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Testimony Of
The Medical Society of the State of New York
Before The
New York State Assembly Committee On Ways & Means
New York State Senate Finance Committee
On the Governor's Proposed Budget
For State Fiscal Year 2023-2024

Good afternoon. I am Dr. Paul Pipia, Chair of the Department of Physical Medicine and Rehab at Nassau University Medical Center. I am also President-elect for the Medical Society of the State of New York, which advocates for more than 20,000 physicians practicing in regions all across New York. We represent physicians across all specialties and every type of medical practice, including solo, small group, large group, and health system-employed.

Overall, there are many investments made by Governor Hochul in her Executive Budget that we applaud, including support for the Committee for Physicians Health, the Excess Medical Malpractice Insurance Program, the Doctors Across New York Program and the Health Insurance Guaranty Fund. We also support efforts to expand health insurance coverage for our patients under the Medicaid and Essential Plan programs. At the same time, we have a number of concerns, including expansions to the scope of practice to non-physicians that threaten the quality of physician-led team care and risk increased costs to our health system from unnecessary testing and treatment.

Overview

MSSNY advocates for best medical practices for our patients based on science, with a commitment to improving public health and addressing longstanding equity issues in our healthcare delivery system. We represent tens of thousands of physicians and medical students across New York State, including physicians delivering patient care in each of its regions, and those who practice solo, in small groups and large groups, or are employed by a health system.

New York has long held a well-deserved reputation for having a world-renowned health delivery system, but the Covid-19 pandemic challenged us like nothing before. We are hopeful that the worst of the pandemic is behind us, but it has left an indelible mark on many, including our heroic but weary healthcare workforce. Countless physicians on the front lines treating afflicted patients were themselves sickened with the virus. Countless more continue to feel the trauma and other

after-effects from the pressures of providing patient care during a harrowing time when hospitals were overwhelmed, and effective treatments were scarce.

Even prior to the pandemic, the excessive administrative hassles in delivering patient care had caused many to suffer from "burnout." Unfortunately, the pandemic accelerated this disturbing trend. A 2021 Medscape report noted that 51% of critical care physicians reported feeling burnout, as well as 51% of all female physicians, with the overwhelming contributing factor to burnout being too many bureaucratic tasks (58%). Similarly, a 2022 Physician Survey found that 62% of physicians reported feelings of burnout, as compared to 40% pre-pandemic (2018).

Even with the pandemic receding, we are faced with numerous public health threats, some more recent such as MPox and polio, and others that are long-standing. With the demands on our healthcare system growing with an aging population and an increasing number of patients with co-morbid conditions, we must take steps to ensure that we have a physician workforce ready to meet the healthcare demands of our population. This includes reducing the excessive administrative, non-patient care delivery demands that were already driving physician burnout prior to the onset of the pandemic, as well as refraining from enacting well-intended, but often misguided, legislation that adds unnecessary administrative burdens and requirements.

It is time for a change. New York is regularly ranked near the bottom in the list of the best states in which to practice medicine because of a lack of competitive compensation, excessive regulatory requirements, and excessive liability risk and costs. New York has already lost countless physicians to other states with practice environments more welcoming to physicians.

It is in this challenging context that we examine the Governor's proposed Budget. We are grateful that the Governor's Executive Budget includes initiatives to help New York keep more physicians in practice, and to keep more of the physicians we train. In particular, we are pleased that the Executive Budget contains a number of proposals to maintain critically important existing programs that ultimately benefit our patients' ability to access needed timely quality care from the physician of their choice. However, there are numerous concerning items in the proposed Budget that, if enacted. would adversely impact patient care by imposing new bureaucratic hassles that limit treatment options, promote uncoordinated care and limit patient choice of site of care delivery.

1) **<u>Support Extension of the Committee for Physicians' Health (CPH)</u>**

We are grateful for the proposal in the Part B of the Executive Health & Mental hygiene Budget to extend MSSNY's Committee for Physicians Health (CPH) Program for another 10 years. CPH is established by state statute (Public Health Law Section 230) to enable MSSNY to maintain a program to confront and refer to treatment physicians suffering from alcoholism, chemical dependency or mental illness. MSSNY contracts with the OPMC to provide the services required by law.

The program is funded not from a tax but by a $30 surcharge on the physician's license and biennial registration fee, which is specifically dedicated under Education Law Section 6527 (9) for this purpose.

Since the inception of this MSSNY program, CPH has assisted over 7,000 physicians, routinely monitors the recovery of 450 physicians, and annually reaches out to 175 physicians thought to be suffering from alcoholism, drug abuse or mental illness. We believe that the work of the CPH program is valuable to all physicians and indeed to the state generally. We urge that the Legislature adopt the language to make this program permanent.

Many of these conditions treated through the CPH program have been exacerbated by the pandemic, making CPH more essential than ever. CPH provides important confidential peer to peer services to physicians in need of support for their health and well-being. Studies that review the long-term model effect of physician health programs show that physician recovery rates are markedly higher than the general population—even when extended into five years or more.

We urge you to support the extension of this absolutely essential program to address physician wellness.

2) Support Extension of the Excess Medical Malpractice Insurance Program

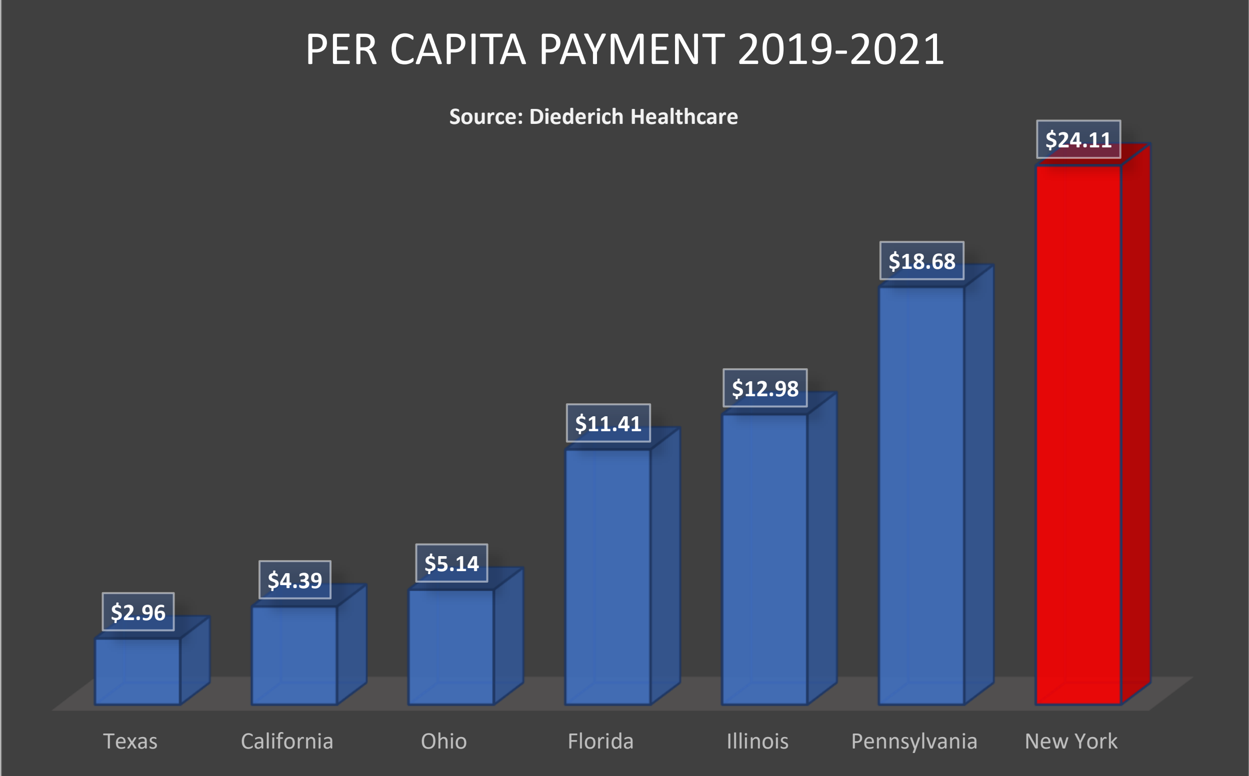
We are grateful for the proposal in Part F of the Executive Health & Mental Health Budget bill that would extend for another year the Excess Medical Liability Insurance Program, which provides an additional layer of medical liability insurance for nearly 16,000 physicians across the State. This program remains absolutely essential for maintaining patient access to expert specialized care as New York's physicians and hospitals continue to incur the highest liability awards and costs in the nation, far surpassing more populous states such as California and Texas.

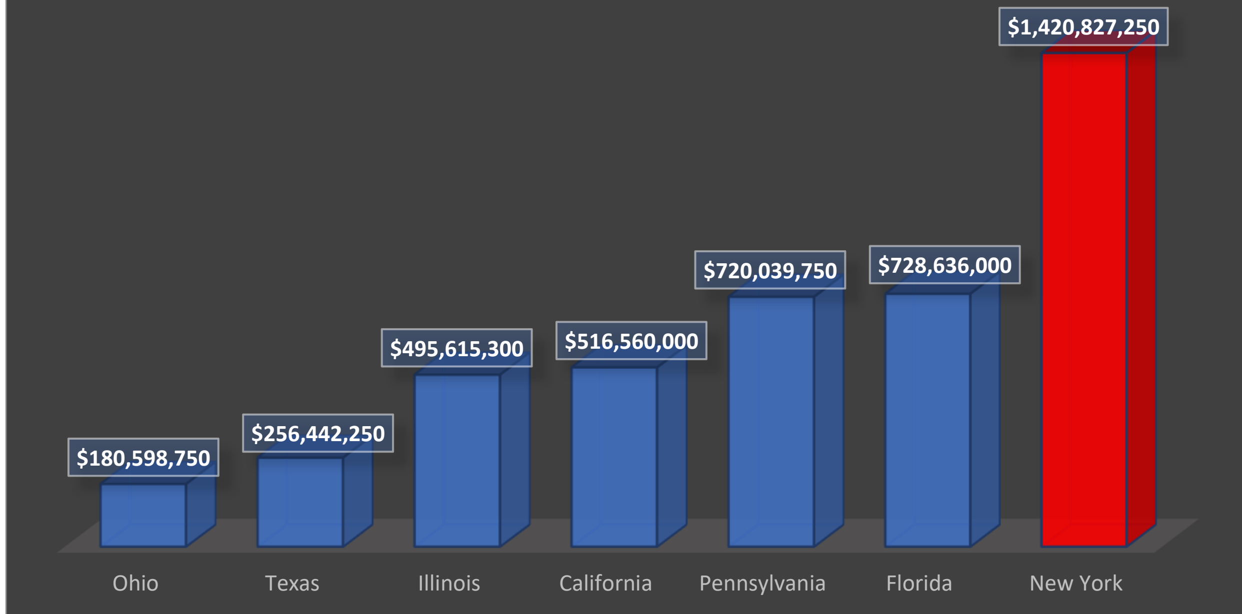
The Excess Medical Malpractice Insurance Program provides an additional layer of $1M of coverage to physicians with hospital privileges who maintain primary coverage at the $1.3 million/$3.9 million level. The program was created because of the liability insurance crisis of the mid-1980's to address concerns among physicians that their liability exposure far exceeded available coverage limitations. They legitimately feared that everything they had worked for all their professional lives could be lost as a result of one wildly aberrant jury verdict.

This fear continues today since New York State has failed to enact meaningful liability reform to ameliorate this risk. The size of medical liability awards in New York State has continued to rise significantly and physician liability premiums remain far out of proportion compared to the rest of the country. In fact, New York's total medical liability payouts between 2019-2021 are nearly twice as great as the second highest state, Pennsylvania (see charts below). Medical liability costs hurt consumer affordability and access, as these costs contribute to New York's high premium costs, which also limit small business growth. Moreover,

excessive liability costs disproportionately impact physicians working in underserved communities who have experienced heightened financial strain from the pandemic. For these reasons, New York is regularly ranked worst among states in the country for physicians to practice medicine.

Absent comprehensive liability reform to bring down New York's grossly disproportionate medical liability costs, maintaining of an adequately funded Excess Medical Malpractice Insurance Program is absolutely essential to maintaining available of skilled physician care in New York.





3) <u>Support Continued Increased Funding Levels for Doctors Across NY Program</u>

The Doctors Across New York (DANY) program was established in 2008 to assist with the recruitment and retention of physicians in underserved areas. To incentivize physicians to work in parts of the state which lack an adequate number of physician specialists to meet community need, DANY provides loan repayment and practice support. However, in recent years, the number of placements has not kept pace with the growing physician shortage. To help close this gap, MSSNY strongly supported last year's increase in DANY funding from $9M to $15.8M in state funding for the DANY Program to provide loan forgiveness up to $120,000 for individual physicians who work in underserved areas for three years.

We are pleased that the Governor's Budget proposes to maintain funding for the DANY program at the increased level. We would also urge policymakers to examine some of the hassles experienced by young physicians seeking to apply for participation in this program, including enabling the awarding of prorated loan repayments in situations when physician may not be practicing full time.

4) <u>Support Imposition of Increased Tobacco Taxes and Banning Flavored Tobacco Products</u>

MSSNY has joined with a number of public health and patient advocacy organizations expressing its strong support of the proposals in Part O of Health & Mental Hygiene Executive Budget proposal to help continue to reduce tobacco use in New York. These include: Ending the sale of menthol cigarettes and all other flavored tobacco; significantly increasing taxes on cigarettes; and fixing the

loopholes and enforcement issues that continue to allow flavored e-cigarettes to be available to New York's kids are imperative to achieving these goals. Enacting these policies will have positive impacts on the health of New Yorkers for generations to come.

With approximately 12% of New York adults still smoking and 28,200 New Yorkers projected to die from smoking-related illness this year, communities across New York, especially those that have been targeted by and bear a disproportionate burden from predatory tobacco industry practices, will benefit greatly from these proposed reforms.

Prohibiting All Flavored Tobacco Products

Flavors are a marketing weapon used by tobacco manufacturers to target youth and young people to a lifetime of addiction. Altering tobacco product ingredients and design, like adding flavors, can improve the ease of use of a product by masking harsh effects, facilitating nicotine uptake, and increasing a product's overall appeal. Mint, menthol, candy and fruit flavored tobacco products are a promotional tool to lure new, young users and are aggressively marketed with creative campaigns by tobacco companies.

Products with flavors like cherry, grape, cotton candy, mint and gummy bear are clearly not aimed at established, adult tobacco users and years of tobacco industry documents confirm the intended use of flavors to target youth. Furthermore, youth report flavors as a leading reason they use tobacco products and perceive flavored products as less harmful. If New York is to ever succeed in ending the cycle of addiction to tobacco, it is imperative that this proposal include all products and all flavors—including menthol cigarettes.

Tobacco manufacturers have aggressively targeted communities of color and LGBTQ+ communities with menthol products, leading to an unequal burden of death and disease. Almost half of youth who smoked cigarettes used menthol cigarettes (46.7%). While New York State moved quickly in 2020 to address the explosive growth in flavored electronic cigarettes by passing legislation to end the sale of most flavored electronic cigarettes, legislation to end the sale of menthol cigarettes and all other flavored tobacco products has long stalled.

In the absence of a comprehensive proposal that includes all flavors, all products, and all retailers, youth will gravitate towards and continue to initiate tobacco use with menthol cigarettes or any other flavored product that is not included in the proposal.

Increasing Cigarette Sales Tax

According to the U.S. Surgeon General and World Health Organization, increasing the price of cigarettes is one of the most effective ways to prevent and reduce smoking, especially among youth. Increasing the cigarette tax by $1 per pack to $5.35 per pack, as proposed is projected to generate significant public health benefits for New Yorkers including:

- Decrease youth (under age 18) smoking by 8.2%
- Prevent 14,400 youth under age 18 from becoming adults who smoke
- Reduce the number of young adults (18-24 years old) who smoke by 3,000
- Result in 44,800 adults who currently smoke quitting
- Save over 15,300 lives

Cigarette taxes have not been increased in New York State in over ten years. Our state spends a whopping $9.7 billion every year in healthcare costs associated with treating tobacco-related illnesses and an estimated 28,200 deaths are attributed to smoking every year. Raising the tax on tobacco encourages cessation and reduces youth initiation, which will translate to significant reductions in tobacco-related death and disease and associated health care costs.

Fixing Enforcement Loopholes

When New York State passed legislation within the 2020 budget to address the epidemic of e-cigarette use among youth, it created enforcement loopholes in the law that have caused challenges to effective enforcement of the law. The exemption for products that have received a pre-market tobacco product authorization (PMTA) by the US Food and Drug Administration (FDA) has created ambiguity around which flavored products remain legal under the law for retailers and health inspectors. Out of the six states that have comprehensive e-cigarette flavor policies, only New York has this exemption, and it has the highest continued retail availability of prohibited products of any of those states. In addition, loopholes that allow distributors to continue to carry and sell prohibited products to merchants as well as vagueness that allows retailers to claim they are selling products remotely undercut the effectiveness of the law. These loopholes need to be eliminated, as proposed in the Executive Budget.

We believe these proposals are a huge step toward decreasing tobacco initiation and use rates and with it, saving lives across New York for generations to come.

5) <u>Support Medicaid Payment Increases</u>

We are supportive of the proposal to increase to 80% of Medicare the Medicaid reimbursement for primary care delivered to patients enrolled in fee for service Medicaid. In conjunction with last year’s small increase, this is a positive step towards helping to ensure patients have access to needed community-based care, and to help manage chronic conditions before they manifest themselves in a way that will require acute care in settings such as hospital emergency departments. For years, New York has peripheralized community-based physician care in the Medicaid program by maintaining one of the lowest Medicaid reimbursement structures in the country for community-based services.

We do note, however, that Medicaid fee for service only represents a small portion of the overall Medicaid population. Therefore, we urge that this proposal be expanded to establish it as the minimum reimbursement for healthcare services for patients enrolled in Medicaid Managed Care plans.

6) Support Expanded Network Adequacy For MH/SUD Coverage

We are supportive of Part II of the Health and Mental Hygiene Budget, which would expand access to care for those with mental health and substance use disorder, establish important network adequacy standards for insurers and health plans to follow and a private right of action. As New York and the rest of the country continue to contend with a mental health crisis compounded by the effects of the pandemic, particularly among our children and adolescents, these provisions along with the proposed substantial investments in capacity are critical.

7) Support Creation of a Health Insurance Guarantee Fund

In light of the great instability that resulted for consumers, physicians and other health care providers when Health Republic Insurance of New York (HRINY) fell into insolvency in 2016, MSSNY supports the proposal in Part Y, Subpart D, of the Executive Health & Mental Hygiene Budget that would create, similar to other insurance lines in New York, a health insurance guarantee fund.

New York currently has no system of protection for consumers and providers when a health insurance plan becomes insolvent. This bill seeks to remedy that situation by creating a health insurance guaranty fund, similar to what other states have established. The fund would be financed by a one-time, temporary assessment-levied only in the event of a health plan's insolvency on other insurers.

While DFS' relentless efforts ultimately resulted in the payment of the hundreds of millions of dollars owed to hospitals and physicians across the state, the liquidation, litigation and distribution process has taken years to complete. Of greatest concern, the demise of HRINY in 2016 left patients worried about their access to care as they scrambled for new coverage.

It is further worthwhile to note that HRINY's insolvency was not even the first time that a New York health insurer failed. Wellcare Insurance Company also went insolvent in the late 1990s, with payments to providers for outstanding medical claims paid at pennies on the dollar if at all.

The fund would enable consumers of a bankrupt insurer to continue to receive care from their own physicians and hospitals by guaranteeing that providers would be paid for care provided. A health insurance guaranty fund would neither create a new permanent tax nor require an investment by the State. Fortunately. insurer failures are rare. But, when they do occur it is imperative to have a statutory framework with protections that allow consumers to transition smoothly to other coverage and ensure they have continued access to health services through stable provider networks. New York has a property and casualty insurance guaranty fund, as well as a guaranty fund for life insurers. It should extend the same protection to health insurance policy holders.

8) Oppose Repeal of "Prescriber Prevails" and Prevent Imposition of New Prior Authorization Hassles

We urge you to reject the proposal in Part D of the Health & Mental Hygiene Executive Budget proposal to repeal the authority of physicians and other prescribers to make the final determination regarding the medication prescribed to individuals covered under Medicaid Fee-for-Service and Medicaid Managed Care, commonly referred to as "prescriber prevails." We thank you the Legislature for your efforts in previous years to reject this proposal and urge that you do so again.

Repealing this critical patient protection would jeopardize patient care as well as undercut initiatives the State has undertaken to reduce unnecessary and avoidable hospitalizations. A key component in sustaining and accelerating such a trend is assuring individuals are able to obtain the medications prescribed by their physician to alleviate the symptomatology of their physical and/or mental health conditions. We thank the Senate and Assembly for standing up for patients and rejecting this proposed change in previous budget years and urge you to do so again.

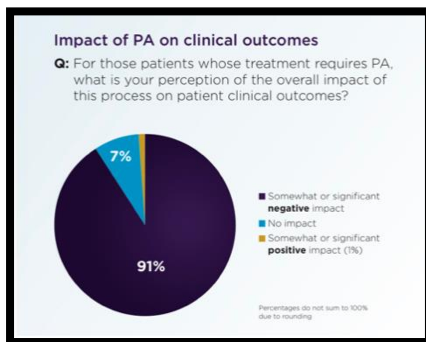
The repeal of the longstanding prescriber prevails provision is particularly troublesome as the pharmacy benefit for those enrolled in mainstream Medicaid Managed Care (MMC), Health and Recovery Plans (HARPs), and HIV-Special Needs (SNPs) will transition back to fee-for-service as of April 1, 2023. This is an important patient protection that cannot be repealed amidst this transition. During the ninety-day transition period between April 1, 2023 and June 30, 2023, "NYS Medicaid members will be able to obtain a one-time fill for medications that are non-preferred in NYRx without the normal PA requirement. This will allow additional time for prescribers to switch NYS Medicaid members to a NYRx preferred medication (no PA required) or obtain a PA for the non-preferred medication." This makes maintaining prescriber prevails essential.

As the State began shifting additional populations into Medicaid Managed Care as part of the Medicaid Redesign Process, the "prescriber prevails" provisions were extended to this population for non-formulary atypical antipsychotic medications at first and later to anti-depressant, anti-retroviral, anti-rejection, seizure, epilepsy, endocrine, hematologic and immunologic therapeutic classes. As it is, under the current law the prescriber has to go to great lengths to "demonstrate" the medication is medically necessary and warranted, a process that has prescribers spending an inordinate amount of time navigating a maze of pharmaceutical management processes to obtain approval to prescribe the medications their patients need. Given the well documented dynamic that these time-consuming administrative hassles are contributing significantly to the problem of clinician "burnout," this proposal would only exacerbate this problem at the worst possible time. Over the years, the Legislature has rejected the administration's budget proposals to curtail or eliminate the patient protections embodied in the prescriber prevails provisions of the law.

Furthermore, this proposal is completely at odds with the need to counteract pervasive payor-imposed, excessive administrative barriers interfering with patient

care delivery. According to a recent American Medical Association (AMA) survey, 93% of physicians surveyed, reported care delays because of payor imposed prior authorization (PA) requirements, while 82% said that PA can lead to patients abandoning their treatments. Moreover, 91% reported that excessive PA burdens have had a negative impact on clinical outcomes, while 88% reported the burden as high, or extremely high.

Aggravating this problem is that health insurers often use insufficiently trained health care providers to review PA requests and other claim submissions. A recent MSSNY survey showed that 86% of responding physicians indicated that they had a PA or claim submission denied by a health plan reviewer that was not a physician trained in the same or similar specialty as the physician providing the recommended patient care.



Of greatest importance, we believe any projected savings based on the repeal of "prescriber prevails" would be dwarfed by the health care complications likely to arise as a result of individuals not being able to access the medications they need to remain healthy in the community. For many physical and mental health illnesses and conditions and substance use disorders, finding the most efficacious medication for a patient is often not a one-size-fits-all approach, making it even more important that once made the decision is respected in order to preserve continuity of care and enhance treatment adherence.

For all these reasons, it is imperative the prescriber prevails authority be maintained as it is an important safety net for our most vulnerable often battling multiple comorbidities.

9) <u>Oppose Part W That Would Lead to Uncoordinated Care by Significantly Expanding Non-Physician Scope Of Practice</u>

MSSNY has come together with several specialty medical societies to respectfully request the removal of Part W of the Executive Budget Health & Mental Hygiene Budget bill (A.3007/S.4007). We are very concerned that the dozens of provisions contained within this Part of the State Budget would fundamentally restructure New York's health care delivery system and eliminate the important supervision and/or coordination provided by a physician in ensuring the appropriateness and comprehensiveness of a patient's care.

Physician Assistants (PA), Nurse Practitioners (NP), and pharmacists all play absolutely essential roles in the delivery of patient care in our health care system. However, we are very concerned that each and all of these Executive Budget proposals would adversely impact patient care by completely removing the important oversight and coordination role which a trained physician plays in overseeing a patient's care, particularly as it relates to the ordering of diagnostic

tests, the evaluation of the effectiveness of various prescription medications and treatments and the ongoing assessment of the patient's response to treatment.

Patients are best served by a team-based approach with a skilled physician overseeing the care by a myriad of health care providers. Despite the good intentions of Part W, the Budget proposals contained within Part W would adversely impact care by facilitating 'silos' in our health care system instead of coordinated care and treatment.

We are aware that some practitioners were given flexibility to provide care without supervision in hospitals at the height of the Covid-19 pandemic to address the healthcare emergency access crisis we were seeing then. But as the emergency has receded, including the recent announcement by the Biden administration ending the public health emergency this May, there is not a compelling public emergency to continue these significant and risky expansions of scope. Moreover, some of these proposals go significantly beyond the flexibility that was provided through the Governor's Executive Orders.

Several studies have shown that when non-physicians are permitted to practice independently without meaningful physician oversight, their more limited training increases both health care costs and patient safety risks. For example, a recent examination by the American Medical Association (AMA) of 10 years of cost data on 33,000 patients served by one particular Accountable Care Organization (ACO) found that care provided to patients exclusively by NPs and PAs was much more expensive than the care delivered by physicians ACO study (ama-assn.org). The study also found that these providers ordered more tests and referred more patients to specialists and hospital emergency departments than physicians did. Overall, the cost for care provided by non-physicians far exceeded the costs of physician-led care. The study also showed that care provided by non-physicians was of lower quality.

Instead of increasing scope of practice to address the health care shortage, it is essential that New York take affirmative steps to address the shortage of specialized physicians in various regions of the state. Unfortunately, due to our challenging practice environment, New York continues to lead in national studies as one of the worst states in the country to be a doctor. This fundamentally impacts our ability to attract new physicians to New York, and retain the thousands we train each year. To retain and attract skilled physicians to care for our patients across the state, particularly for our underserved areas, we must work to improve New York's practice environment by addressing the overwhelming administrative burden on medical care delivery which has led directly to physicians retiring early due to "burnout" or relocating to other states.

Thank you very much for your consideration of our concerns. We welcome a thoughtful discussion of individual measures that would help to address gaps in patient care across the State, but the sheer volume of these scope of practice expansion proposals advanced in Part W is untenable, and most importantly, not in

the best interests of patients we serve. We urge you to remove this section from the State Budget.

10) Protect Competition in Healthcare and Oppose Stringent Requirements on Efforts to Invest in Private Physician Practice

MSSNY strongly opposes the proposal in Part M of the Health & Mental Hygiene Budget proposal that would impose a wide-ranging Health Department approval requirement for health care transactions that appears to target investor-backed physician practices.

While there has been a debate among our member physicians regarding the benefits and drawbacks to private equity investment in private medical practice, this proposal seems to completely "rig the game" of healthcare delivery in New York State in favor of large hospital systems, despite concerns expressed by many about the excessive concentration of market power by certain healthcare systems across the State.

In its legislative findings, an outrageous assertion is made that "the concentration of… investor-backed physician practices is a significant contributor to health care cost inflation," without noting the basis for this allegation, or without noting that one of the other major factors leading to healthcare inflation are the volume of hospitals purchasing physician practices.

The new requirements would be staggering. It would require "health care entities" to report and obtain the state's consent for "material transactions". A "material transaction" is broadly defined to include a merger with a health care entity, or an asset conveyance involving a health care entity. However, a "material transaction" is also drafted in a manner that may result in the reporting of new transactions between Management Service Organizations (MSOs), investments in MSOs, new management service arrangements with existing MSOs, and the formation of new MSOs. Specifically, a "material transaction" also means: (i) an affiliation or contract between a health care entity and another person, except certain clinical affiliations and other transactions presently regulated by the state; or (ii) the formation of a partnership, joint venture, accountable care organization, parent organization, or MSO for the purpose of administering contracts with health plans, third-party administrators, pharmacy benefit managers, or health care providers.

We are very concerned that the language is even so broad as to require DOH approval for the purchase of one medical practice by another, completely unrelated to the involvement of private equity!

In reviewing transactions, and also subject to further rulemaking, the DOH would be required to consider the character and competency of the applicant, the impact of the transaction on cost, access, health equity, and health outcomes, and the impact of the transaction on competition. In addition, the bill empowers the DOH to engage contractors (including actuaries or other professionals) to examine the transaction, to be paid for by parties to the material transaction designated by the

DOH. The public notice period, coupled with the DOH's ability to seek further public input, makes it very likely that transactions will be delayed, or subjected to further scrutiny, as a result of negative public opinion, low community support, or concerns by competitors. The costs for this far-reaching review would be borne by the applicants.

The heavy-handed nature of this approach would completely stifle innovative ways for small physician practices to stay afloat in the communities they serve, and undertake efforts to enhance the delivery of quality care to their patients (such as participation in Value-Based payment efforts). By decreasing options for private practices to remain independent, this proposal would have the effect of forcing more and more physicians into unwanted employment arrangements, because of a lack of alternative options to delivering care, further reducing health care competition, driving up health care costs and reducing patient choice of physician.

Given all these concerns, it is imperative that this proposal to be removed from the State Budget, and greater consideration given for how we can promote choice in healthcare delivery.

11) Support Continuation Of The Veterans' Mental Health Training Iniative (VMHTI) Program

MSSNY, together with the New York State Psychiatric Association (NYSPA), and the New York State Chapter of the National Association of Social Workers (NASW-NYS), are urging you to support funding in the 2023-2024 New York State budget for the continuation and expansion of the comprehensive statewide training program, known as the Veterans Mental Health Training Initiative (VMHTI). The program educates both community mental healthcare providers and primary care healthcare physicians and specialists on veterans-specific mental health issues including combat and service-related post-traumatic stress disorder, traumatic brain injury, suicide in veterans, substance use, military culture, and women veterans' mental health conditions including the impact of military sexual trauma. To date, over 10,800 primary care physicians and specialists and community mental health practitioners have been trained by the organizations.

We would like to thank Senators Brouk and Scarcella-Stanton for championing this program.

For over a decade, the VMHTI has worked hand in glove with the Joseph P Dwyer Peer to Peer Program, an endeavor that continues as the peer program expands to additional counties. This program educates both community mental healthcare providers and primary care healthcare providers on veterans-specific mental health issues including combat-related post-traumatic stress disorder, traumatic brain injury, suicide in veterans, substance use, military culture, and women veterans' mental health conditions including the impact of military sexual trauma.

The VMHTI has two pathways and one led by MSSNY and NYSPA which trains primary care physicians and health practitioners from across the primary care specialties, including internal medicine, family practice, emergency medicine and

OB-GYN. The other track is led by the NASW-NYS, providing an accredited education and training program for community mental health workers. The trainings are also of benefit to psychiatrists whose practices have seen a dramatic influx of combat-related mental health problems. The program educates both community mental healthcare providers and primary care healthcare providers on veterans-specific mental health issues including service-related post-traumatic stress disorder, traumatic brain injury, substance use disorders, suicide, and suicide prevention, as well as enhancing competency on military culture.

The VMHTI is equipping New York's healthcare workforce in the community to meet the challenges of combat veteran specific mental health and related problems, which is critical as the data indicates more than half of all military veterans will seek care from a health care provider in his or her community upon return from combat. Prior funding for the VMHTI has allowed the VMHTI to successfully train over 4,000 primary care and psychiatric practitioners through the MSSNY and NYSPA programs, and over 6,000 social workers and community mental health providers through the NASW-NYS program.

The need for continued support is more critical than ever considering COVID-19 pandemic's impact on veterans and their families, including the exacerbation of mental health and substance use disorder symptomology, isolation, and loneliness as well as economic stress that burdens veterans. Recent reports and data from the Army indicate that suicides during the pandemic have increased by 20% in the military and by as much as 30% among active-duty soldiers. In addition, a recent national survey found most veterans had reported that their mental health worsened since social distancing measures were implemented and more than half reported having had mental health appointments canceled or postponed during the pandemic.

The VMHTI has pursued linkages with veteran peers including the Joseph P. Dwyer Peer to Peer Program (Dwyer Program). The Dwyer Program has a specific charge of peer support for veterans and their families. Peer support covers many areas including connection to concrete services, peer-based group, and individual support as well as service activities. The Dwyer Program does not provide medical or mental health clinical services. The VMHTI seeks to close the gap between Dwyer Programs and clinical services by working together to create a referral system for veterans seeking medical and mental health care. This expansion of VMHTI will provide wrap around support for veterans by providing a direct connection to trained clinicians. Accordingly, MSSNY, NYSPA and NASW-NYS seek the Legislature's approval of $450,000 to support continued funding for this program.

12) **Support Expanded Eligibility for Health Care Worker Bonus Pool**

MSSNY has also joined with several physician advocacy organizations urging that the State Budget include provisions to expand the Health Care Worker Bonus (HCWBP) program to include all eligible staff in physician offices and other

healthcare settings who see patients enrolled in publicly funded health insurance programs including Medicaid, Medicare, Child Health Plus and the Essential Plan.

Physicians' staffs (nurses, PAs, office staff, and others) deserve the same consideration as other health care workers who are designated beneficiaries of the HCWBP in the law. They were on the front line during COVID and were exposed to the same life threatening, dangerous and traumatic conditions providing critical medical care to state citizens.

The current program is unfairly limited to practices that see at least 20% of patients enrolled in Medicaid. Healthcare workers have regularly been referred to as heroes throughout the pandemic for the risks they endured and sacrifices they made, and yet the majority do not qualify for the HCWBP unless physician practices meet this threshold, which for a variety of reasons and factors, beyond their control, many will not. Therefore, we urge that this "20% Medicaid" restriction be eliminated so that all types of health care settings are equally able to provide these bonuses for their employees.

In announcing the program, it was noted:

> "*To restore our depleted healthcare workforce and build the healthcare system of tomorrow, Governor Hochul will make a more-than-$10 billion, multi-year investment in healthcare, including more than $4 billion to support wages and bonuses for healthcare workers. Key components of this multi-year investment include: $1.2 billion of state support for healthcare and mental hygiene worker retention bonuses, with up to $3,000 bonuses going to full-time workers who remain in their positions for one year, and pro-rated bonuses for those working fewer hours;*"

However, despite these strong public statements, the statutory language enacting the HCWBP includes restrictions which have ultimately left the majority of the state's healthcare workforce ineligible for the benefits which were touted as a "reward" for their heroic and exemplary service. The hard-working and dedicated staffs of physicians across the state are now asking why they are not eligible. They who toiled so diligently in the early days of COVID and who risked their lives to care for others during the pandemic also deserve to be recognized for their sacrifice, and such recognition shouldn't be limited by the type of insurance their patients have.

We respectfully ask that you make these promises a reality and include language in the State Budget to provide these bonuses to frontline health care workers regardless of the setting in which they work or the insurance plans which they participate in. We ask this on behalf of our members across the state whose nurses, physician assistants, patient-facing office staff, and other health care workers came to work during the pandemic to ensure the health and safety of all New Yorkers. These workers protected the health of ALL New Yorkers, regardless of what, if any, health insurance they were covered by. Their sacrifice should also be recognized and rewarded.

13) Preserve Comprehensive NYSHIP Out of Network Coverage

MSSNY has heard from several physicians and patients raising concerns with what appears to be a substantial diminishment in coverage for out of network health services in the New York State Health Insurance Plan (NYSHIP) for a significant number of state and municipal employees. While this change is scheduled to become applicable for some state and municipal employees beginning in June 2023, this coverage reduction could ultimately extend to far more state workers. One of the most important benefits of working in the public sector has been the promise of a comprehensive health care benefit, as NYSHIP health insurance coverage has long ensured the ability of patients to have access to see a wide range of specialty care physicians at a reasonable cost. However, a recent adverse benefit change scheduled to go into effect in June 2023 will significantly reduce patients' coverage for seeing a physician that is not a "participating" provider in the NYSHIP program. This change will force many patients to incur much greater out-of-pocket costs to see their current treating physicians, or even worse, force them to find a new doctor altogether.

This new cost-shifting from New York State to public sector employees is completely unfair, and an insult to the efforts of so many who put their life and health at risk during the pandemic. Thousands of patients across the State rely upon a skilled physician who is not formally part of the NYSHIP network, but who has agreed to provide needed healthcare services based upon the promise of at least some reasonable reimbursement from NYSHIP.

We urge you to do all in your power to prevent these changes from occurring and intervene to ensure continued access to skilled specialty care is maintained.

CONCLUSION

Thank you again for permitting MSSNY the opportunity to comment on all these matters, and welcome any questions you may have.