New York State Academy of Family Physicians

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August 4, 2022

Hon. Kathy Hochul Executive Chamber New York State Capitol Albany, NY 12224

Re: Request to Veto A3298A (Epstein)/S67A (Hoylman) and S6287C (Mannion)/ A7560B (Rosenthal L)

Dear Governor Hochul:

The New York Academy of Family Physicians, which represents nearly 7,000 physicians, residents and students in family medicine, is opposed to the above referenced legislation to add new clinical practice mandates on physicians and other health care providers as it relates to patient care.

While both bills have laudable goals, each year we see numerous legislative proposals which would add new requirements for the information that should be conveyed and the interactions which occur between physicians and patients, which should be left to professional medical judgment based on patients' unique needs, medical conditions, and circumstances.

In particular, A3298A/S67A would require physicians and other health care providers to provide their patients who have epilepsy and at elevated risk for sudden unexpected death in epilepsy (SUDEP) with written information prepared by the State Health Department on the current and evidence-based information about SUDEP risk factors and conditions and information about epilepsy support services.

Similarly, S6287C/A7560B would require physicians and midwives to provide written, informational materials prepared by the State Department regarding cytomegalovirus (CMV) and its symptoms, risks, transmission and prevention to pregnant patients during their first prenatal appointments with the physician or midwife.

Again, while well-intentioned, each patient is unique and physicians conduct their own assessments of each patient and provide needed education, counseling and treatment recommendations based on each individual's needs and circumstances based on evidence-based practice guidelines and recommendations from specialty boards. Patients and health providers are already bombarded with myriad information that must be distributed, opted into or opted out of and covered. This leads to information overload and the net result is it detracts from the

physician-patient relationship and the meaningful, patient-specific interactions essential for quality, individualized care.

Rather than adding more practice mandates for more information that must be communicated to patients, we would support having the State Health Department look at these and other similar measures and make educational information and materials available for providers and patients to avail themselves of, as needed and where recommended, without the mandates.

For these reasons, we urge you to veto these two pieces of legislation once transmitted to you for action. Thank you for your consideration of our comments on this bill.

Sincerely,

Andrew B. Symons, MD

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President