not an insured for services rendered by a physician at a hospital or ambulatory surgical center, where the patient has not timely received all of the disclosures required pursuant to section twenty-four (24) of the public health law.

Another very common question arises when some but not all physicians in a practice consider going out-of-network. In that case, there are various
additional elements to consider. For starters, the practice needs to review its contracts with insurance companies, as some may require that all physicians in the practice be participating providers. In addition, where some practitioners are out-of-network while others are in-network, treatment of any patient by the out-of-network physician may be considered an out-of-network referral by the group, which would be subject to any limitations or prohibitions in the participation agreement, including notice of the out-of-network status and advice regarding the availability of in-network providers.

Finally, in a situation where not all of the physicians in the group have the same participation status, they generally need to bill for their in-network and out-of-network services under separate billing/tax identification numbers. Depending on the proportions in each category, this may run the risk of the group ceasing to qualify as a “group practice” within the meaning of the federal Stark law, the federal anti-kickback safe harbors, and the New York “mini-Stark” law, resulting in practices and transactions that are legal only when conducted within a single group practice, thereby suddenly, becoming subject to rules governing transactions between or among separate group practices. Therefore, it is critical that a thorough legal analysis be conducted before any decision is made to include both in-network and out-of-network providers within a single group.

The decision to go out-of-network is not an easy decision. The anticipated resistance from the insurance industry and recently enacted legislation in New York make the future viability of such a decision all the more difficult to predict. However, with careful planning as well as legal and financial guidance, it is still possible under the right circumstances for physicians to successfully transition to out-of-network status.

Kern Augustine, P.C., is general counsel to the NYSSA and is solely devoted to the representation of healthcare professionals. The firm has offices in New York, New Jersey and Pennsylvania and can be found on the Web at www.drlaw.com. The authors may be contacted at 800-445-0954 or via email at Info@DrLaw.com.

NOTES
1. N.Y. Penal Law § 176.05(2) and N.Y. Ins. Law § 403(c).
With so much at stake, shouldn’t you be represented by Kern Augustine?

The sad truth is, everything you’ve worked for can all disappear if you’re not prepared for a government inquiry. Which is why if you or your practice is being investigated, you need counsel experienced and thoroughly knowledgeable in health law. At Kern Augustine, our goal is always to help you reach your goals by advising you on managed care, risk prevention, business planning, contracting and today’s growing maze of regulations. Yet, should you ever face career-threatening litigation, rest assured that our expertise can help you feel as if your problems have disappeared. For more reassuring details, please call.

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Euroanaesthesia 2016
The European Anaesthesiology Congress

Dr. Andrew Rosenberg addresses attendees of Euroanesthesia 2016, held in London, England.

Dr. Richard Beers

Drs. Richard Beers and James Phillips
NYSSA staff member Kelly Mancusi answers questions at the PGA booth.
Dr. Rose Berkun represented the NYSSA at the 2016 meeting of the American Medical Association.

Canadian Anesthesiologists’ Society Annual Meeting

Dr. Rose Berkun with past NYSSA member and PGA historian Dr. Doug Bacon

World Federation of Societies of Anaesthesiologists Executive Director Julian Gore-Booth (left) and ASA Vice President James Grant with Dr. Rose Berkun

AMA

Dr. Rose Berkun and ASA Past President Dr. Robert Wah
Supporting New York Legislators

NYSSA members attended an Independent Democratic Committee fundraiser celebrating Sen. Jeffrey Klein’s birthday.

Dr. Tracey Straker with Sen. Jeffrey Klein

Drs. Andrew Rosenberg and Ingrid Hollinger with Sen. David Valesky

Drs. Ingrid Hollinger and Andrew Rosenberg with Sen. Jeffrey Klein
Supporting New York Legislators

Assembly Majority Leader Joseph Morelle and Dr. Andrew Rosenberg enjoy a New York Mets game.

(Left to right) Drs. Cyriac Joseph, Michael Duffy and P. Sebastian Thomas with NYSSA lobbyist Bob Reid

(Left to right) Dr. Andrew Rosenberg, Senate Majority Leader John Flanagan, Dr. Ted Kim, Stuart Hayman and Bob Reid
World Congress of Anaesthesiologists

PGA General Chair
Dr. Richard Beers and Stuart Hayman

Dr. Andrew Rosenberg

The Hong Kong Convention and Exhibition Centre

Drs. Meg Rosenblatt, Larry Epstein, Richard Beers, Michael Simon and Andrew Rosenberg take time for a photo at the PGA booth.
2016 New York State Fair

Dr. Michael Duffy spent time at the NYSSA booth.

Dr. Xing Fu (Pete) Liang (left) and Dr. Michelle Kromas (right), anesthesiology residents at SUNY Upstate, volunteered their time at the fair.
App Review

Pedi-Anesth: A Pediatric Anesthesiology iOS App

PATRICK GARCIA, M.D.

Application Name:
Pedi-Anesth

Cost: Initial free three-day trial; $0.99 for Lite; $4.99 for Pro

Developer: Starship

Review: Pedi-Anesth is a companion app developed primarily for those practicing pediatric anesthesiology. The app was developed in part by Dr. Jerrold Lerman, one of the authors of the well-renowned pediatric anesthesiology textbook *A Practice of Anesthesia for Infants and Children* by Charles J. Coté, Jerrold Lerman and Brian Anderson. Originally released for the Android platform, the iOS version is a port of the Android version. Like many pediatric apps, there is a thorough list of medications for weight-based dosing, organized by medication class. In addition, the app has numerous other informative sections dealing with airway equipment sizing, diagrams for congenital heart defects, difficult airway algorithms, etc.

The app comes as a trialware; users have a three-day period to access the full version of the app. After the trial period, the app will prompt you to purchase either the Lite version or the Pro version. The Lite version comes with just the reference card, which provides the weight-based dose and formulas. The Pro version includes the reference card and offers the convenience of calculating the actual dose by inputting the patient’s weight.

The comprehensive content in this app, with its straightforward presentation, is unmatched compared to other pediatric anesthesia apps.
The sections and categories are also organized well with appropriate color schemes for better visual clarity and recognition. Other pediatric anesthesia apps are very bland in their presentation. The app has a license for use of the material from the actual textbook *A Practice of Anesthesia for Infants and Children*. Both the Lite and Pro versions are of great value at their price points.

I did have a couple of gripes while using the app, mainly concerning the user experience. The weight selection is very unintuitive: a rotary phone layout for the numbers is confusing in this day and age — unfamiliar and unnecessary. Additionally, the transition from one section to another seemed a little more sluggish than most medical apps. The user experience is not a deal breaker, however; rather, it’s something that can easily be improved by switching to a numeric keypad from the rotary setup as well as hastening the transition speed, which I hope could be implemented in the next update.

**Bottom Line:** Pedi-Anesth is a comprehensive app for pediatric anesthesiology providers and makes for an excellent reference.

Pedi-Anesth can be downloaded from the iTunes App Store as well as the Android Google Play Store.

*Patrick Garcia, M.D., is a CA2 resident at SUNY Downstate.*

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**Check Out the NYSSA Website for News You Can Use**

Click on “NYSSA News” from the “About” menu on our website for up-to-date information on current practice that will help you improve patient outcomes.

Help shape future PGAs by completing the survey question at the bottom left corner of the NYSSA Web page. This space is dedicated to important and controversial issues in anesthesiology. If you have experienced a unique dilemma in your practice, we want to hear from you. Send an e-mail to HQ@nyssa-pga.org.

Go to [www.nyssa-pga.org](http://www.nyssa-pga.org) to learn more.
Ill-Conceived Bill Backed by NYSANA (S7166-A Gallivan/A0140-A Paulin) FAILS

A bill strongly supported and endorsed by the New York State Association of Nurse Anesthetists (NYSANA), which would amend the New York Education Law to allow nurse anesthetists to use the title Certified Registered Nurse Anesthetist (CRNA) without defining the nurse anesthetist’s scope of practice, failed to reach the Assembly floor for a vote and failed to advance out of committee in the Senate despite very strong promotion by the bill’s Assembly sponsor during the final stages of the 2016 legislative session. As you may recall, in 2013 Gov. Cuomo vetoed an almost identical bill, and in his veto message identified the fundamental flaw of the ill-conceived bill: “… [the bill] fail[s] to clearly address critical issues such as scope of practice, supervision, and the oversight role and regulatory jurisdiction of the affected agencies, namely the State Education Department and the Department of Health. These omissions create a risk of inconsistent standards and confusion to consumers. The administration will work with the sponsors to address these issues of public concern, but for the above-stated reasons, I cannot approve [the bill] …” We agreed with the governor’s assessment of the bill then and believe it applies now.

The sponsors of this ill-conceived bill, however, were not deterred by the governor’s strong message of disapproval in 2013 and again aggressively pursued enactment of the bill. For example, the sponsors amended the bill by adding language to provide: “nothing in this bill shall permit the independent practice of nurse anesthetists,” and allegedly suggested to lawmakers that the NYSSA approved the language, which was untrue. For reasons outlined below, the addition of this language, we asserted, was essentially useless. The bill advanced out of the Assembly Higher Education Committee and the Assembly Ways and Means Committee during the final days of the legislative session but, because of the strong efforts of our government advocacy team, never reached the Assembly floor for a vote. It is also worth noting that we had critical support of certain key lawmakers who support preserving safe anesthesia standards.
that currently exist under the New York State Health Code and who deserve our appreciation and recognition, including: Senate Deputy Majority Leader John DeFrancisco, Assembly Majority Leader Joseph Morelle, Senate Health Committee Chairman Kemp Hannon, and other members in both the Assembly and the Senate.

The NYSSA leadership, President Dr. Andrew Rosenberg and the rest of the NYSSA Executive Committee (Dr. Rose Berkun, Dr. David Bronheim, Dr. Michael Duffy, Dr. Vilma Joseph, Dr. Jason Lok, Dr. Scott Groudine), Dr. David Wlody (GLAC chair), and Stuart Hayman, M.S. (executive director) worked diligently with our government advocacy team of Bob Reid (Reid, McNally & Savage, LLC) and me to put forward a multifaceted strategy to keep the bill from advancing to a vote on the Assembly floor and advancing out of committee in the Senate.

A special note of recognition goes to Dr. Rose Berkun, who worked tirelessly during the end of the legislative session to convey our concerns, including sending emails and making phone calls to Sen. Gallivan (the Senate sponsor of the bill) and his legislative aides.

We are also extremely grateful for the response from so many NYSSA members who contacted their lawmakers in the Assembly and Senate when the NYSSA leadership requested their involvement. NYSSA members’ grassroots involvement is an indispensable component of the government advocacy team. Your efforts were critical and the entire NYSSA leadership and government advocacy team thanks you.

I would like to thank Dr. Scott Groudine, a past president of the NYSSA, for his participation in a radio interview on the “Fred Dicker Live from the State Capitol” radio show about the bill (Fred Dicker is a well-known Capital District radio host and political analyst). Dr. Groudine’s interview was likely heard by lawmakers and their aides during the final days of the legislative session, a critical time for Dr. Groudine to get the NYSSA’s message out. His willingness to be interviewed and his well-stated message are to be commended. You can listen to the interview by going to http://members.nyssa-pga.org/Scripts/4Disapi.dll/4DCGI/members/legislative.html under “Dr. Scott Groudine’s Interview on the Fred Dicker Live from the State Capitol Show (June 14, 2016).”

Our message to the lawmakers was clear: conferring the title “nurse anesthetist” without defining even the most basic parameters of the scope
of practice and standard of acceptable practice for a healthcare provider who is able to use the title “nurse anesthetist” to administer anesthesia to New York state surgical patients, where life and death decisions must be made literally within a matter of seconds, creates a void in terms of what the nurse anesthetist will be able to do while performing anesthesia services.

Additionally, the enactment of this bill would have created uncertainty and confusion with respect to the roles of the physician anesthesiologist and the nurse anesthetist in the operating room, a result that should be avoided at all costs because patients are powerless to advocate for themselves during surgery. The bill was defective because, although it stated “[n]othing in this section shall ... permit independent practice for certified registered nurse anesthetists ...” (ostensibly to allow proponents of the bill to argue the existing anesthesia care team standard would not change), the inclusion of this language was essentially useless because the bill failed to define what was meant by “independent practice.” Therefore, the bill would permit an interpretation of the nurse anesthetist’s scope of practice by unknown entities (including hospital administrators) that may, in fact, jeopardize patient safety and create confusion in the operating room and lead to different standards of anesthesia care throughout the state.

Nurse anesthetists are recognized under the New York State Health Code (Part 700.2) and are practicing in all surgical settings where the administration of anesthesia is delivered. Nurse anesthetists do so as part of the anesthesia care team. The enactment of this title bill would have undermined this well-established standard of care that has resulted in extraordinarily safe anesthesia care for all New York state patients. We must remain vigilant in advocating for the preservation of safe anesthesia standards because we can anticipate that NYSANA and their political allies will be pushing enactment of the CRNA title bill again or another variation of the CRNA title bill in the next legislative session.

31st Annual Legislative Day in Albany

The NYSSA’s 31st annual Legislative Day in Albany was held on Tuesday, May 10, 2016. Stuart Hayman’s article in the summer 2016 issue of Sphere, “Working Hard to Ensure Your Voice Is Heard,” highlighted the importance of NYSSA members’ participation in Legislative Day in Albany and in the ASA’s Office of Governmental Affairs annual
Washington, D.C., meeting. As Mr. Hayman noted in his article, your participation makes a difference. This year we visited the offices of 48 Assembly lawmakers and 38 Senate lawmakers! We, again, would like to thank the following 35 dedicated NYSSA members who were able to take the time out of their very busy schedules to participate in the NYSSA’s annual Legislative Day in Albany.

**DISTRICT 1**
Dr. Lance Wagner  
Dr. David Wlody

**DISTRICT 2**
Dr. Himani Bhatt  
Dr. Christopher Curatolo  
Dr. Jonathan Gal  
Dr. Ingrid Hollinger  
Dr. Brandon Kandarian  
Dr. Jung Kim  
Dr. Meera Kirpekar  
Dr. Andrew Rosenberg  
Dr. Shawn Sikka  
Dr. Ashley Whisnant  
Dr. Taylor White  
Dr. Lee Winter

**DISTRICT 4**
Dr. Mazin Albert  
Dr. Melissa Ehlers  
Dr. Scott Groudine  
Dr. Kenneth Newman  
Dr. Lawrence Routenberg  
Dr. Salvatore Vitale

**DISTRICT 5**
Dr. J. Robert Calimlim  
Dr. Michael Duffy  
Dr. Jason Lok  
Dr. Marcus Tholin  
Dr. Jonathan Weaver

**DISTRICT 6**
Dr. Alan Curle  
Dr. Melissa Kreso  
Dr. Duncan McLean

**DISTRICT 7**
Dr. Rose Berkun  
Dr. Scott Plotkin

**DISTRICT 8**
Dr. Christopher Campese  
Dr. Aysha Hasan  
Dr. Lisa Lind  
Dr. Daniel Sajewski  
Dr. Alan Strobel

For those of you who were unable to attend, you may find the letter directed to participants with the list of materials, and all the materials themselves, at [http://members.nyssa-pga.org/Scripts/4Disapi.dll/4DCGI/members/legislative.html](http://members.nyssa-pga.org/Scripts/4Disapi.dll/4DCGI/members/legislative.html) under “NYSSA’s Annual Legislative Day in Albany 2016.”

**RMS End of Session Health/Mental Hygiene Update – July 1, 2016**

Below please find an update from Reid, McNally & Savage, LLC, the NYSSA’s Albany lobbyists.

The New York state Legislature finished the 2016 legislative session in the early morning hours of Saturday, June 18, more than one day later than the scheduled last day of June 16. The delay was due in part to negotiations in the final week of the session between the governor and legislative leaders to reach an agreement dubbed the “Big Ugly” on a number of outstanding issues or other major items.
Final agreements included:

- A package of initiatives to begin to address the state’s opioid/heroin epidemic;
- A five-part agreement on ethics reform, including broader pension forfeiture requirements, expanded lobbying laws, and controls on “independent expenditure” campaigns;
- More than $570 million in operating and capital funding available for 2016-2017 housing priorities;
- Mayoral control of New York City schools extended with increased transparency;
- Legislation to prevent people from losing their homes and to combat the blight of vacant bank-owned properties;
- The nation’s first statewide legislation to test for lead in schools;
- Additional flexibility for charter schools;
- $50 million for SUNY and CUNY in additional capital funding;
- Accelerating the construction process on Javits Convention Center; and

Several thousand bills were introduced during the 2016 session and more than 600 were passed by both houses of the Legislature. Provided below is a brief summary of bills that may be of particular interest to the NYSSA membership. For a complete summary, please see the document prepared by Reid, McNally & Savage at [http://members.nyssa-pga.org/Scripts/4Disapi.dll/4DCGI/members/legislative.html](http://members.nyssa-pga.org/Scripts/4Disapi.dll/4DCGI/members/legislative.html) under “Reid, McNally & Savage, LLC – RMS End of Session Health/Mental Hygiene Update (July 1, 2016).”

**Agreement Announced on Package of Bills to Address Opioid/Heroin Epidemic**

On June 14, 2016, a comprehensive package of bills was introduced following three-way negotiations by Gov. Cuomo, Senate Majority Leader Flanagan and Assembly Speaker Heastie. The package relates to multiple areas including insurance coverage, treatment services, medical and pharmacy practice and others and is focused on addressing the state’s heroin and opioid crisis. The bills are now being advanced through each house and we expect their passage.

When announcing the agreement, Gov. Cuomo said, “New York and the nation as a whole is grappling with how to combat heroin and opioid addiction.
and, with this comprehensive plan, we are continuing to take decisive action to end this epidemic and protect our families and communities … This multi-faceted legislative package will increase access to treatment, expand prevention strategies, and save lives by helping ensure New Yorkers struggling with addiction have access to the services and resources they need to get well.”

Below please find a summary of the package of bills that includes the governor’s program bills S.8137, Ortú/A.10725, Rules (Steck), S.8138, Amedore/A.10726, Rules (Cusick), S.8139, Murphy/A.10727, Rules (Rosenthal).

Insurance Coverage Expansion/Requirements
Prior Authorization Changes:
• Requires insurers to cover necessary inpatient services for the treatment of substance use disorders without prior authorization.
• Requires that utilization review can begin only after the first 14 days of treatment.
• Prohibits insurers from requiring prior approval for emergency supplies of medications (five days) to manage withdrawal symptoms or maintain recovery; similar provisions will apply to managed care providers treating individuals on Medicaid who seek access to buprenorphine and injectable naltrexone.

Criteria for Level of Care Determinations:
• Requires all insurers operating in New York to use objective, state-approved criteria when making coverage determinations for all substance use disorder treatment.

Access to Naloxone:
• Requires insurance coverage for opioid overdose-reversal medication (naloxone) for a covered individual or his/her family members on the same insurance plan.

Treatment Changes
Evaluation Expansions:
• Provides for 72-hour emergency treatment (increase from the current 48 hours) for individuals incapacitated by drugs.

Hospital Discharge Planning:
• Requires hospitals to provide discharge-planning services to connect at-risk patients with nearby treatment options.
Expand Naloxone Administration:
- Authorizes trained professionals to administer naloxone in emergency situations without risk to their professional license.

Expand Wraparound Services:
- Extends the state wraparound program created in 2014 to provide services to individuals completing treatment, including education and employment resources, legal services, social services, transportation assistance, child care services, and peer support groups.

Medical Practice Changes

Opioid Prescriptions:
- Reduces prescription limit for the initial treatment of acute pain with a schedule II, III or IV opioid from 30 days to seven days. According to the language:
  - Acute pain is defined as pain — whether resulting from disease, accidental or intentional trauma, or other cause — that the practitioner reasonably expects to last only a short period of time.
  - This seven-day limit shall not apply to chronic pain or pain treated as part of cancer care, hospice or other end-of-life care/palliative care.
  - Upon subsequent consultation for the same pain, the practitioner may issue any appropriate renewal, refill or new prescription for the opioid or other drug for up to 30 days.
  - Patient co-pays for the initial “up to seven day” fill may be prorated or a patient may be charged the 30 day co-pay and if there are subsequent prescriptions within that time period there shall be no additional co-pay.

Continuing Education:
- Requires prescribers (registered under the federal controlled substance act and in possession of a DEA registration number) to complete a three-hour course every three years in addiction, pain management and palliative care, beginning July 1, 2017. This shall be enforced through prescriber attestation to the state Department of Health (DOH) on a form. An exemption from this requirement may be provided to a prescriber who:
  - demonstrates to DOH that there would be no need for him/her to complete such course work; or
  - demonstrates that he/she has completed a course deemed by DOH to be equivalent to the course approved by DOH.
Pharmacy Practice Changes

Educational Materials on Drug Addiction and Abuse:

- Requires pharmacists to provide educational materials prepared by DOH and the Office of Alcoholism and Substance Abuse Services to consumers about the risk of addiction, including information about local treatment services, when dispensing controlled substances. Such materials may be provided in hard copy or by electronic means at the option of customers.

Needles/Syringes:

- Authorizes pharmacies to offer counseling and referral services to patients who are purchasing hypodermic syringes. Such counseling/referral would relate to preventing injection drug abuse, the provision of drug treatment, preventing and treating hepatitis C, preventing drug overdose, testing for HIV, and providing pre-exposure prophylaxis and non-occupational post-exposure prophylaxis. The provision of such counseling/referral services shall be voluntary and at the discretion of the pharmacist.

Data Collection

Data Collection on Overdoses:

- Requires the state commissioner of health to report county-level data on opioid overdoses and usage of overdose-reversal medication on a quarterly basis.

Hospital/Healthcare Facilities

Midwifery Birthing Centers (S4325 Hannon/A446 Gottfried)

This legislation authorizes midwifery birthing centers. It requires DOH to issue regulations related to the establishment, construction and operation of midwifery birthing centers, using state and national professional association standards in consultation with industry and midwives. This bill passed both houses. It had not yet been transmitted to the governor as of July 1, 2016.

Hospital Patients’ Bill of Rights: Surprise Bills and CARE Act (S6347B Hannon/A9188B Gunther)

This bill updates the Patients’ Bill of Rights in a hospital to inform patients that they have a right to:

- be held harmless from “surprise bills” that are not covered by their insurance plan; and
• designate a caregiver under the CARE Act. The CARE Act, which became effective April 23, 2016, requires identification of caregivers while a patient is still in the hospital and includes caregivers in discharge planning, and post-discharge care.

This bill passed both houses. It had not yet been transmitted to the governor as of July 1, 2016.

Physician/Healthcare Professionals

Electronic Prescribing: Filing Requirements for Exemptions (S6779-A Hannon/A9333B Gottfried)
Under existing law, physicians or other prescribers who seek one or more of the exemptions to the e-prescribing mandate must electronically file information with the DOH each time they invoke an exemption. This filing requirement is time consuming and burdensome for prescribers. This legislation replaces the requirement for a filing with DOH to a requirement that the prescriber make a notation in the patient record. This bill passed both houses. It had not yet been transmitted to the governor as of July 1, 2016.

Electronic Prescribing Download Site (A9837 Gottfried/S7334 Hannon)
This bill would allow electronic prescriptions to be transferred by prescribers to a central site, upon patient request, where it can be downloaded by a pharmacy. Patients may receive a hard copy of the prescription that includes information on the site or the pharmacy where the prescription has been sent. This bill passed both houses. It had not yet been transmitted to the governor as of July 1, 2016.
Since 1998, breaches in infection control have resulted in 77 reported outbreaks of patient-to-patient transmission of hepatitis B or C virus in healthcare settings. Ten of these outbreaks involved anesthesia care, putting more than 61,000 patients at risk and infecting 153.

**Anesthesia Care and Infection Control: Keeping Your Patients Safe**

Created by and for anesthesiologists, this CME program provides the information you need to decrease the risk of healthcare-associated transmission of pathogens.

**Course Topics Include:**

- Safe injection practices designed to prevent transmission of bloodborne pathogens
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- Prevention and post-exposure management of infectious diseases

To complete this online course, go to nyssa-pga.org. Scroll down to the course listing and click on the NYSSA MEMBERS graphic.

Infection control training is mandatory for anesthesiologists and other healthcare providers in the state of New York.

This course was developed by Medcom, Inc., in association with Elliott S. Greene, M.D., professor of anesthesiology, Department of Anesthesiology, Albany Medical College, and Richard A. Beers, M.D., professor of anesthesiology, SUNY Upstate Medical University, and the NYSSA, thanks to an unrestricted educational grant from New York state.

**Credit Designation** | Medcom, Inc. designates this educational activity for a maximum of 1 AMA PRA Category 1 Credit™. Physicians should only claim credit commensurate with the extent of their participation in the activity. The course is approved by New York state to meet the NY infection control requirement.

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Jeopardy Night and Poster Session at the New York Academy of Medicine

ELIZABETH A. M. FROST, M.D.

The section on anesthesiology of the New York Academy of Medicine held its annual Jeopardy competition and case report presentation night on May 25. Approximately 50 attendees gathered for the social and educational evening.

First prize for poster presentations went to Dr. Danielle McCullough, representing New York Presbyterian/Weill Cornell Medical College, for “ROTEM-Guided Therapy for the Placenta Previa-Accreta Parturient Undergoing Elective Cesarean-Hysterectomy.” Tied for second place were Dr. Satish Vembu from the Albert Einstein College of Medicine for “Systemic Inflammatory Responses Following Percutaneous Coronary Intervention (PCI) as a Part of Hybrid Procedure in Comparison to
Primary Percutaneous Intervention Alone” and Dr. Maria Walline from New York Presbyterian/Weill Cornell Medical College for “Anesthetic Considerations in a Case of Cauda Equina Syndrome in the Third Trimester of Pregnancy.”

Six departments sent two-person teams to compete in the Jeopardy contest, which was conducted by Dr. Adam Lichtman from New York Presbyterian/Weill Cornell Medical College. The winning teams, who received trophies, medals and bragging rights, were Dr. Erik Romanelli and Dr. Mudit Kaushal representing Montefiore Medical Center and Dr. Ryan Barnette and Dr. Megan Friedman from Mount Sinai St. Luke’s and Mount Sinai West hospitals.

Elizabeth A. M. Frost, M.D., is chair of the section on anesthesiology at the New York Academy of Medicine.

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From the NYSSA Resident and Fellow Section

Publish Your Case Report in Sphere

• If you have an interesting case
• If you are ready to share your experience
• If you are interested in building your CV

You can submit your case report for publication in Sphere. All cases will be reviewed and the most interesting published.

Submit your case report via e-mail to maryann@nyssa-pga.org.
Subject: Article for Sphere

If you have questions, call MaryAnn Peck at NYSSA headquarters: 212-867-7140.
Welcome to a new year for the New York State Society of Anesthesiologists Resident and Fellow Section (NYSSA RFS). We are excited to introduce this year’s RFS officers and to outline our goals for the next 12 months.

The new RFS president is Duncan McLean, M.B.Ch.B., a CA2 at the University of Rochester Medical Center. Duncan has a background in healthcare politics dating back to his time as a resident in Oxford, England, when he worked with the British Medical Association to advocate for the rights of patients and doctors in training. He has been actively involved in advocacy since moving to the U.S. three years ago and has attended several legislative meetings, both in New York state and at the national level in Washington, D.C.

The new RFS president-elect is David Currie, M.D., a CA2 at Icahn School of Medicine at Mount Sinai St. Luke’s-Roosevelt. David has a background in English literature and taught high school science prior to medical school. David became active in advocacy as a CA1, during which time he attended the ASA Legislative Conference and became the ASA PAC representative for his program.

The new RFS secretary and treasurer is Meera Kirpekar, M.D., a CA3 at Icahn School of Medicine at Mount Sinai. Meera had a background in journalism and media prior to going to medical school. During the course of her residency she has been actively involved with the NYSSA PAC, attending legislative days in Albany, New York. She will be spending a month in Washington, D.C., in the upcoming academic year, completing the ASA Anesthesiology Policy Research Rotation in Political Affairs.

As leaders of the NYSSA RFS, we hope to use this next year to further our advocacy goals. The future of our specialty’s public voice lies in educating residents and fellows on issues and inspiring them to participate in advocacy. To that end, we hope to increase resident participation and contributions to the PAC through a variety of methods, including connecting residents with attending mentors who can help guide them in their advocacy efforts. In addition, we plan to continue informative social events that residents, fellows and attendings can enjoy. We will also begin a
more prominent social media presence in order to remain transparent and
to spread information. We hope to hold mock debates between physicians
and legislators at various New York academic institutions to allow
physician anesthesiologists a chance to see what advocacy on the legislative
level entails. We will also continue to participate in legislative days,
discussing various issues with New York legislators. Through these
measures, we hope to increase awareness with lawmakers and upcoming
classes of anesthesiologists alike. As physicians, the first tenet of our
profession will always be “do no harm.” As anesthesiologists, we must fight
to preserve patient safety measures — especially in the operating room,
where the stakes are so high.

Hospital employees often view patient safety as simply a practice of
common sense. However, if common sense were enough to keep our
patients free from harm and to lower the rate of morbidity and mortality,
specialized training and even safety legislation would not need to exist.
We believe physician-led care remains the backbone of perioperative
patient safety. Starting in medical school, we are taught to think critically
and to make medical decisions that affect patient care on a daily basis. The
urgency and immediate consequences of these decisions become all the
more pronounced during residency, and, in particular, during a residency
in anesthesiology, when decisions must be made within seconds. It is in
these moments that our countless hours of medical training and the quality
of our education truly mean something more.

Getting involved in advocacy is as simple as just showing up. Go to
your district meeting and meet people. The NYSSA and ASA websites
(www.nyssa-pga.org and www.asahq.org/advocacy) are excellent
resources for information on current issues and how to get involved. By
sharing your experiences you will find that you are a resource for your
department. The annual PGA meeting is a wonderful and fun opportunity
for education, advocacy, and networking in New York City.

In order for the NYSSA to effectively advocate for the best interests
of our profession, we rely on financial donations to the New York
Anesthesiologists Political Action Committee (NYAPAC). These donations
allow us to support our state representatives and highlight the importance
of our advocacy efforts. Donating is quick and easy. Just go to
www.nyssa-pga.org/about/donate-to-nyapac. Many of us are so busy
with patient care that we may not always be able to attend legislative
events. By donating to NYAPAC, we can ensure that the NYSSA will have the resources to help protect patient safety.

There has never been a more exciting time to be entering the specialty of anesthesiology. While change can bring uncertainty and anxiety, it also provides an opportunity to better ourselves and our profession. We can and must strengthen our standing within the profession of medicine, and broaden our focus from intraoperative to truly perioperative care. In order to achieve this, we must change the way we are trained, expand our focus in research, and make our presence known in all our practice areas. Healthcare must become more integrated; we have the opportunity to be the pioneers of integration in perioperative care. Through advocacy and the unification of our profession, we can achieve these goals.

Duncan McLean, M.B.Ch.B., is a CA2 resident at the University of Rochester and president of the NYSSA Resident and Fellow Section. David Currie, M.D., is a CA2 resident at Icahn School of Medicine at Mount Sinai St. Luke’s-Roosevelt and the RFS president-elect, and Meera Kirpekar, M.D., is a CA3 resident at Icahn School of Medicine at Mount Sinai and the RFS secretary and treasurer.

Have You Visited the NYSSA Website Lately?

Attention NYSSA Members!
A FREE course on infection control is just a click away.

Find the information and resources you need at nyssa-pga.org.
Membership Update

New or Reinstated Members
April 1 – June 30, 2016

Active Members

**DISTRICT 1**
Paul Shifrin, D.O.

**DISTRICT 2**
Tiffany Chen, M.D.
Prianka Desai, M.D.
Gregory Lollo, M.D.
Jesse Ng, M.D.
David Roccaforte, M.D.
Paul Soccio, M.D.

**DISTRICT 3**
Draginja Cvetkovic, M.D.
Tara Kelly, M.D.

**DISTRICT 4**
Ryan Krampert, M.D.
Pragnyadipta Mishra, M.D., MBBS
Anna Steiner, M.D.

**DISTRICT 7**
Timothy Quinn, M.D.

**DISTRICT 8**
Araba Quansah, M.D.
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**DISTRICT 3**
Kyle Aemisegger, M.D.

**DISTRICT 7**
Geoffrey Hobika, M.D.

Resident Members

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Mathilde Hill, M.D.
Keith Levitt, M.D.
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**DISTRICT 4**
Brandy Brewer, M.D.

**DISTRICT 8**
Christopher Devlin, M.D.
Membership Update

New or Reinstated Members
April 1 – June 30, 2016

Medical Students

DISTRICT 1
Mizanur Ahmed

DISTRICT 2
Kate Balbi
Arthur Chyan

Retired Members

DISTRICT 3
Robert Bernstein, M.D.
Ching-Huang Huang, M.D.
Mahesan Richards, M.B.
Divina J. Santos, M.D.

DISTRICT 5
Jeffrey Doyle, M.D.
Susan Nostrame, M.D.

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Have You Registered for PGA70?

As a benefit of membership, all NYSSA members attend the PGA for FREE. Just be sure to register this year to reserve your spot.

Registration is quick and easy thanks to the NYSSA’s new and improved registration system. Once you register, you can update your contact information, select programming, book hotel accommodations and social events, and edit your schedule at any time.

Go to pga.nyc and register today!
SAVE THE DATE

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Warren Buffett, CEO, Berkshire Hathaway

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