

New York State Academy of Family Physicians

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NYSAFP 2021-22 Budget/ 2021 Legislative Priorities

The New York State Academy of Family Physicians (NYSAFP) represents over 7,000 physicians, residents, and students across New York State. Listed below are NYSAFP's 2021 priorities for discussion during our March 1 Advocacy Day.

Budget Priorities

(1) OPPOSE: Expansion of NYSDOH Authority with OPMC

- NYSAFP is strongly opposed to the Executive Budget proposal (Part Q of the Health/Mental Hygiene Art. 7 bill) to allow the NYS Health Department to disregard essential due process protections when a complaint has been filed against a physician, and make information public about a physician under disciplinary investigation
- Existing statute already permits the Commissioner to act in the public interest where there is sufficient evidence to warrant such exceptional action to protect the public from aberrant health care practitioners.
- Accusations do not prove wrongdoing. Most complaints to OPMC of alleged misconduct do not become actual findings of misconduct. According to the 2018 OPMC Annual report, approximately **2% of filed complaints that ended in actual charges.**
- This proposal is prejudicial and excessive in that it abandons long-standing due process protections, and could unfairly destroy professional reputations and the trusted patient-physician relationship so essential for providing high quality care.
- ASK: Please reject this proposal in the Final State Budget as the Legislature did last year

(2) OPPOSE: Restructure of the Physicians Excess Medical Malpractice Program

- NYSAFP is very concerned about the Executive Budget proposal (Part K of the Health/Mental Hygiene Article 7 bill) to require the 16,000 physicians currently enrolled in the Excess Medical Malpractice Insurance program to bear 50% of the cost of these policies.
- This proposal would thrust over \$50 million of new costs on the backs of practicing physicians who continue to serve on the front lines of the COVID-19 pandemic. This new cost imposition would hit these practices at a time when many are already facing huge losses due to the pandemic.
- This program was created in the mid-1980's due to a medical liability crisis. Absent comprehensive liability reforms like other states have enacted, access to excess coverage is critical to protect a physician's personal assets when liability exposure exceeds the limits of available coverage.
- ASK: We thank you for your past support for the Excess program including helping to reject similar proposals in past years. We urge you to reject this proposal again in the Final State Budget.

(3) OPPOSE: Doctors Across New York Funding Cut

- NYSAFP opposes the Executive Budget proposal to cut funding for the Doctors Across New York (DANY) program by over \$1.8 million or 20%.
- This important program assists up to 75 physicians per year with funding to relieve educational debt and to assist with joining or establishing practices in underserved areas, to work in these communities for at least three years.
- This program has helped to address the serious primary care physician shortages expanding access to preventative healthcare where it is needed the most.
- ASK: Please reject this shortsighted budget cut and restore the full funding amount of \$9,065,000 in the Final State Budget.

(4) OPPOSE: Further Medicaid Cuts

- NYSAFP strongly opposes the \$600 million cut to Medicaid contained in the Executive Budget which, in part, would reduce funding for services by imposing a further across-the-board Medicaid cut to those who care for patients enrolled in Medicaid.
- While we understand the Governor discusses the State's significant financial challenges with a \$15 billion deficit, we firmly believe that Medicaid should be the last place to look to address the budget deficit. Enrollment and the need for services has increased as a result of the ongoing COVID-19 pandemic.
- ASK: Please reject the proposed cuts to Medicaid in the Final State Budget.

(5) SUPPORT: Restoration of AHEC Funding

- NYSAFP is very concerned that last year's Final State Budget eliminated state funding for the Area Health Education Center (AHEC) system, as proposed in the SFY 2020-21 Executive Budget.
- AHECs provide essential programming all across New York focused on addressing healthcare workforce shortages through pipeline and other initiatives, and addressing health disparities and equity challenges in urban and rural areas.
- For over twenty years, AHEC had received state funding at a level of \$2.2 million, which is critical to the minimum 1 to 1 match of federal HRSA funds that AHECs received to do this much-needed work.
- ASK: Please prioritize restoring state funding for AHEC in the Final Budget.

Legislative Priorities

1) SUPPORT: Universal healthcare coverage through a single payer health system

- *New York Health Act*
- Status: To be reintroduced shortly by Assemblyman Gottfried and Senator Rivera)
- Key Points:
 - Under *New York Health's* single payer system, every New Yorker regardless of age, income, wealth, employment or other status will qualify for comprehensive health insurance.
 - A single payer will constrain costs by eliminating the multiple payers and their multiple administrative rules and procedures and replacing it with a uniform, standardized system.
 - By reducing burdensome billing expenses, administrative waste in the insurance industry, monopolistic pricing of drugs and medical devices, and fraud, New York Health would save over *\$70 billion a year*.
 - Countries with some form of single payer system have better overall health outcomes than the US, spend less per capita and in overall GDP and spend more on social supports than does the US. We have a similar program for seniors in the US, called Medicare. This proposal would simply provide for a "Medicare For All" program to ensure all have access to high quality health insurance.
 - ASK: Please support and co-sponsor this legislation

2) SUPPORT: Ensures that all vaccines administered to adults in New York State are included in the Statewide and City immunization registries similar to pediatric vaccines (NYSIIS/CIR)

- S.75 (Hoylman)/ A.279 (Gottfried)
- Status: Senate & Assembly Health
- Sponsors:
 - ASSEMBLY: Gottfried
 - SENATE: Hoylman, Persaud
- Key Points:
 - Under current law, all immunizations administered to children less than nineteen years old must be entered into NYSIIS/CIR, with special, opt-in consent. Expanding this requirement to adult vaccinations will ensure that providers continue to have a reliable record of immunization information from multiple providers for children and adults alike.
 - This ensures that New York has a robust registry for all receiving immunizations so patients receive only the vaccines they need.
 - Now more than ever during the ongoing COVID-19 pandemic, the need to track vaccine administration is made evident. In response, an [Executive Order](#) (202.82) was issued to require the reporting of all vaccinations given to adults during the emergency declaration period to be reported to the State/City registries.
 - This public health measure should be made permanent to enable continued access by health providers to complete adult vaccination records and continue mandatory reporting in perpetuity for accurate and robust vaccine tracking.
 - ASK: Please support and co-sponsor this important legislation.

3) SUPPORT: Permanent Authorization for Patient-Centered Telehealth Services

- A.2674 (Woerner) working on amendments
- Status: Assembly Insurance
- Sponsors:
 - ASSEMBLY: Woerner, Bronson, McMahon, Jones, Magnarelli, Stirpe, Gunther, Buttenschon
- Key Points:
 - While there are multiple bills that have been introduced, and an Executive Budget proposal on this topic, NYSAFP has been involved in amendment discussion around this legislation (A.2674) to provide necessary authorizations for a patient-centered telehealth measure. We have concerns with the Executive Budget proposal (Part F of S.2507/A.3007) which put too much control in the hands of health insurers to determine what is covered and how.
 - In particular, we believe a strong telehealth proposal should include the following guiding principles:
 - Payment parity across payers for healthcare providers caring for patient through in-person and telehealth services;
 - Uniform coverage of all telehealth modalities including audio-only;
 - Ensuring the use of telehealth is at the patient's choice, upon consultation with their attending clinicians, not health insurers;
 - Coverage of telehealth services provided by in-state providers for their patients who may be out of state for vacation or extended stays, and ensuring that telehealth providers are NY-licensed; and
 - Ensure consistent definitions and coverage across payers, commercial and public.
 - ASK: Once amended, please co-sponsor A.2674.

4) OPPOSE: Eliminating collaboration requirements between nurse practitioners and physicians practicing in the same specialty.

- S.3056 (Rivera)/ A.1535 (Gottfried)
- Status: Senate & Assembly Higher Education
- Sponsors:
 - ASSEMBLY: Gottfried, Lupardo, Paulin
 - SENATE: Rivera
- Key Points:
 - Family physicians view nurse practitioners as an integral part of the healthcare team. Working together, we help our patients get and stay healthy through prevention and care coordination, assisting patients with accessing treatments, testing and needed specialty care.
 - We are concerned that the ability of nurse practitioners to practice without a collaborative relationship and related attestation form requirement would sacrifice quality for our patients as the training and experience of nurse practitioners is not equal to that of physicians.
 - In a recent Medical Society survey, 75% of the physician respondents indicated that advanced care practitioners working independently during the pandemic under the Governor's Executive Orders (waiving physician supervision requirements) had committed an error while treating a patient; 90% indicated that the error could have been prevented had there been physician oversight.
 - This legislation could result in increased health care costs due to overprescribing and overutilization of diagnostic imaging and other services by NPs.
 - One study found that, in states that allow independent prescribing, NPs were 20 times more likely to overprescribe opioids than those in prescription-restricted states.
 - While NPs play a critical role in providing care to patients, their skillsets are not interchangeable with that of fully trained physicians. We are concerned that patient care would be adversely affected by removing requirements for nurse practitioners to collaborate with physicians
 - ASK: Please oppose this legislation and we urge that it not be advanced.