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President's Message

by Henry Neilley, MD, FAAP

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#VoteKids

We might all be getting tired of the political ads, but there is a lot at stake in the upcoming election. Unfortunately, kids can't vote, and our families are often too busy to get to their polling places. We, however, can play a big role in encouraging voting by the families we care for, and educating them about the issues affecting children. The AAP does have a strong voice in advocating for children, but unless we have leaders that care about these issues, it falls on deaf ears.

Our AAP has developed a toolkit to help us learn what is at stake and how to assist families in speaking up at the ballot box. Please visit: aap.org/votekids

Also please do not forget to vote in the upcoming AAP elections. Besides voting for our leaders, we will be voting on important changes to the AAP bylaws. Watch your email for voting instructions!

Henry Neilley MD
AAP NY 1 Chapter President

Dr. Neilley is a partner at Shaker Pediatrics, a small independent pediatric practice near Albany. He has been involved with the AAP in many capacities including the chair of the Capital Region Pediatric Council.





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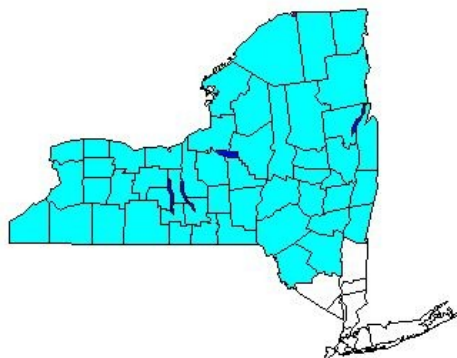
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District II Chair's Report

by Warren M. Seigel, MD, MBA, FAAP, FSAHM
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Many of us will be heading to “the happiest place on earth” later this week. Thousands of pediatricians from all over the world will land in Orlando to participate in the AAP’s National Conference and Exhibition (NCE) from November 2 – 6. This meeting is always one of my favorites. It is an opportunity to improve my pediatric knowledge and skills and to catch up with old friends, former colleagues, former residents and fellows. It is also an opportunity to make new friends. It is an opportunity for me to spend a week with people who, like me, believe in a bright future and the importance of children. People who tirelessly seek to ensure that future generations of children will be healthier by working to evolve the practice and ensure the future of pediatrics.

In my last column (July newsletter), I wrote about the importance of creating a welcoming environment for all patients, families and New York pediatricians. In this newsletter I would like to highlight another very important aspect of our organization, and one that carries a responsibility for its members. A key aspect of any democratic society is the ability to express opinions and participate in an open environment where everyone has the right to be who they are and to freely share their opinions and beliefs. This fundamental right of a free and democratic society carries with it an enormous responsibility. That responsibility is to vote! Beginning on day one of the NCE, all members have the right (and responsibility) to let their voice be heard and to make their choices count. Each of us has the opportunity to vote for the position of President-Elect of the AAP. This year, we also have the opportunity to vote on some very important changes to our bylaws. These changes have major implications for our organization for many years to come.

The AAP bylaws referendum seeks to increase leadership opportunities within our organization and allow more participation by all of our members. It proposes the addition of 3 at-large members to the Board of Directors, the addition of 3 members to the National Nominating Committee (NNC) and the addition of up to 3 members to the District Nominating Committee (representing committees, councils and sections). If passed, the bylaws referendum would also decrease the term of office for Board Members (District Chairs and At-Large Members) and District Vice-Chairs from 3 years to 2 years, further increasing the opportunities for

leadership. Voting on the referendum commences on the first day of the NCE - November 2 - and I urge every one of you to make your voice heard through your vote.

Beyond our own organization’s elections, November 6 is Election Day throughout the United States. As always, Election Day is a very important day for the voice of pediatricians to be heard. Many very important races will be decided this year that will have a significant impact on the future of our nation and of our children, and we are called upon to act as the stewards of our children’s future.

Free societies tend to “get the government (they) deserve.” In order for our democracy, as for our organization, to succeed, people must become more active, become more engaged, and take their responsibility to vote seriously! If we are unhappy with our elected officials, we are free to organize and peacefully make a case for change. We can vote those officials out of office and replace them with people we believe more fit to lead and in line with our values. This is the time to make our voices heard.

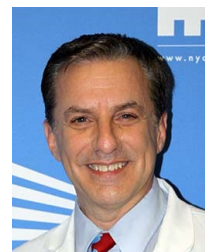
As always, I remind you to not only vote, but to vote for children! Stand up and let everyone know who you are. Remind everyone, and voice what you believe in – that children and families are important to us as pediatricians and essential to the American society as its future. Your voice truly does count – in the AAP as well as in local and state elections! Every vote counts and every person’s voice is important. We are here for children, and we stand together as pediatricians. But we will not make strides just standing. We must get out and through our vote let our elected leaders know who we are and how things need to change!

Once again, a heartfelt thank you for all that you do for children, their families and on behalf of the pediatricians of New York State. I look forward to seeing all of you at the National Conference & Exhibition in Orlando, November 2 – 6, 2018!!!

*Warren M. Seigel MD, MBA, FAAP, FSAHM
Chair, New York State American Academy of
Pediatrics (NYS AAP)*

*Chairman, Department of Pediatrics
Director of Adolescent Medicine
Coney Island Hospital*

*Associate Professor of Clinical Pediatrics
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Capital District Pediatric Council

by Todd P. Giombetti, MD, FAAP

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In our latest meetings we have identified several key issues that we are going to continue to focus our efforts on in the coming months.

1. **Vision Screening:** Many practices in our area are continuing to use instrument based vision screeners, and all are reporting good outcomes. These screens continue to be poorly covered by the insurers as they simply count it as part of the routine visit. This is costing practices money as they absorb the cost associated with this better screening system. One insurer has begun to pay after our efforts if a modifier is listed. We are going to try to study our sensitivity and efficacy with these screeners to provide data to the insurers in order to convince them to cover these services above what they are presently doing.
2. **Autism screening** is going to be mandated by New York State and we are looking for some information from the State about how we are going to be required to provide documentation on this important measure. Will it be going into NYSIS? This led to a further discussion about the amount of reporting that is now required which is becoming onerous and is affecting the amount of time we can spend on patient care.
3. **Information technology** costs seem to be on the rise. We are going to be discussing this in the context of the NYS PCMH initiative and payor by payor. We have an increased amount of reporting requiring an increase in data input and extraction. These IT costs seem to be increasing without appropriate consideration at the compensation end.
4. **Urgent care proliferation and utilization:** We are going to ask at the AAP national level to attempt some sort of public service campaign to stress the best place to bring your sick child or ask for medical advice is at their medical home - which is their pediatrician's office. Urgent care centers are convenient, but the level of care provided for pediatric patients is widely varied and many of the issues could be dealt with through a simple phone call or visit to the child's pediatrician.
5. **The proliferation of doctor by telemedicine services** are a real issue. The insurers in our area are paying outside physician call in services for over the internet visits. We have never been appropriately reimbursed for the telemedicine that we do daily. For insurers to now pay out of area providers of telemedicine for 'visits' with our patients, and not pay us for the care that we are already providing, seems unjust and contrary again to the medical home model. We will be discussing this with each insurer in our area. Possible solutions are to make our systems as HIPPA compliant and secure as the telemedicine services so that we can provide the same after hours care and be appropriately compensated.
6. **Immunization reimbursement rates** remain an issue. The costs of the immunizations seem to rise yearly and some of the insurers lag in when they raise the reimbursements. We will be working to get transparency from our local payors on how often they address these price increases and reimbursement issues. VFC will also be a target of a meeting as VFC Influenza vaccine distribution this year has been quite inconsistent for many offices.

These are the main issues we will be working on over the next quarter.

Western NY Pediatric Council

by Michael D. Terranova, MD, FAAP
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AAP NY1 Western NY Pediatric Council met on September 20, 2018.

One of our insurers asked to speak about HEDIS measures for asthma and Chlamydia screening. These measures - which all agreed were flawed - were discussed. Our region does poorly on these measures, and strategies for improvement were discussed.

Marijuana legalization in NYS appears to be imminent and NY AAP's response to this was discussed. We are currently advocating for the age limit to be 25 years old for purchase. We also are advocating for safer edible packaging and warnings, along with better education about risks of marijuana use in our patients and pregnant/nursing women.

A large portion of our privately insured

patients in Western NY are capitated for sick visits. These programs are flawed in many ways and we are working with insurers to improve payment.

The Council has begun a project to obtain comprehensive area information about in-office mental health services. Dr. Gale Burstein, myself and Richard Destefano (UB medical student) will be polling area practices to determine the level of training (CAP-PC trained), amount of treating of mental health disorders (ADHD, depression, anxiety, autism) and billing sophistication in our community. We will use this data to advocate for better payment and recognition of our expertise to the insurers.

*Michael D. Terranova, MD, FAAP
Chairman - AAP NY Chapter 1
Western NY Pediatric Council
Chairman - AAP NY District II
Pediatric Council*



Working with Challenging Patients & Families: Maximizing Your Clinical Effectiveness

Families dealing with emotional and behavioral issues often don't report their problems. When they do, they may not comply with medical advice or follow through with referrals. This one-day course will teach you evidence-based strategies for working with difficult-to-treat patients. Hands-on training led by mental health and primary care experts will enable you to enhance your clinical effectiveness, improve patient outcomes, decrease unnecessary procedures, and reduce costs of care.

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Place: New York City

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Childhood Poverty Task Force

Thomas McInerney, MD

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The Childhood Poverty Task Force met in person at the Chapter 1 Annual Meeting on June 9 and by conference call on September 19.

Winter Berry, Carolyn Cleary, Andy Aligne, Rebecca Butterfield, Dennis Kuo, Ellen McHugh, Elizabeth Murray, Steve Cook, and Dave Topa discussed their various activities in upstate NY to assist families living in poverty to improve their children's health and well being.

In Albany, Rebecca Butterfield's practice has been screening their patients for social determinants of health (SDH) annually, which has been well received and informative, with food insecurity and inability to pay for home heating as the two major concerns. The families are then referred to the appropriate agencies for assistance.

In Syracuse, Winter Berry's practice has also been screening for SDH with similar results as Albany. Dr. Berry is also applying for a grant to increase capacity to provide trauma informed care, and continues to work with the hospital to fund a diaper bank.

In the Southern Tier, Ellen McHugh is educating the community regarding lead toxicity, emphasizing the need for primary prevention. She noted that the Department of Housing and Urban Development is providing funding of up to \$212 million to assist cities in lead-based

paint exposure reduction.

In Rochester, Steve Cook is working with the Rochester-Monroe Anti-Poverty Initiative (RMAPI) to connect social service agencies to coordinate care for children and families living in poverty. Dave Topa is working with Monroe County to improve Child Protective Services (CPS) by increasing the numbers of CPS workers and re-instituting a local abuse hotline. Andy Aligne has approached the Greater Rochester Health Foundation to develop a program to screen at risk children for Adverse Childhood Experiences (ACES).

In Buffalo, Dennis Kuo is planning to institute screening for SDH and food insecurity in his clinic, as well as working with the Help Me Grow Western and Central NY initiatives to screen for maternal depression and developmental delays.

At the State level, Governor Cuomo has announced his "First 1000 Days Initiative" to provide increased funding for nurse-home visitation programs, high quality early child care, early childhood mental health screening and care, and expansion of pre-K programs.

As you can see, there are many important and effective programs in place in upstate NY to assist children living in poverty, thanks to the efforts of many dedicated pediatricians. Please feel free to contact your colleagues if you are interested in developing similar programs in your communities.

American Academy of Pediatrics

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New York Chapter 1

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NEW MEMBERSHIP BENEFIT!

As Legal Counsel to the American Academy of Pediatrics, New York Chapter 1, the **Health Care & Life Sciences Law Group** at **Norris McLaughlin & Marcus, P.A.**, is responsible for the day-to-day legal representation of the Chapter.

In addition to the current membership benefits, we now offer **employment contract review!**

Benefits include:

- a) a review of the proposed employment agreement;
- b) identification of provisions that may require modification;
- c) preparation of a summary of the terms of concern; and
- d) negotiation.

These contract provisions typically relate to reimbursement, malpractice insurance, call-schedules, production bonuses and RVU's, restrictive covenants and vacation time.

Employment Contract Review for Members of the American Academy of Pediatrics, New York Chapter 1 is \$1,200 for senior physicians and \$900 for physicians who have recently completed their residency or fellowship.

For assistance with a contract review or any other matters, please email us directly at medsociety@nmmlaw.com or call our Medical Society Membership Hotline at (888) 861-1141.

Forgot what your membership benefits are? Email or call us and we'd be happy to review them!

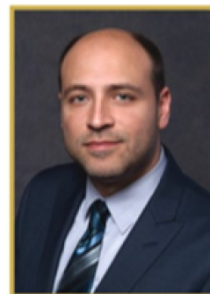
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NYSTART: A Program for Children and Adolescents with Developmental Disabilities and Serious Behavioral Issues

By Anthony Malone, MD
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In your practice, it is likely that you have worked with a young child or adolescent with serious behavioral issues and developmental disability, such as autism, who may need hospitalization or may lose their placement at school or be unable to stay with their family because of their behavior. NYSTART is a service that may be of help to the family in that time of crisis. Getting mental health services for individuals with developmental disabilities is always difficult, and this service from OPWDD is designed to fill those large gaps in service to parents.

The following has been abstracted from the NYSTART website: https://opwdd.ny.gov/sites/default/files/documents/033_START_81018.pdf

NYSTART is a community-based support for people with developmental disabilities and behavioral health needs. NYSTART offers crisis prevention and response services to people with developmental disabilities and complex behavioral health needs, as well as their families and those who provide supports. The goal of the START program is to build relationships and supports across service systems to help people remain in their homes and communities, and enhance the ability of the community to support them.

Their services include:

- **Consultation and Training** to community partners and organizations to create a well-trained network at the community level that can better support individuals in their home.
- **Crisis Plan Development** working with individuals, families, and service providers to develop a crisis plan for the person. The planning process includes reviewing current systems of care, recommending potential preventive and coping strategies for the person and caregivers, and agreeing on a process to access supports.
- **Short-Term Therapeutic Supports** including in home supports for people age 6 and over who are enrolled. Additionally, short-term therapeutic Resource Center services are available for people age 21 and over.
- **Crisis Response:** The NYSTART clinical team is available to help assess emergencies and provide support at times of crisis. In-person assessment within two hours.

Contact information is available at the webpage listed earlier in this article.

*Anthony Malone, MD
Chapter Chairperson,
Committee on Children with Disabilities*

Hospitalist Medicine Committee Launches Quarterly Webinars Focused on Best Practices

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This past year, an AAP NY Chapter 1 Hospital Medicine committee was established. A committee goal has been to implement quarterly webinars to improve best practice for hospitalized patients and to foster collaboration in the areas of clinical research, medical education, and quality improvement.

On July 12, an inaugural hospital medicine webinar was lead by Jeffrey Yaeger, MD, MPH. Jeff, an Assistant Professor of Pediatrics in the Division of Pediatric Hospital Medicine at the University of Rochester Medical Center, presented his research titled, "Associations of Novel Clinical History Markers with Bacterial Infections in Young Febrile Infants."

Jeff presented his research which examined the associations of novel, non-invasive markers from the medical history with the outcome of bacterial infections (UTI, bacteremia, and meningitis) in febrile infants 0-90 days old. The

main finding was that the presence/absence of cough was associated with BIs in a dose-effect relationship that persisted for both high and low risk infants. The addition of cough status to traditional Rochester Low Risk Criteria (LRC) was significantly more accurate than using Rochester LRC alone, and this finding was true for febrile infants 0-60 days as well. Cough status is non-invasive, cheap, and together with traditional risk stratification models, may help identify a subset of febrile infants that could be discharged earlier.

The webinar was well attended and received by hospitalists from Buffalo, Rochester, Syracuse, and Albany. Attendees commented that Jeff did an outstanding job, and

they appreciated how his presentation lead to a robust discussion. Specifically, hospitalists discussed best practice measures, institution specific management styles and challenges, and future collaboration with Jeff to improve the care of febrile neonates and infants.

Everybody is looking forward to the next webinar which will be in January.

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Rochester (1986)	233	95.7%	68.1%	24.7%	99.3%	3	0.63
Philadelphia (1993)	147	98.5%	41.9%	13.9%	99.7%	1.7	0.96
Pittsburgh (2001)	404	100%	35%	14.8%	100%	1.54	0
Step-by-Step (2016)	2,185	97.8%	58.3%	41.3%	98.9%	2.35	0.62

Advantages

1. Not admitting all infants
2. High NPV

Disadvantages

1. Low PPV
 - Hospitalize and perform procedures on large proportion of infants without an infection
2. Underestimated selection of variables
 - Prolonged nursery stay
3. Do not consider other contextual variables
 - Exposures (daycare, siblings, breastfeeding status, season)
4. Typically exclude populations of infants
 - Premature infants
 - Urban populations
 - Under-Represented Minorities

AAP Community Pediatrics Training Initiative (CPTI) Advocacy Training Grant

by Winter Berry, DO

berryw@upstate.edu

Christopher Maierhofer, DO, PL2 and I were fortunate to be recipients of an AAP Community Pediatrics Training Initiative (CPTI) Advocacy Training Grant for the 2018-2019 cycle. This grant opportunity provides financial support for a multi-pronged approach to improving trainee advocacy curricula and concrete advocacy initiatives in the local patient population. Our advocacy efforts began with Chris' and my attendance at the AAP Federal Legislative Advocacy Conference in Washington, DC in April 2018. The program lived up to its unanimously positive reputation and provided us with excellent plenary lectures and multiple small group sessions to teach us practical advocacy skills, keep us up to date on the most pressing legislative advocacy issues at hand, and prepare us for a largely successful visit to Capitol Hill at the conclusion of the conference. We were also fortunate to participate in small group meetings with other CPTI Advocacy Grantees to discuss and troubleshoot plans for our grant associated projects.

Building on the momentum, newly acquired advocacy skills, and improved knowledge base from this conference, we next created a lecture for the pediatric intern class of our program at SUNY Upstate in Syracuse. In the past, our program has had an ongoing lecture series for interns which orients them to advocacy concepts and the socioeconomic landscape of our city and patient population. To augment this curriculum, Chris created a novel lecture to both motivate and educate our intern class. Using principles from the conference and our CPTI colleagues, he covered the general concepts of advocacy, some current issues challenging child health, how pediatricians are well poised to be trustworthy child advocates, and the multitude of ways the AAP can support

these efforts. Chris delivered an excellent and informative lecture. In fact, he was so persuasive that by the end of the lecture we had 13 interns expressing interest in becoming local chapter members as a way to become more involved. Many have even asked to make advance arrangements to clear their schedule to attend Advocacy Day in Albany next spring!

During the closing portions of the lecture, Chris also reviewed some of the local legislative structure and provided links with contact information to encourage trainees to take practical steps to turn advocacy concepts into action. This information will set us up nicely to carry out next steps of the advocacy curriculum. Over the course of the next year, all residents in our program will receive an "advocacy pocket card" akin to a PALS card that will provide them quick reference info on local legislators, advocacy resource links, and key concepts. We will also couple this with a program wide lecture on how to take the more abstract concepts of advocacy and turn them into practical action like calls, emails, visits to legislators and venturing to start or join existing advocacy projects in our area. Via a pre and post intervention resident survey, we hope to demonstrate that didactic sessions, ready information, and increased awareness about opportunities for participation will decrease perceived barriers and increase action.

Lastly, Chris is participating in a tandem advocacy project with our colleague Andrea Shaw, MD. In concert with a longitudinal student elective, Chris and Andi are exploring safety challenges facing our refugee patient population within the city. Our ultimate shared goal is a photovoice project created by students and local families to graphically illustrate practical safety concerns which could be ameliorated via local legislative action.

Breakfast After the Bell: Fighting Food Insecurity

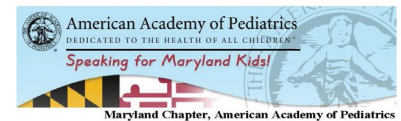
School breakfast can help children meet their nutrition recommendations. This may be especially true for the 1 in 6¹ children who live in a household faced with food insecurity.



To help our nation's children whose households have limited access to adequate food, we are committed to increasing student participation in School Breakfast Programs.

Collectively we will work together to:

- **Increase awareness** of the impact School Breakfast Programs can have on nutrition security, diet quality and student health.
- **Provide resources** to empower schools to champion school breakfast.
- **Inspire families** and communities to embrace school breakfast.
- **Empower children** to take action to help increase access to breakfast in their schools.
- **Support initiatives** to move Breakfast After the Bell for better participation



americandairy.com

¹U.S. Department of Agriculture Economic Research Service. Household Food Security in the United States in 2015

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AMERICAN DAIRY ASSOCIATION NORTH EAST



On October 9, 2018, several pediatricians local to the Syracuse area attended the New York State Regulated Marijuana Regional Listening Session. They were encouraged by **Drs. Winter Berry and Christopher Maierhofer**, who took legislative advocacy skills gained at the AAP Legislative Conference and increased local interest in putting advocacy into action.

Drs. Aarani Kandeepan, Carlee Lenehan, Dean Karahalios, Lina Bourjas, Rohan Akhouri and Sarah Ann Baluta attended the session. Their remarks were based on recommendations gleaned from guidance

and materials provided by AAP national. They remarked at the large turnout and the presence of both community members and physicians. They also reported that the community speakers at the podium were nearly evenly split between support for legalization and not. However, despite this discrepancy, the overwhelming majority of individuals in attendance shared similar views as the AAP in prioritizing child safety and health, while considering legalization and regulation.

Many speakers following the local doctors reiterated the points they shared on behalf of child safety. In their words, "This was a great experience...as community members of Syracuse. We look forward to being part of more events like this and advocate on behalf of our patients."

PEDIATRICIAN NEEDED

Canandaigua Medical Group seeks a pediatrician to join its practice.

Interested candidates should contact:

Kurt Koczent
FF Thompson Hospital
[**Kurt.Koczent@thompsonhealth.org**](mailto:Kurt.Koczent@thompsonhealth.org)

We'd love to hear what you're up to! If you have news you'd like to share, with other AAP NY1 members, please email it to cburke@mcms.org!



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a company.”

– Warren Buffett, CEO, Berkshire Hathaway



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