Time Management
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Summer is a good time to reflect on past accomplishments and what we hope to achieve in the future. As part of that reflection, it is my pleasure to update you on the 2018 legislative session, which ended on June 21 without passage of nurse anesthetist expansion of practice. This year’s legislative and budget battles were unparalleled, and we would never have succeeded without the advocacy of the NYSSA leadership, our consultants and staff, and our members.

On behalf of all NYSSA members, I wish to thank lobbyist Bob Reid, legislative counsel Chuck Assini, Esq., and their staff teams for preserving safe anesthesia for all New Yorkers. I would also like to acknowledge the extraordinary effort by a handful of NYSSA board members, specifically: Past President Dr. Rose Berkun, President-elect Dr. Vilma Joseph, and Dr. Jonathan Gal, whose first year as GLAC chair was a real baptism by fire. I also want to give a shout-out to Drs. Dave Wlody, Andy Rosenberg and Greg Fischer, who gave freely of their time to attend endless rounds of political fundraisers.

I would like to give special thanks to all of our district directors and other board members for their efforts to solicit NYAPAC funds, to reach out to and educate their fellow members, and to educate our state Senators and Assembly members. Thanks also go to every NYSSA member who donated to NYAPAC, made trips to Albany and/or otherwise reached out to legislators, and attended local fundraisers. Your colleagues and your patients owe you a debt of gratitude.

We must not forget to recognize the superlative job done by NYSSA Executive Director Stuart Hayman and the entire NYSSA staff, who went above and beyond their usual responsibilities to ensure that the general business of the NYSSA and the PGA was addressed — including renegotiation of the PGA hotel contract for the next 10 years and completing our CME reaccreditation process — even as this five-month political battle was raging.
Finally, I would be remiss if I didn’t acknowledge MSSNY and the entire house of organized medicine in New York state for recognizing the worrisome and negative impact the governor’s budget proposal would have on their patients and for actively supporting the NYSSA in defeating this proposal. Similarly, the ASA recognizes that what happens in Albany and other state capitals has implications that reach well beyond any one state’s borders. Every NYSSA member should know that when the outcome of the New York state budget battle was still in doubt, the ASA leadership was ready to help and freely provided crucial strategic support in both “know how” and resources.

This latest victory clearly demonstrated the power of teamwork at all levels of organized medicine. In fact, component anesthesiology societies across the country, working hand in hand with other state medical societies and the ASA to defeat proposals that would threaten patient safety, must become the new normal. It was not long ago that the U.S. Department of Veterans Affairs (VA) considered granting all advanced practice registered nurses, including nurse anesthetists, “full practice authority.” Only after the coordinated advocacy efforts of your state and national societies, along with the comments received from thousands of veterans and their family members, did we gain recognition that the operating room is a unique healthcare setting where mere seconds can make the difference between life and death; consequently we were able to preserve the physician-led, team-based model of anesthesia care in the VA.

While the NYSSA and other component societies are faced with a variety of state-specific issues and legislation, there are clearly universal challenges that unite us. Learning from our counterparts across the country, supporting each other’s efforts, and, most importantly, speaking with one voice help all of us meet those challenges and achieve our goals.

There is no doubt that the NYSSA’s latest legislative victories were attributable to the extraordinary level of professional citizenship demonstrated by a cadre of dedicated physician volunteers. Continuing to depend on the enormous efforts of this relatively small number of individuals, however, is not a recipe for future success. To the contrary, our continued success will require a more active level of participation
by a larger number of our members. This is where professional citizenship comes into play.

We cannot have a discussion about our legislative success without also talking about professionalism and “professional citizenship.” Merriam-Webster defines a “profession” as “a calling requiring specialized knowledge and often long and intensive academic preparation.” “Professionalism” has been defined as “the methods, characteristics, and attitudes of a person holding a job that requires higher education or advanced training.”

As physician anesthesiologists, we are all professionals who take pride in our professionalism. But do we all practice “professional citizenship”? What exactly is “professional citizenship”? ASA Immediate Past President Dr. Jeffrey Plagenhoef has defined professional citizenship as:

- A willingness to accept responsibility and ownership for the present and future state of “X”
- Being a team player
- Pulling your fair share of the load — ALWAYS
- Leading by example — in EVERYTHING!
- Standing up for and doing what is right — ALWAYS!
- Not just taking, but GIVING BACK
- Supporting the mission with YOUR time, energy and money

It’s time for every NYSSA member to recognize that stepping up to volunteer only when urgently called upon to do so puts a huge burden on a small group of individuals. It’s no longer enough simply to belong to your specialty societies; it’s also crucial that you get involved. That’s why I am calling for “champions” to step forward. We need champions from every organized group in New York state to serve as liaisons to the NYSSA’s membership as well as NYAPAC and ASAPAC. The NYSSA is a large organization, but our long-term success depends as much on the actions of our individual members as it does on the efforts of leadership. If you are willing to serve in this capacity, please let Executive Director Stuart Hayman or me know.

Involvement in the work of your state and national societies can take many forms. If you have not yet joined a committee, do so now. If you have already joined a committee, step up by sharing your ideas and
volunteering your time. Attend future legislative events or otherwise reach out to your legislators. Remind your colleagues that the NYSSA and the ASA are working on behalf of ALL anesthesiologists, and their support will only strengthen our advocacy efforts.

Beyond your membership and involvement in both the NYSSA and the ASA, your contributions to NYAPAC and ASAPAC are critically needed to support the hard work your colleagues are undertaking every day on your behalf. Our past victories would not have been possible without the tremendous commitments of time and money on the part of a core group of volunteers and contributors. Our future victories are in no way guaranteed, especially without the active support of all those who benefit from our efforts. As I look to the future, it is my sincere hope that more of you will choose to do your part to safeguard your patients and your profession.

Thank you

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Recognizing the Importance of Time Management

SAMIR KENDALE, M.D.

Work. Family. Social life. Sleep. Food. Sometimes it seems like a miracle that we are able to give attention to all these obligations on any given day, even in a miniscule way. Many days we must prioritize certain tasks over others, whether by necessity or choice. I have lost count of the number of days when, after arriving home, I realized I hadn’t eaten anything in hours, or perhaps at all. Sleep is often neglected by those in our field, and I have heard of colleagues who haven’t seen their families in months.

Balancing work and work-related obligations can seem like a monumental task, between clinical duties, administrative meetings, research goals, and other assorted issues that arise each day. There may be a case starting in 20 minutes, a meeting in two hours, and a research deadline next week, with each activity requiring some amount of preparation time. These obligations can vary dramatically between anesthesiologists, as practice environments and roles differ widely from clinician to clinician. Some anesthesiologists work alone clinically, others supervise exclusively, some split time between clinical work and other roles in the workplace, and some have completely unique practices. Because of this, it may be hard to prescribe a one-size-fits-all solution to time management for all anesthesiologists.

For those who thrive on spontaneity or adapt easily, managing multiple tasks may come naturally. For many, though, the mounting, competing responsibilities, depending on importance and urgency, can be associated with significant dread and anxiety. Although we try our best to accomplish all of our various jobs, some things may eventually fall by the wayside. It is at this point when inefficient time management can begin to impact well-being and performance.

I am grateful to the authors of the feature article in this issue of Sphere. They offer well-researched techniques to optimize time management that can be applied to tasks occurring over a range of
time frames. Since reading the article myself, I have already employed some of these tactics and seen an improvement in my own time management. As we strive to provide the best care to our patients, let’s not forget to make time for ourselves.
Managing Time

MELINDA AQUINO, M.D., AND SERGEY PISKLAKOV, M.D.

What does “time management” mean to you? “Time management” is the ability to utilize one’s time efficiently and productively. It is the conscious control over time spent on specific activities. Time management is a skill that helps us carry out tasks, complete projects, and achieve goals punctually and reliably.

Time management is important not only in our professional lives but also in our personal activities. It is a combination of efficient thought processes and planning techniques.

The tools we can use to manage time may include planning, distribution, setting goals, delegation, analysis of time costs, monitoring, personal organization, and prioritizing.

We all feel exhausted at times. Often this is not because we work too much, but because we work inefficiently. We may also face a shortage of time at work. This is not always our fault. In many instances this is caused by poor organization management and structure, and even by unnecessary haste. This leads to suboptimal patient care, case delays, poor interpersonal communication, and losses in production, affecting the efficiency and performance of the entire department or even the healthcare center.¹

To identify the reasons for a shortage of time, it is important to look at the performance of every functional component in your department. In addition, it is necessary to periodically perform inventory of your own time availability.

Lack of time causes unnecessary staff anxiety. Possible tangible causes may include:

- Absence of a clear and planned workload for the current day
- Staff members may not know the day’s schedule, or where they will be at certain times of the day
- Insufficient staffing
- Significant overtime
• Micromanagement, which hinders the ability of staff members to concentrate on the main job
• A manager who constantly performs work for his subordinates because he thinks he will do a better job
• A large stream of routine tasks that prevent a manager from performing the main job
• Working in conditions of constant haste, which leads to overwork
• A mismatch between the leading employee and the leadership position held
• Inadequate assessment of a particular employee’s abilities and performance speed
• A lack of mission on the part of an employee
• An employee’s inability to control emotions, expressions or personal needs
• Weak motivation (for example, wages have not increased for a long time; there have been no promotions for a long time)²,³
Planning your time means preparing for the realization of goals. Spending just a few minutes planning your workday can save hours each day. It is important to have a clear understanding of your functions, goals, tasks and time budget. It is also important to constantly monitor and adjust your plan, taking into account any changes in your situation.

When managing your time, the following processes are important:

- Analyze how much actual time you are able to dedicate to your task.
- Employ only those time management strategies that take into account the amount of time you can possibly allocate for the task.
- Set realistic goals.
- Plan and prioritize other tasks you may have on your agenda. Develop a timeline to achieve your set goals.
- Implement concrete steps and actions to achieve your goals.
- When a particular stage of achievement is reached, sum up the results. It is advisable to keep a record of the achieved results.

When planning, the following basic rules should be taken into account:

1. Leave some free time for unforeseen, spontaneously arising problems.
2. Try to record the time spent on particular tasks, such as preoperative assessment or giving a postanesthesia care unit report. This will allow you to assess your efficiency.
3. Try to identify tasks that can be delegated.
4. Try to let your manager know how much you can handle.

Prioritizing your tasks is particularly important. Divide tasks into categories based on their significance. The most important tasks should make up approximately 15 percent of the total number of tasks. Remember that completion of those tasks is key to the achievement of your goals.
Use task analysis:

- Make a list of all tasks for the time period.
- Systematize tasks by their importance and sort them into categories.
- Number the tasks.
- Determine if the least important tasks can be delegated.6

Proper time management helps you make better use of your personal time as well. Balancing your personal life with your professional life is an important key to your career success. Be sure to devote the proper amount of time to family needs and rest. Set aside time each day for leisure activities as well. Watching a short movie, reading a story, or talking to a friend on the phone, even for few minutes, may help tremendously. Using long holidays as mini-vacations is a great option to prevent fatigue and burnout, and to improve your well-being. During your vacation, put rules in place regarding the use of the phone, e-mail, the Internet, etc., to ensure you disconnect.7

Proper planning increases productivity. Unfortunately, from time to time unforeseen distractions can arise during the course of one’s work.
Occasionally you may need to delegate your tasks to address unexpected circumstances such as emergent cases. In these instances you may choose to complete only one or two of your planned tasks. It is wise in these situations to refrain from multitasking. If you become overwhelmed, you must inform your manager. Patient safety is our number one priority.

Melinda Aquino, M.D., is an assistant professor in the Albert Einstein College of Medicine and the Department of Anesthesiology at Montefiore Medical Center. Sergey Pisklakov, M.D., is an associate professor and director of the neuroanesthesia fellowship in the Albert Einstein College of Medicine and the Department of Anesthesiology at Montefiore Medical Center.

REFERENCES


NYSSA Delegates to 2018
ASA House of Delegates

All sessions related to the ASA House of Delegates will take place at the Moscone Center (Moscone West - 2001) as follows:

**First Session** 8:00 a.m. — Sunday, October 14, 2018

**Second Session** 8:00 a.m. — Wednesday, October 17, 2018

### DELEGATES (VOTING)

| 1. | Dr. Melinda A. Aquino |
| 2. | Dr. Audrée A. Bendo |
| 3. | Dr. Rose Berkun |
| 4. | Dr. David S. Bronheim |
| 5. | Dr. Robert Calimlim |
| 6. | Dr. Christopher Campese |
| 7. | Dr. Michael Eaton |
| 8. | Dr. Gregory W. Fischer |
| 9. | Dr. Jonathan S. Gal |
| 10. | Dr. Sudheer K. Jain |
| 11. | Dr. Vilma A. Joseph |
| 12. | Dr. Jung T. Kim |
| 13. | Dr. Tal S. M. Levy |
| 14. | Dr. Jason Lok |
| 15. | Dr. Elizabeth L. Mahoney |
| 16. | Dr. Scott N. Plotkin |
| 17. | Dr. Andrew D. Rosenberg |
| 18. | Dr. Meg A. Rosenblatt |
| 19. | Dr. Lawrence J. Routenberg |
| 20. | Dr. Daniel H. Sajewski |
| 21. | Dr. Steven B. Schulman |
| 22. | Dr. Steven S. Schwalbe |
| 23. | Dr. Michael B. Simon |
| 24. | Dr. Tracey Straker |
| 25. | Dr. Lance W. Wagner |
| 26. | Dr. Matthew Wecksell |
| 27. | Dr. Richard N. Wissler |

Dr. David J. Wlody — ASA Director, New York State

### ALTERNATE DELEGATES (NON-VOTING)

| 1. | Dr. Michael Angelucci |
| 2. | Dr. Susan Bogdan |
| 3. | Dr. Jayapratap R. Chenna |
| 4. | Dr. Edmond Cohen |
| 5. | Dr. Alan E. Curle |
| 6. | Dr. Lawrence J. Epstein |
| 7. | Dr. Michael J. FitzPatrick |
| 8. | Dr. Kevin M. Glassman |
| 9. | Dr. Ingrid B. Hollinger |
| 10. | Dr. Melissa A. Kreso |
| 11. | Dr. Jennifer A. Macpherson |
| 12. | Dr. Nader Nader |
| 13. | Dr. Chantal M. Pyram |
| 14. | Dr. Joy Schabel |
| 15. | Dr. Michelle Schlesinger |
| 16. | Dr. David Seligsohn |
| 17. | Dr. Ketan Shevde |
| 18. | Dr. Peter A. Silverberg |
| 19. | Dr. Andrew Sopchak |
| 20. | Dr. Francis S. Stellaccio |
| 21. | Dr. Donna-Ann Thomas |
| 22. | Dr. Stacey A. Watt |
| 23. | Dr. Lee H. Winter |
Understanding Physician Employment Contracts

MATHEW J. LEVY, ESQ.

It is an unfortunate yet understandable fact that most physicians are reluctant to read all of the provisions in their employment contracts. This is due to the mistaken belief that they face a “take it or leave it” quandary. While there are provisions in such contracts that are standard in the industry, physicians should know that there are many aspects of a contract that can be negotiated. Those who simply execute the document without an understanding of the provisions contained therein (and their potential impact) often find themselves at odds with their employers, unemployed, or, in increasing numbers, in a court of law. This article is intended to help physicians avoid those eventualities.

Compensation

Most physicians do not realize that they can negotiate and increase their total compensation through a productivity incentive provision. Employers can readily appreciate the inherent profitability of collecting three (3) times the amount of money paid to their employees and are, therefore, more than willing to share a percentage of the revenue “collected” for those services rendered by the employees in excess of three times their salaries.

Quality of Life Issues

To many, this aspect of the contract is more important than any compensation provision. Physicians should weigh heavily such elements as:

- What is the call policy of the practice? Often, physicians find themselves working far more hours than are set forth in their agreements. For example, an agreement may provide that the employee is responsible for “call”; however, does the agreement provide that “call” will be on an equal rotating basis, or state what will happen if one of the physicians leaves the practice?

- Does the practice have multiple locations? Is travel required? If there are multiple locations and traveling is required, physicians can often negotiate a monthly expense account (e.g., $500 per month for auto expenses, insurance, gas, tolls, etc.).
• How long have the employees been at the practice? What are the partners like? What are their billing procedures? Do the partners have any Office of Professional Medical Conduct or malpractice history?

Responsibilities
Physicians should ask potential employers for permission to shadow a partner for a day. This will provide an idea of what a typical day might be like and what will be expected of a new hire.

Malpractice Insurance
There are two types of malpractice insurance: “occurrence” and “claims-made.” While “occurrence” is the preferred form of coverage, it is also the most expensive in that it covers physicians for services rendered during and after the term of the employment contract.

On the other hand, “claims-made” insurance only provides coverage during the term of employment. The moment the agreement is terminated, no matter the reason for the termination, the physician is no longer covered for any of the professional services rendered during the term of the agreement. Therefore, the physician is obligated to purchase additional insurance known as “tail coverage.” Tail coverage is expensive; however, the one-time fee can be paid over time and, in most physician employment contracts, negotiations can result in the cost being shared equally with the employer.

Termination
There are normally two types of termination sections within an employment agreement: termination without cause and termination with cause.

• Termination without cause: Pursuant to New York law, a termination without cause provision relegates a physician to “at-will employee” status. Unfortunately, an “at-will physician employee” can be terminated at any time for no reason at all. Such physicians have absolutely no recourse, unless the termination is predicated upon illegality (i.e., age, race or gender discrimination).
• Termination with cause: Every employed physician should be careful of this “catchall provision” that allows the employer to terminate the physician if, in the employer’s sole discretion, it is determined that the physician is detrimental to the practice. Such provisions are too subjective and the consequences are too great in that termination under this provision is immediate, and no notice period is required. As a result, such provisions must be removed or an opportunity to cure must be added.

**Restrictive Covenants**

The restrictive covenant is one of the most litigated issues in the history of employment agreements. The courts in New York, as in most states, do not like to prohibit physicians from offering medical services to patients simply because there is a written employment agreement containing a restriction on the employee’s ability to compete with his or her former employer. New York courts will often be flexible and inventive in finding ways to find restrictive covenants not binding. However, the courts have held that if the restrictive covenant is deemed to be reasonable, the non-compete provision will be enforced.

A restrictive covenant has two elements: geographic area and time frame. When faced with a restrictive covenant, a physician must consider where he or she would seek to work in the (likely) event that the physician decides to leave the practice. If the location is within the restricted area, then the restricted area should be negotiated to a smaller region that does not include the future location.

In conclusion, a good contract should be reasonable for both sides. Armed with a fair contract, both parties are on their way to a mutually rewarding and successful future.

Mathew J. Levy, Esq., is a principal of Weiss Zarett Brofman Sonnenklar & Levy, P.C., the NYSSA’s general counsel. He has extensive experience representing healthcare clients in transactional and regulatory matters. Mr. Levy can be reached at 516-926-3320 or mlevy@weisszarett.com.
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AMA Meeting

Dr. Michael Simon talks with U.S. Surgeon General Dr. Jerome Adams during the AMA meeting in Chicago.

Canadian Anesthesiologists’ Society Annual Meeting

Drs. Tomas Vanhelder, David Bronheim, Robert Seal and Dolores McKeen, ASA CEO Paul Pomerantz, CAS Executive Director Debra Thomson, Robin Thomson, and CAS Past President Dr. Susan O’Leary
Gov. Andrew Cuomo’s Birthday Gala

Former Buffalo Mayor Tony Masiello with Drs. Rose Berkun and David Wlody

Dr. Rose Berkun with MSSNY President Dr. Tom Madejski

Former Gov. David Paterson, Dr. Rose Berkun, and former Buffalo Mayor Tony Masiello
Advocating for NYSSA Members

(Left to right) Drs. Leroy Phillips and Ted Kim, Assemblywoman Rodneyse Bichotte, and Drs. Jonathan Gal, Andrew Rosenberg, Ansara Vaz, David Wlody, and Lance Wagner

(Left to right) Drs. Ansara Vaz, David Wlody and David Bronheim, Assembly Speaker Carl Heastie, Dr. Vilma Joseph, Assemblywoman Rodneyse Bichotte, Dr. Jonathan Gal, New York City Mayor Bill de Blasio, and Dr. Lance Wagner
Congressional candidate Joseph Morelle and Dr. Richard Wissler

(Left to right) Dr. Jacquelyn Francis, Assemblywoman Rodneyse Bichotte, Dr. Tracey Straker, and Dr. Vilma Joseph
Giving Back to the Community
Reaching Out to High School Students

Dr. Leroy Phillips (fourth from left) with the staff of the Brooklyn-Queens-Long Island Area Health Education Center (BQLI-AHEC) Summer Health Internship Program.

Dr. Phillips donated his time to talk about his career as an anesthesiologist with students participating in the Summer Health Internship Program.
Volunteering at the New York State Fair

Drs. Carlos Lopez and Fiona Chen

Drs. Luong Nguyen (left) and Musa Bilal

Dr. Binh Tran engages with a young fairgoer.
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Reid, McNally, & Savage End of Legislative Session Update

The NYSSA’s Albany lobbyists, Reid, McNally, & Savage, prepared a legislative session update as of June 27, 2018, with respect to health and mental hygiene bills. Below please find some excerpts from their excellent review of the past legislative session.

Reid, McNally, & Savage End of Session Health/Mental Hygiene Update

The New York state Legislature wrapped up its 2018 session in the early morning hours of June 21. The most important news for NYSSA members is that the Legislature rejected Gov. Cuomo’s budget proposal that would have expanded nurse anesthetist scope of practice, allowing nurse anesthetists to administer anesthesia without the supervision of a physician anesthesiologist. While the defeat of this proposal was a victory for the state’s physician anesthesiologists, there is no doubt that the New York State Association of Nurse Anesthetists will continue to lobby for independent practice, and the NYSSA must remain vigilant.

In other legislative news, rather than focusing on what the Legislature did this session, most of the postmortem has been on what the legislators did not take up. This includes failing to reach an agreement on extending the authority for New York City to continue to use speed cameras (without action the law expires July 25), no agreement on authorizing sports betting in New York, no reforms to teacher evaluations, and lack of action on some local tax issues, among others. While rumors about a possible return to Albany for a special session immediately began swirling, top lawmakers have dismissed the idea.

In terms of what did get done, more than 4,000 bills were introduced during the legislative session and more than 600 were passed by both houses of the Legislature. Below is a sector-by-sector health/mental hygiene update of all bills passed by the Senate and Assembly. Most
have not yet been transmitted to the governor for consideration; however, each bill’s status is noted. To view the text or sponsor’s memo for any of the following legislation, go to http://assembly.state.ny.us/leg/.

**Physician/Healthcare Professionals**

*Extends unpaid leave of absence for healthcare professionals fighting Ebola overseas*

*S.8757 Hannon/A.11020 Rules (Epstein)*

This bill extends the provision, set to expire on December 1, 2018, that provides healthcare professionals who volunteer to fight the Ebola virus overseas the right to seek an unpaid leave of absence without adverse employment consequences to December 1, 2021. *This bill passed both houses. It has not yet been transmitted to the governor.*

*Permits out-of-state physicians traveling with sports teams to practice medicine in New York*

*S.4375-A Funke/A.7237-B Cusick*

This bill amends education law to allow any physician who is licensed and in good standing in any state within the U.S. who meets a number of specific requirements to temporarily practice medicine while traveling with a sports team at a sanctioned sporting event, as well as five days before and three days after such event. These physicians will be subject to the same oversight and requirements as New York state-licensed physicians. *This bill passed both houses. It has not yet been transmitted to the governor.*

*Relates to baccalaureate degree requirement for the practice of professional nursing*

*S.7320 Flanagan/A.8952 Morelle*

This bill allows the temporary commission on nursing program evaluation to make recommendations on the impacts of requiring a baccalaureate degree. The bill also adds a new, temporary two-year exemption to requiring a baccalaureate degree for areas of the state where there is limited access to the required educational programming. Finally, the bill changes the effective date of requiring a baccalaureate degree from 18 to 30 months from this act taking effect. *This bill passed both houses. It has not yet been transmitted to the governor.*
Amends the public health law in relation to authorizing nurse practitioners to witness a healthcare proxy, act as a healthcare agent, and determine competency of the principal of such a proxy
S.7713-B Hannon/A.10345-A Gottfried
This legislation is necessary to align existing laws regarding healthcare proxies with Chapter 430 of the laws of 2017, which pertains to nurse practitioner involvement in end-of-life issues such as determinations of capacity, as well as issuing orders not to resuscitate and other life-sustaining treatments. This legislation would harmonize Article 29-C with the changes made in 2017 to Article 29-B, Article 29-CC, and Article 29-CCC.
The bill passed both houses but has not yet been sent to the governor for action.

Relates to reports on nurse practitioners
S.7290 Hannon/A.8928 Gunther
This legislation is a chapter amendment that requires the director of classification and compensation of the Department of Civil Service to thoroughly review the occupational category of nurse practitioner and determine if changes are needed to adequately reflect the position’s responsibilities and duties.
This bill was signed into law by the governor on April 18, 2018, Chapter 17 of the laws of 2018.

Relates to mandatory continuing education for psychologists
S.7398-A Valesky/A.9072-A Fahy
This legislation requires psychologists to complete 36 hours of continuing education during each registration period, three hours of which must be in the area of professional ethics. There is an exemption for psychologists for their first three years of practice and other waivers may be granted for certain circumstances by the state Education Department.
This bill passed both houses but has not yet been sent to the governor for action.

Authorizes care of injured employees by an acupuncturist under the workers’ compensation program
S.6666 Amedore/A.2023-A Bronson
This legislation authorizes the care and treatment of injured employees by a duly licensed and registered acupuncturist under the
workers’ compensation program and for such acupuncturists to be reimbursed for their services. 
This bill passed both houses but has not yet been sent to the governor for action.

Physical therapy assistants home care services
S.8217 LaValle/A.10381-A Pichardo
This legislation extends for four years physical therapy assistants’ authorization to provide services in home care settings. 
The bill passed both houses but has not yet been sent to the governor for action.

Emergency technician five-year recertification demonstration program
S.8158-A Seward/A.10830 Stern
This legislation extends the five-year emergency technician recertification program until 2023. 
The bill passed both houses but has not yet been sent to the governor for action.

Promotion of emergency medical services supervisors
S.5118-B/A.6990-A Abbate
This legislation provides that vacancies in the supervisory personnel of emergency medical services in the titles of supervising emergency medical service specialist level II (captains), deputy chief, division chief, or division commander, and/or positions with equivalent duties and responsibilities, shall be filled by promotion from among employees holding competitive class positions in a lower grade in the department, and that such promotions must be based on merit and fitness examination. The bill also provides that any employees holding a provisional or discretionary appointment on the date of enactment of the law shall be given the opportunity to participate in a competitive promotional examination for the next higher title. 
The bill passed both houses but has not yet been sent to the governor for action.

Relates to the appointment of members to and recommendations of the Rural Health Council
S.7329 Hannon/A.8988 Jones
This bill provides to legislative leaders the authority for recommendations for Rural Health Council members and for the
members to be appointed by the governor. Further, it directs the Council to recommend cost-effective ways to obtain timely data on the status of the healthcare workforce supply in rural areas and provides a longer window for reporting healthcare workforce data and analysis by the Council to the Regional Economic Development Councils.

This bill was signed into law by the governor on April 18, 2018, Chapter 43 of the laws of 2018.

Amends the insurance law extending the elimination of the requirement that the Medical Malpractice Insurance Pool offer a second layer of excess medical malpractice insurance coverage

S.8499 Seward/A.10613 Cymbrowitz

In 1999, legislation was passed to dissolve the Medical Malpractice Insurance Association (“MMIA”), the market of last resort for medical malpractice insurance (Chapter 407 of the laws of 1999). Upon MMIA’s dissolution, the MMIP was established as a source of medical malpractice insurance for healthcare providers who were unable to procure such insurance in the voluntary market. This legislation continues the exemption of MMIP from providing a second layer of coverage.

The bill passed both houses but has not yet been sent to the governor for action.

Relates to sepsis awareness, prevention and education

S.7280 Marcellino/A.9001 Nolan

This legislation is a chapter amendment that clarifies that course work or training in infection control practices relates to infections that could lead to sepsis.

This bill was signed into law by the governor on April 18, 2018, Chapter 10 of the laws of 2018.

Behavioral Health

Provides educational materials relating to substance abuse among students

S.8318 Comrie/A.7470 Davila

This bill requires the Office of Alcoholism and Substance Abuse Services (OASAS), in consultation with the state Education Department, to develop or use existing educational materials regarding the misuse and abuse of alcohol, tobacco, prescription
medication and other drugs that are prevalent among school-aged youth. In addition, the bill requires each school district superintendent to designate an employee of the district to provide information to students, parents and staff regarding substance abuse services. Any information provided would be confidential except for instances where there is required reporting.

This bill passed both houses but has not yet been sent to the governor for action.

Requires OASAS to maintain a directory on their website
S.8552 Golden/A.8151 Rosenthal L
This bill requires that OASAS maintain a database of searchable information of all providers and programs operated. This database would include the location of providers, contact information, services provided, special populations served, types of insurance accepted, availability of treatment beds, and any other information the commissioner deems necessary.

This bill passed both houses but has not yet been sent to the governor for action.

Relates to raising awareness of maternal depression
S.7409 Krueger/A.8953 Richardson
This bill requires the commissioner of the Department of Health (DOH), in consultation with the commissioner of the Office of Mental Health (OMH), to inform providers of the need to raise awareness about maternal depression. In addition, this bill eliminates the requirement for DOH to provide an online list of providers who treat or provide support for maternal depression in favor of a broader requirement that the DOH and OMH websites provide information on how to locate available providers, including but not limited to mental health professionals, other licensed professionals, peer support, not-for-profit corporations and other community resources.

This bill was signed into law by the governor on June 1, 2018, Chapter 62 of the laws of 2018.

Requires development of educational material regarding suicide prevention
S.5860A Ritchie/A.3210-A Ortiz
This legislation requires the Office of Mental Health (OMH) to develop educational materials for educators affiliated with any New York state
university, community college or city university regarding depression and suicide prevention.

This bill passed both houses but has not yet been sent to the governor for action.

Relates to the prevention of suicide
S.7322 Alcantara/A.8961 De La Rosa
This legislation is a chapter amendment that adds suicide research, prevention and reduction to the scope of responsibility of the Office of Mental Health (OMH). The bill makes it the responsibility of OMH to assure the development of plans, programs and services in the area of research and prevention of suicide, to reduce suicidal behavior and suicide through consultation, training, evidence-based practices and surveillance data. Such plans shall consider the needs of differing demographic groups and be developed in cooperation with other agencies, organizations and individuals.

This bill passed both houses but has not yet been sent to the governor for action.

Relates to hospital policies for discharge of individuals with mental illness
S.8769 Ortt/A.10644 Gunther
This legislation requires OMH, in consultation with DOH, to develop educational materials on effective discharge planning for individuals with mental illness and provide them to general hospitals to disseminate during discharge to individuals with, or at risk of, mental illness. Such materials shall include information related to various types of treatment and support services and other available resources. OMH and DOH shall also assist and provide guidance to hospitals regarding identification, assessment and referral of individuals with or at risk of mental illness, establishing and implementing training programs for all Title 8 (under education law) professionals providing direct patient care, and ensuring that individuals are properly referred to mental health services if the hospital does not provide them.

This bill passed both houses but has not yet been sent to the governor for action.

Provides a tick-borne diseases and bloodborne pathogen mental health impact study
S.7171-A Serino/A.9019-A Gunther
This bill requires the DOH, in conjunction with OMH, to issue a report examining the mental health impacts of tick-borne diseases and bloodborne pathogens on mental illness rates in endemic areas of the state. The report shall include but not be limited to: considerations of the correlation between Lyme and other tick-borne illnesses, bloodborne pathogens or vector-borne diseases and mental illness; at-risk populations; diagnostic indicators of mental illness; historic consideration of infection rates and illness indicators; and recommendations for intervention and coordinated care for infected individuals.

*This bill passed both houses but has not yet been sent to the governor for action.*

**Establishes the mental health and substance use parity report act**

*S.1156-C Ortt/A.3694-C Gunther*

This legislation requires the superintendent of the Department of Financial Services (DFS), beginning September 1, 2019, and annually thereafter, to include in the annual consumer guide a mental health and substance use disorder parity report. The report shall detail each insurance company’s compliance with federal and state parity laws based on the company’s record during the preceding calendar year. The following information shall be included in the report:

- Rates of utilization review for mental health (MH) and substance use disorder (SUD) claims as compared to medical and surgical claims, including rates of approval and denial and categorized by benefits (inpatient in-network, inpatient out-of-network, outpatient in-network, outpatient out-of-network, emergency care and prescription drugs);

- Number of prior or concurrent authorization requests for MH and SUD services and the number of denials for such requests, compared with the number of requests/denials for medical and surgical services;

- Rates of appeals of adverse determinations, including rates of those upheld and overturned for MH and SUD claims compared with the rates of appeals of adverse determinations and those upheld/overturned for medical and surgical claims;

- Percentage of claims paid for in-network MH and SUD services compared with the percentage of claims paid for in-network
medical and surgical services and the percentage of claims paid for out-of-network MH and SUD services compared with out-of-network medical and surgical services;

• Number of behavioral health advocates available to assist policyholders with MH and SUD benefits;

• Comparison of the cost-sharing requirements and benefit limitations, including limits on scope/duration of coverage for medical and surgical services, and MH and SUD services;

• Number by type of providers licensed in New York that provide services for the treatment and diagnosis of SUD who are in-network as well as the number by type of providers of services for diagnosis and treatment of mental, nervous or emotional disorders and ailments, defined in a company’s policy, who remained participating providers;

• Percentage of providers of SUD services who remained participating providers as well as the percentage of providers of services for diagnosis and treatment of mental, nervous or emotional disorders and ailments, defined in a company’s policy, who remained participating providers; and

• Any other data or metric that DFS deems necessary to measure compliance with parity laws, including, but not limited to, the adequacy of the company’s in-network MH and SUD services provider panels and the company’s reimbursement for in-network and out-of-network MH and SUD services compared to reimbursement for in-network and out-of-network medical and surgical services.

This bill passed both houses but has not yet been sent to the governor for action.

Prohibits certain practices by substance use disorder (SUD) service providers

S.6544-B Akshar/A.7689-A Rosenthal (OASAS Departmental Bill #62)

This legislation would prohibit any individual, addiction professional, credentialed professional, healthcare provider, facility or substance abuse program from giving or receiving a commission, bonus, rebate or kickback directly or indirectly to induce the referral of a potential
service recipient in connection with performing SUD services. The purpose is to prohibit “patient brokers” in this field. *This bill passed both houses but has not yet been sent to the governor for action.*

**Relates to notice of potential service reductions at certain state-operated hospitals**

*S.7207 Ortt/A.9563-A Gunther*

This legislation requires that notice to local governments of the potential for significant service reductions at state-operated hospitals and state-operated research institutes under mental hygiene law be at least 12 months and at most 24 months prior to commencing such service reductions. *This bill passed both houses but has not yet been sent to the governor for action.*

**Insurance**

**Clarifies the original intent of Hannah’s Law to ensure coverage of enteral formula**

*S.8924 Seward/A.11043 Rules (Stern)*

This bill amends insurance law to clarify that any insurance policy that covers prescription drugs shall also cover oral and feeding-tube-administered enteral formulas that are deemed medically necessary by a licensed healthcare practitioner per written medical order. *This bill passed both houses but has not yet been sent to the governor for action.*

**Relates to notice of determination of eligibility for medical assistance**

*S.7328 Ortt/A.9004 Gottfried*

This bill repeals paragraph f of subdivision 5 of section 366 of the social services law relating to notification of eligibility for medical assistance as amended by the laws of 2017 and adds a new clause in subdivision 2 of the section that requires the Department of Health to provide written notice to applicants for medical assistance who may have income in excess of that required to qualify for Medicaid and the availability of special needs trusts. *This bill passed both houses but has not yet been sent to the governor for action.*
Prohibits patient cost-sharing for diagnostic screening for prostate cancer
S.6882-A Tedisco/A.8683-A Gottfried
This legislation requires that policies and contracts covering diagnostic screening for prostate cancer shall not be subject to patient cost-sharing. This applies to men 40 and over with a family history of prostate cancer, and men 50 and over who are asymptomatic.
This bill passed both houses but has not yet been sent to the governor for action.

I wish to thank Bob Reid of Reid, McNally, & Savage for allowing me to share part of their legislative session update with you.

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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 8, 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
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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.
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Jeopardy Night at the New York Academy of Medicine

ELIZABETH A. M. FROST, M.D.

The Jeopardy Competition and Poster Presentations night, an annual event at the New York Academy of Medicine, took place on May 22, 2018. Some 70 anesthesia residents and attendings enjoyed excellent food, libations and even some education.

As in past years, Dr. Adam Lichtman from Weill Cornell was the master of ceremonies for the two-session Jeopardy contest. Six departments from New York residency programs each sent two contestants. The two winning teams — Weill Cornell, represented by Drs. Chris Sattler and Rachel Feldman, and Montefiore Medical Center, represented by Drs. Mudit Kaushal and Akshay Bhatt — took home trophies, medals and bragging rights.

From the 14 posters that were submitted, three winners were chosen. Dr. Rachel Feldman from Weill Cornell was awarded 1st prize for her presentation.

Dr. Elisabeth Abramowicz (center) with her residents from Westchester Medical Center.
study questioning, “Is antiphospholipid antibody syndrome a contraindication to the use of rotational thromboelastometry guided therapy during cesarean section?” Second prize went to Dr. Dahlia Townsend, representing Montefiore Medical Center, for “Cardiac arrest in a parturient,” while Dr. Camille Fontaine (Mount Sinai West) received 3rd prize for “Hoarseness following anterior cervical discectomy and fusion in a patient with sarcoidosis.”

Judges for the poster presentation included Drs. Elvira Baron (Icahn Medical Center), Elise Delphin (Montefiore Medical Center), Samrat Worah (SUNY Downstate), Elisabeth Abramowicz (New York Medical College) and Michael Rufino (Montefiore Medical Center). Two scorekeepers, Drs. Brian Mahoney (Mount Sinai West) and Jon Samuels (Weill Cornell), also acted as judges for the Jeopardy contest. Dr. Farida Gadalla presented the awards.

The Section on Anesthesiology of the New York Academy of Medicine looks forward to the next poster presentation and social evening on October 1, 2018.

Elizabeth A. M. Frost, M.D., is chair and Farida Gadalla, M.D., is vice chair of the New York Academy of Medicine Section on Anesthesiology.

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To complete this online course, go to www.nyssa-pga.org and click on Online CME Course on Infection Control Training, located in the Education menu tab.

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

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April 1 – June 30, 2018

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April 1 – June 30, 2018

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