

1 **Workers' Compensation Full Board Meeting Minutes**

2
3 **Date:** Tuesday, March 18, 2025
4 **Location:** 328 State Street, Schenectady, NY
5 Room 324
6 Webcast Live

7 **Time:** 10:00 a.m.

8 **MEMBERS OF THE BOARD**

9 Clarissa M. Rodriguez, Chair

10 Freida Foster, Vice Chair

11 Mark Higgins (appeared remotely per Public Officers Law §
12 103-a[2][c])

13 Loren Lobban, Esq.

14 Samuel Williams (appeared remotely per Public Officers Law §
15 103-a[2][c])

16 Linda Hull (appeared remotely per Public Officers Law §
17 103-a[2][c])

18 Mark Stasko

19 Steven A. Crain, Esq.

20 Pamela Caggianelli

21 Martin M. Dilan

22 Arelis Tavares (appeared remotely per Public Officers Law §
23 103-a[2][c])

24 Renee Delgado, Esq.

Gloribelle Perez, Esq.

SECRETARY TO THE BOARD

Laura Inglis

GENERAL COUNSEL

Keith Longden, Esq.

SENIOR ATTORNEY

Benjamin Jacobs, Esq.

GUEST SPEAKER

Dr. James Tacci, WCB Medical Director

1 CLARISSA RODRIGUEZ: Good morning. And
2 welcome, everyone.

3 ALL: Good morning.

4 CLARISSA RODRIGUEZ: Thank you all for
5 joining us this morning. I'm Clarissa Rodriguez,
6 Chair of the New York State Workers' Compensation
7 Board. Today's Full Board meeting is being webcast
8 live for members of the public, so welcome. It is
9 also facilitated by American Sign Language
10 interpreters. Welcome, Interpreters. Thank you for
11 joining us.

12 I now have the honor of calling the 1,041st
13 meeting of the Full Board to order. Madam Secretary,
14 will you please call attendance?

15 LAURA INGLIS: Vice Chair Foster.

16 FREIDA FOSTER: Here.

17 LAURA INGLIS: Board Member Higgins.

18 MARK HIGGINS: Here.

19 LAURA INGLIS: Board Member Lobban.

20 LOREN LOBBAN: Here.

21 LAURA INGLIS: Board Member Williams.

22 SAMUEL WILLIAMS: Here.

23 LAURA INGLIS: Board Member Hull.

24 LINDA HULL: Here.

1 LAURA INGLIS: Board Member Crain.
2 STEVEN CRAIN: Here.
3 LAURA INGLIS: Board Member Stasko.
4 MARK STASKO: Here.
5 LAURA INGLIS: Board Member Tavares.
6 ARELIS TAVARES: Here.
7 LAURA INGLIS: Board Member Caggianelli.
8 PAMELA CAGGIANELLI: Here.
9 LAURA INGLIS: Board Member Dilan.
10 MARTIN DILAN: Here.
11 LAURA INGLIS: Board Member Delgado.
12 RENEE DELGADO: Here.
13 LAURA INGLIS: And, Board Member Perez.
14 GLORIBELLE PEREZ: Here.
15 LAURA INGLIS: Madam Chair, Board Members
16 Hull, Tavares, Williams and Higgins will be joining us
17 remotely.
18 CLARISSA RODRIGUEZ: Okay. Thank you, Madam
19 Secretary. Agenda Item 1, approval of the
20 February 11th, 2025 meeting minutes, Board meeting
21 minutes. You have all received a copy of the February
22 Board meeting minutes for your review. Board Members,
23 are there any questions or need for a discussion?
24 Okay. Hearing none, is there a motion to accept the

1 Board meeting minutes for last month?

2 MARK STASKO: Yes, Madam Chair. I move that
3 the minutes be accepted.

4 CLARISSA RODRIGUEZ: Okay. Thank you,
5 Board --

6 MARTIN DILAN: I second.

7 CLARISSA RODRIGUEZ: -- Member Stasko.

8 MARTIN DILAN: Board Member Dilan.

9 CLARISSA RODRIGUEZ: Thank you. And
10 seconded by Board Member Dilan. Thank you both. Is
11 there any opposition to the motion? Okay. Hearing
12 none, Board Members all in favor, please say aye.

13 ALL: Aye.

14 CLARISSA RODRIGUEZ: Thank you. All
15 opposed? No opposition, I am also a yes. That motion
16 is passed. Thank you.

17 Agenda Item 2, Office of General Counsel's
18 Departmental Report. Acting General Counsel --
19 General Counsel, Keith Longden, will now present the
20 Office of General Counsel's Departmental Report for
21 February 2025. Good morning, Keith.

22 KEITH LONGDEN: Good morning. Thank you,
23 Chair Rodriguez. Members of the Board, the following
24 is a statistical analysis for the month of February

1 2025 of the three divisions of the Office of Issue
2 Resolution within the Office of General Counsel.

3 The Adjudication Division held 17,549 hearings
4 and resolved 11,733 cases at hearing, held 1,349
5 Pre-Hearing Conferences and finalized 2,234 Section 32
6 agreements. Of those, 2,021 were finalized at a
7 hearing and 213 were resolved by administrative
8 decision.

9 The Administrative Review Division received 920
10 applications in the month of February, processed 952
11 applications for an end-of-month inventory of 8,191
12 pending applications.

13 And finally, the Legal Affairs Division received
14 86 applications for Full Board Review, processed 92
15 applications for Full Board Review and had an
16 end-of-month inventory of 202 applications. And that
17 completes my report.

18 CLARISSA RODRIGUEZ: Okay. Thank you.
19 Board Members, are there any questions or need for a
20 discussion? Okay. Hearing none, may I please have a
21 motion to accept the Office of General Counsel
22 departmental report?

23 PAMELA CAGGIANELLI: Madam Chair --

24 STEVEN CRAIN: Move to accept.

1 CLARISSA RODRIGUEZ: Okay.

2 LOREN LOBBAN: Board Member Loren Lobban,
3 second the motion.

4 CLARISSA RODRIGUEZ: Thank you. That's
5 Board Member Crain and seconded by Board Member
6 Lobban. Is there any opposition to the motion? Okay.
7 Hearing no opposition, all in favor, Board Members,
8 please say aye.

9 ALL: Aye.

10 CLARISSA RODRIGUEZ: Thank you. All
11 opposed? Hearing none, I am also a yes. That motion
12 is passed. Thank you. Item 3, License Applications.
13 Senior Attorney, Benjamin Jacobs, will now present the
14 Licensing Applications for the prior month. Welcome.

15 BENJAMIN JACOBS: Thank you. Good morning,
16 Chair Rodriguez, Vice Chair Foster, Board Members and
17 colleagues. You have before you recommendations from
18 the Assigned Board Panel regarding the Licensing
19 Applications listed in Part 3 of today's agenda.

20 Under Section 24-a, John Iaconis, three-year
21 renewal. Under Section 50(3-d), Broadspire Services,
22 Incorporated, qualifying officer, Lisa Tortora,
23 Esquire, three-year renewal. Davies Claims Solution,
24 qualifying officer, Matthew Mead, Esquire,

1 three-year's renewal. And Zurich Service
2 Corporation's qualifying officer, Todd Jones, Esquire,
3 three-year renewal. I present these recommendations
4 to the Board for your consideration.

5 CLARISSA RODRIGUEZ: Okay. Thank you so
6 much. Board Members, are there any questions or need
7 for discussion? Hearing none, may I please have a
8 motion to accept the recommendations of the Panels as
9 presented?

10 PAMELA CAGGIANELLI: Madam Chair, this is
11 Board Member Caggianelli and I move that we accept the
12 licensing renewal.

13 CLARISSA RODRIGUEZ: Thank you. Is there a
14 second?

15 RENEE DELGADO: Board Member Delgado, I
16 second.

17 CLARISSA RODRIGUEZ: Okay. Thank you so
18 much, Board Member Delgado. Is there any opposition
19 to the motion? Okay. Hearing no opposition, Board
20 Members all in favor, please say aye.

21 ALL: Aye.

22 CLARISSA RODRIGUEZ: Thank you. Thank you.
23 All opposed? Okay. I am also a yes. That motion is
24 passed. Thank you, Board Members.

1 Agenda Item 4, Legal Appeals. Keith Longden will
2 now present the recommendations concerning recent
3 decisions by the Appellate Division.

4 KEITH LONGDEN: Thank you, Chair Rodriguez,
5 Members of the Board. Since the February 2025 meeting
6 of the Full Board, the Appellate Division, Third
7 Department has decided five decisions involving
8 appeals from Board decisions. Those five decisions
9 are located in Items 4A through 4E of this month's
10 agenda. And it's the recommendation of the Office of
11 General Counsel that those agenda items, those
12 decisions in those Items 4A through 4E be adopted as
13 the decisions of the Board.

14 CLARISSA RODRIGUEZ: Okay. Thank you,
15 Keith. Board Members, may I have a motion to accept
16 the recommendations of the Office of General
17 Counsel's?

18 GLORIBELLE PEREZ: So moved.

19 MARK HIGGINS: Yes, Madam Chair.

20 GLORIBELLE PEREZ: Board Member Perez.

21 MARK HIGGINS: Board Member Mark --

22 CLARISSA RODRIGUEZ: Thank you.

23 GLORIBELLE PEREZ: Thank you.

24 MARK HIGGINS: -- (audio fades). Move to

1 accept the recommendations of General Counsel.

2 CLARISSA RODRIGUEZ: Okay. Board Member
3 Higgins, there was already a motion so you'll be
4 seconding. Thank you.

5 MARK HIGGINS: Okay.

6 CLARISSA RODRIGUEZ: That -- the motion was
7 made by Board Member Perez. Thank you. Is there any
8 opposition to the motion? Okay. Board Members,
9 hearing -- all in favor, please say aye.

10 ALL: Aye.

11 CLARISSA RODRIGUEZ: Thank you. All
12 opposed? Hearing none, I am also a yes. That motion
13 is passed. Thank you. This month there are no
14 Mandatory Full Board cases for consideration, so we'll
15 move on to our Discretionary Full Board cases. And I
16 now turn this portion of the agenda over to Vice Chair
17 Freida Foster.

18 FREIDA FOSTER: Thank you --

19 CLARISSA RODRIGUEZ: Good morning.

20 FREIDA FOSTER: -- Madam Chair. Good
21 morning.

22 UNIDENTIFIED SPEAKER: Good morning.

23 FREIDA FOSTER: For the cases listed in
24 Item 6 on your agenda, it has been recommended that

1 Full Board Review be granted. Those cases are 6A,
2 Matter of Tempur Production USA, LLC and 6B, Matter of
3 Vans Express, Inc. I move to refer the cases back to
4 their respective Panels for further consideration.

5 CLARISSA RODRIGUEZ: Thank you, Vice Chair
6 Foster. Is there a second?

7 MARTIN DILAN: Board Member Dilan, second.

8 CLARISSA RODRIGUEZ: Okay. Thank you, Board
9 Member Dilan. Is there any opposition to the motion?
10 Okay. Hearing none, Board Members, all in favor,
11 please say aye.

12 ALL: Aye.

13 CLARISSA RODRIGUEZ: Thank you. Thank you.
14 All opposed? Hearing no opposition, I am also a yes.
15 That motion is passed. Thank you, Board Members.
16 Board Members, any other business?

17 MARK HIGGINS: Yes, Madam Chair. I'd like
18 to make a motion that the Board take special
19 recognition of the courageous return of Board Member
20 Loren Lobban.

21 LINDA HULL: Yes.

22 CLARISSA RODRIGUEZ: Yes, I do --

23 UNIDENTIFIED SPEAKER: I second that motion.

24 CLARISSA RODRIGUEZ: -- indeed. All right.

1 All in favor?

2 ALL: Aye.

3 CLARISSA RODRIGUEZ: All right. You are
4 officially recognized for your courageous return and
5 we welcome you back. Love that, love that so much.

6 All right. And with that, we will lead into our
7 guest speaker who has joined us virtually, and that is
8 our Medical Director, Dr. James Tacci, who's hopefully
9 still on, yes?

10 UNIDENTIFIED SPEAKER: It doesn't look
11 like --

12 LAURA INGLIS: He's on the screen.

13 UNIDENTIFIED SPEAKER: Yeah, he's on the --

14 CLARISSA RODRIGUEZ: There he is.

15 UNIDENTIFIED SPEAKER: There he is.

16 CLARISSA RODRIGUEZ: Okay, perfect. So
17 Dr. Tacci is the Medical Director of the Board. His
18 focus is ensuring timely, appropriate and high quality
19 care for injured workers to optimize their clinical
20 and functional outcomes.

21 Prior to joining the Board, Dr. Tacci was a
22 medical director and residency program director at the
23 University of Rochester where he still holds part-time
24 clinical and teaching appointments. Previously, he

1 directed occupational medicine programs and served as
2 senior medical consultant in such industries as
3 healthcare, technology, automotive, defense, medical
4 devices and pharmaceuticals. He also worked
5 extensively with municipalities, school districts,
6 utilities and local police and fire departments.

7 Dr. Tacci earned his BS in biology from Cornell
8 University, MD with Distinction from the University of
9 Rochester and PH from SUNY Albany and JD magna cum
10 laude -- cum laude from Syracuse University. He
11 completed residencies in general preventative medicine
12 and public health at the New York State Department of
13 Health and Occupational Medicine from Harvard. Thank
14 you and welcome so much, Dr. Tacci. Thank you for
15 being here.

16 DR. JAMES TACCI: Hi. Thanks, Madam Chair,
17 for -- for inviting me. Good to see everyone again.
18 And thank you for inviting me to speak about this
19 topic, which is the Governor's -- we're going to have
20 this -- the first slide, the Governor's State of the
21 State proposals that will directly improve the
22 Workers' Comp system. As part of the Governor's 2025
23 State of the State, she proposed some key changes to
24 expand injured workers' access to medical care, and

1 therefore improve the system for healthcare providers
2 who treat them.

3 Next slide, please. Agenda that we want to talk
4 about today first and foremost is -- is why is
5 expanded access important, right, why, it's -- it's
6 somewhat foundational. But, you know, the sooner
7 people get their care and -- and the better care they
8 get, the sooner they'll get better, the sooner they'll
9 get back up to maximum (audio fades) to return back to
10 work.

11 It's only appropriate for me to briefly review
12 some of the things that we've already done to make the
13 system easier for providers and for patients. And
14 then I'm going to dive into the State of the State
15 proposals, things that will make it easier for
16 providers to participate in the system, things that
17 will assure payment that will facilitate continuity of
18 care and then also improvements to our fee schedule.

19 Next slide, please. So why is expanding access
20 to care, how does it benefit workers? First and
21 foremost, it expands their freedom of choice for their
22 medical provider. In a -- in a perfect world when
23 someone gets hurt, they'll be able to go to their
24 primary care provider. Their primary care provider

1 will accept workers' compensation patients. He or she
2 will be able to treat them and he -- he or she will
3 then be able to, if they need a referral to a
4 specialist, refer them to somebody in -- in their
5 known and customary referral network. And the whole
6 thing will be just as easy as it is, you know, when
7 you get hurt or sick and it's -- when it's not work
8 related. So it -- it increases the patient's choice
9 of providers. It maintains their continuity of care,
10 ideally with their primary care provider and with
11 their other known providers.

12 And just to be clear, by the way, there's no
13 mandates here. It's not -- it's not mandatory for
14 providers to participate. We're just making it easier
15 for them to do so. Again, it'll make it easier for
16 them to find specialist providers, eliminate delays in
17 their treatment and expedite their return to work. It
18 will hope -- hopefully also return -- reduce some of
19 their travel times over long distances. Currently,
20 40 percent of injured workers have to travel outside
21 their home county to get treatment. And for folks who
22 live in suburban or rural counties, they travel an
23 average of 35 miles or more to get their care. And we
24 think that -- that these inconveniences for the

1 workers can be, pardon me, significantly,
2 significantly reduced.

3 Next slide, please. As I mentioned, the focus is
4 to increase injured workers' access to providers.
5 Part of that, a big part of that, is to make the
6 system easier for providers to use. So again, I'd be
7 remiss if I didn't talk about a few of our
8 accomplishments already. We've been working pretty
9 hard the past few years to make the system more --
10 just more user friendly for our providers.

11 So next slide, please. Our actions so far to
12 increase provider participation in the Comp system,
13 first of all, we've -- there's the expanded provider
14 laws, as folks know. We've also eliminated many Board
15 specific forms, particularly when it comes to billing.
16 That -- that was a huge obstacle. Providers didn't
17 know if they were submitting the correct form. They
18 needed separate IT systems in their offices and -- and
19 billing specialists just to bill for workers' comp.
20 And using the wrong form typically got the form
21 rejected and they'd have to start the process over
22 again. So transitioning to the CMS 1500 Universal
23 Billing Form was a huge facilitator for our providers.

24 As folks know, we created an online system for

1 the prior authorization process as well as for the
2 review of requests for medical billing disputes. You
3 know, as folks know, the prior authorization, or the
4 PAR process, has significantly, significantly
5 decreased the turnaround time for prior
6 authorizations. And similarly, that -- that's been
7 the case with -- with billing disputes as well.

8 This is just a quick slide to -- to indicate, the
9 next slide, please, that the OnBoard modernization
10 effort is largely just been moving from a paper
11 process to an electronic process, and the efficiencies
12 gained just from that are -- are tremendous. Those
13 are probably our single biggest efficiencies, and it
14 of course warrants a -- a shout-out to our folks from
15 innovation and in ITS, et cetera, who every time we
16 ask them to -- to do something, they're able to do it.
17 And the online processes are just infinitely more
18 efficient than the -- than the paper processes were.

19 Next slide, please. With respect to OnBoard,
20 since we launched in 2022, we've been listening to
21 feedback from -- from providers, from payors, from
22 patients, from attorneys, and we've made over 75
23 process enhancements. And when I say we, again, I'm
24 talking about our innovation group and our ITS group.

1 To date, well over -- this slide's a little bit
2 outdated. Today I think it's 2.1, 2.2 million PARs
3 have been handled, so it's well over 2 million PARs
4 that have been processed through the system.

5 I think it's important to note that well over 90
6 percent of them are processed between the provider and
7 the payor without ever escalating to the Medical
8 Director's Office. So we don't have to -- we don't
9 have to referee over 90 percent of those claims or
10 those Prior Authorization requests. Fewer than 1
11 percent need hearings. And then of the -- of the
12 Prior Authorization Requests that do come to the MDO,
13 95 percent of medication, DMEs, special services and
14 behavior health PARs are processed on the same day,
15 and the remaining small percentage are processed on
16 the next day. The remaining PAR types are processed
17 in a matter of weeks and not months. And again, by --
18 by anyone's measure, this is infinitely better than
19 the old paper process was.

20 Next slide, please. With respect to billing
21 disputes, we -- the -- the old process, we -- we've
22 vastly eliminated the backlogs in the HP-1 awards
23 process. And, you know, what used to be, you know,
24 embarrassingly probably, you know, a one or two even

1 year process to get billing awards resolved when there
2 was a dispute is now down to one to two months for
3 administrative awards to be resolved and within --
4 within, again, one to two months. It's no longer
5 three months for arbitration awards to be assigned to
6 an arbitrator. There's then, you know, a little bit
7 of lag time to have the arbitration process, but this
8 is infinitely, again, faster than it used to be.

9 We've implemented standard information
10 requirements that are required of both parties, made
11 it transparent to folks what they need to submit so
12 there's less guesswork and confusion. They're
13 published on our website. And it just has made the
14 process much faster. We've also updated our -- our
15 arbitrator list and processes.

16 Next slide, please. Now, the -- the -- the main
17 topic of -- that I want to address with you all today,
18 again, is the Governor's proposals in the State of the
19 State that will again significantly, significantly, we
20 think, improve the Workers' Compensation system by
21 increasing the number of providers, increasing
22 patients' access to care, expediting their recovery,
23 and therefore return to work.

24 First among these, next slide, please, is the

1 so-called universal authorization proposal. And then
2 this is -- it's marked here on this slide as a game
3 changer. This is probably one of the biggest changes
4 to the system that has happened in decades, or maybe
5 ever, who knows, but -- but it's a big one. And
6 the -- the notion is that all eligible, licensed
7 providers -- so we're not changing the provider types
8 that can practice within the Comp system. You still
9 have to be eligible to practice within the Comp
10 system. But if you're fully licensed in New York
11 State and you've gone through the -- the standard
12 process for the State Education Department and you
13 don't have -- you know, we're going to maintain an
14 exclusion list, right. So if -- if -- if you're fully
15 licensed and you don't have any, you know, negative,
16 you know, substantial negative marks against you, you
17 will be authorized. You won't have to go through a
18 new special authorization process to be a -- a Board
19 provider.

20 We think that -- that this, again, this is a game
21 changer. There's over 200,000 eligible healthcare
22 providers, that's 80,000 physicians, plus the other
23 provider types who can practice within the Comp
24 system. Today only about 10 percent of those are

1 authorized to -- to treat workers' comp patients. I
2 would be thrilled if, you know, 200,000 of them or
3 199,000 of them were participating. But even if we
4 double or triple or quadrupled our -- even if we got
5 50,000 or 100,000, that would, again, double or
6 quadruple our current number of providers. So that
7 would make a big impact for -- for patients in the
8 system. And again, it -- it eliminates what providers
9 have deemed a very cumbersome system and what is also
10 a very redundant system, because it's all information
11 that they've already provided to the -- to the State
12 Education Department.

13 The -- the next big thing is that we have made it
14 incredibly difficult to allow Residents and Fellows at
15 training hospitals and academic medical centers to
16 treat workers' comp patients. I won't bore you with
17 all of the details of -- of why it's been so
18 difficult, but as a -- having -- having worked at a
19 training institution for many years, I can -- I can
20 assure you that it is. What the proposal will do, it
21 will allow Residents and Fellows at teaching hospitals
22 and academic medical centers to, under the supervision
23 of a, you know, supervising physician, an attending
24 physician, treat workers' compensation patients. And

1 that's just like they do with regular health insurance
2 plans and it's just like they do with Medicare and
3 Medicaid as well.

4 Next slide, please. The -- the next -- I'm going
5 to shift gears a little bit. So that -- that is what
6 we want to do to expand the pool of providers by
7 making it easier to enter the system. The -- the next
8 couple things are really geared towards greater
9 assurances that folks are going to get paid once
10 they -- once they provide services. And they're --
11 they're two proposals. One is that health insurers
12 will pay during a controverted claim, during the
13 pendency of that controversy. This has already been
14 the rule per Department of Financial Services' subject
15 letter several years ago, back -- dating back, I
16 think, to 2006. And this will just codify that in law
17 that says, once a -- a workers' comp carrier has
18 controverted a claim, the regular health insurer will
19 start paying for it and will continue to pay for it
20 until -- until that controversion is resolved. And
21 then once it is, you know, they can use the already
22 existing *HEM system to resolve between the payors,
23 you know, who owes who what monies based on the causal
24 relationship of the claim.

1 In the meantime, patients can keep on receiving
2 care, doctors don't have to worry about getting paid
3 because they'll be getting paid from a source and --
4 and the large insurers can -- you know, can sort of
5 battle it out in court over causal relationship and --
6 and who has to ultimately pay the medical bills.

7 The other change, and again, this has been the
8 law for -- for decades with respect to indemnity
9 cases, but the other change is that it will allow
10 insurers can accept a claim for medical only cases
11 without assuming liability for a period of up to one
12 year. So the -- the workers' comp carrier can
13 continue to pay on the medical only claims for up to a
14 year not assuming liability. And then at the year
15 mark, they have to -- they have to cut one way or
16 another. And if they controvert the claim, again,
17 then the -- the healthcare carrier will start to pay,
18 et cetera. So these two things fit -- fit nicely
19 together. And this is not entirely different than
20 what's already been in place for indemnity claims
21 already.

22 Next slide, please. So everything I've talked
23 about -- and I know I've moved through them pretty
24 quickly. If there's any questions, I'm happy to -- to

1 answer them. Everything I've talked about are things
2 that sort of build a -- a better, more user-friendly
3 system for healthcare providers, right. As I said
4 though, this is not -- nothing about participating in
5 the Comp system is mandatory, right. And so back -- a
6 movie back in the '80s, Field of Dreams, you know, the
7 big line was, you know, if you build it, they will
8 come, you know. And with all due respect to
9 Kevin Costner, we're not playing baseball in a Iowa
10 cornfield here. It's -- it's, you know, it's medicine
11 and it's healthcare, et cetera. So we have to do more
12 than just building it, you know, building a baseball
13 field in a cornfield. We have to do more than just
14 improve the system. And that is we have to provide an
15 incentive for providers to want to participate in the
16 system, so -- and candidly and bluntly, that means
17 paying our providers more.

18 We have benchmarked our Workers' Comp system
19 against the other 50 states. We've benchmarked our
20 Comp system with respect to geographic
21 characteristics, against other sort of similarly
22 situated demographic geographies in terms of incomes
23 and cost of doing business, et cetera. And we've
24 benchmarked it against the largest of our health

1 insurers in New York State for regular health
2 insurance plans. And -- and in all of those
3 comparisons, we -- we come up short.

4 So over the course of the next one to two years,
5 you will see us increasing the fee schedule in
6 workers' comp, particularly the fee schedule for those
7 providers who are sort of in the trenches, the -- the
8 nonprocedural providers in clinic who are seeing
9 patients every day; internal medicine,
10 family medicine, perhaps cardiology, pulmonology.
11 Those are the ones who've been sort of getting paid
12 the least and those are the ones who we've had the
13 greatest difficulty or challenges in having access to
14 for our patients. So we'll do significantly better
15 than Medicare and we'll bring our fee schedule up to
16 what is on par with -- with regular health insurance.

17 As Clarissa has said on -- on more than one
18 occasion, you know, that your doctor shouldn't get
19 paid less money if you break your arm at work than if
20 you break your arm in your backyard. So we just want
21 to bring -- bring the system back up to -- back up to
22 par with regular health insurance.

23 Next slide, please. And with that, as -- as
24 Steve Scotti frequently says, today is better than

1 yesterday and tomorrow will continue to be better than
2 today.

3 Next slide. Thanks to everybody for giving me a
4 few minutes of the Board's time today and I'm happy to
5 answer any questions you might have.

6 CLARISSA RODRIGUEZ: Okay. Thank you so
7 much, Dr. Tacci, for that presentation. That was
8 incredibly helpful. And yeah, a lot of exciting
9 things happening at the Board. And thank you so much
10 for your leadership and in helping us formulate all of
11 these really exciting ideas, so thank you.

12 DR. JAMES TACCI: My pleasure.

13 CLARISSA RODRIGUEZ: Okay, perfect. So,
14 Board Members, with that, may I please have a motion
15 to adjourn today's meeting?

16 PAMELA CAGGIANELLI: Madam Chair, this is
17 Board Member Caggianelli, and I move that we have a
18 motion to adjourn the meeting.

19 CLARISSA RODRIGUEZ: Okay. Thank you. Is
20 there a second?

21 MARK STASKO: Yeah, I second.

22 CLARISSA RODRIGUEZ: Okay. Thank you. That
23 was Board Member Caggianelli and Board Member Stasko
24 with the second. Is there any opposition to the

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motion? Okay. Hearing no opposition, Board Members
all in favor, please say aye.

ALL: Aye.

CLARISSA RODRIGUEZ: Thank you. Thank you.
All opposed? Okay. Seeing no opposition, that motion
is passed. Thank you. Meeting adjourned.

WHEREUPON, THE MEETING WAS ADJOURNED.