

**AMERICAN COLLEGE OF OBSTETRICIANS & GYNECOLOGISTS, DISTRICT II  
MEDICAL SOCIETY OF THE STATE OF NEW YORK  
NEW YORK STATE ACADEMY OF FAMILY PHYSICIANS  
NEW YORK STATE AMERICAN ACADEMY OF PEDIATRICS – CHAPTERS 1, 2 & 3  
NEW YORK STATE NEUROSURGICAL SOCIETY  
NEW YORK STATE OPHTHALMOLOGICAL SOCIETY  
NEW YORK STATE SOCIETY OF ANESTHESIOLOGISTS  
NEW YORK STATE SOCIETY OF DERMATOLOGY & DERMATOLOGICAL SURGERY  
NEW YORK STATE SOCIETY OF PLASTIC SURGERY**

Our groups, which together represent tens of thousands of physicians treating millions of patients each year, are writing to you to express our collective strong objection to the overwhelming number of proposals currently before the State Legislature that would impose needless mandates on beleaguered physicians seeking to ensure their patients receive the care they need. These mandates would make it much harder for physicians to continue to deliver this needed care, and will impede efforts to recruit the next generation of physicians to serve New York residents.

We appreciate that there were multiple initiatives contained in the recently enacted State Budget to address the state's beleaguered health care workforce. However, New York State already has the dubious distinction of being one of the worst states in the country for physicians to practice, according to WalletHub.com ([Best & Worst States for Doctors \(wallethub.com\)](https://www.wallethub.com/edu/best-worst-states-for-doctors/2019/1)). The highest medical liability insurance costs in the country, low health insurer reimbursement and excessive practice mandates combine to qualify us for that "distinction". Enactment of any of these measures, or any combination thereof, will cause physicians and physicians in training to re-consider remaining in practice in New York State.

Adding to these obstacles to medical practice in New York is the confluence of incessant health insurer pre-authorization requirements and hassles associated with electronic medical records which continues to cause burnout among employed and independent physicians. One study reported in the *Annals of Internal Medicine* found that, for every hour a physician spends on patient care, two more are spent on administrative requirements. A recent survey by the American Medical Association (AMA) reported that 83% of respondents found that the number of prior authorizations had increased significantly over the past five years. A 2021 *Medscape* report noted that 51% of critical care physicians, as well as 51% of all female physicians, reported feeling burnout. Most physicians (58%) agree that the source of this burnout is too many bureaucratic tasks. Similarly, an AMA survey of 42 health care organizations across the U.S. which assessed over 20,000 physicians and other workers found that nearly 40% self-reported experiencing anxiety or depression.

Public policy should reduce burdens imposed on physicians and thereby improve patient access to quality care from healthy and focused physicians. These proposals would exacerbate existing conditions which have harmed physicians and patients by jeopardizing the environment within which patients receive care.

### **Problematic Legislative Proposals**

Several bills imposing additional responsibilities upon physicians have been enacted in recent legislative sessions, and more are under active consideration. These proposals add substantial new documentation requirements that carry the risk of significant civil penalties and disciplinary action for violations. These proposals would further distract physicians from patient care by requiring more administrative tasks and by incenting defensive practice to avoid the penalties associated with non-compliance. These proposals include:

- Mandating physicians to obtain the school attended by their pediatric patients. **S.213/A.1615**
- Mandating seeking of a detailed patient/family member consent for a nursing home resident prior to the receipt of a psychotropic medication, or detailed documentation of the need to provide such medication without consent **S.2103-B/A.5841-B**
- Mandating employed health care providers to disclose if their employer health system is charging a facility fee. **S.2521-C/A.3470-C**
- Mandating that physicians and other maternal care providers inform pregnant patients regarding the risks of a caesarean section. **S.2736/A.217**
- Mandating physicians and other care providers to document that they considered and discussed numerous alternatives to opioid treatment prior to writing an opioid prescription for a patient. **S.4640/A.273**
- Mandating OB-GYNs to provide information to their pregnant patients regarding the risks of cytomegalovirus (CMV). **S.6287-B/A.7560-A**
- Mandating OB-GYNs and other maternal care providers inform patients about the potential consequences of an episiotomy **S.8455/A.9380**

If these additional mandates on patient care delivery were not enough, there is also legislation under active consideration (A.6770/S.74-A, on the Assembly floor) that would overwhelmingly expand physicians' already excessive liability costs by increasing the damages awardable in wrongful death actions. One actuarial study has indicated that a nearly 50% increase in premiums would be necessary if this legislation became law. As noted above, with physician liability costs far exceeding all others in the country, any measure to increase these costs would make it much harder for physicians to continue to deliver care.

In conclusion, these proposals would severely diminish patients' access to care by driving more physicians out of private independent practice and by adding to the administrative burden and risk of litigation and disciplinary actions over non-compliance with ridiculous administrative requirements for all physicians. We urge you to reject these measures, and work towards initiatives that will help to expand patient access to physician care, particularly to those who live in underserved locations of the State.

Thank you for your attention to these concerns.