MEMORANDUM IN OPPOSITION

ON SENATE HEALTH COMMITTEE
AGENDA
S.2248 (HANNON)

IN ASSEMBLY HEALTH COMMITTEE
A.8077 (CUSICK)

AN ACT to Amend the Public Health Law, in Relation to
Electronic Health Records

This bill would require hospitals, office-based surgery practices and health care providers which accept unscheduled, walk-in appointments from patients that are not regularly seen by the practitioner and has extended hours of operation to utilize and maintain an electronic health record system that connects to the local regional health information organization (RHIO) to facilitate the exchange of health information. The bill also requires regional health information organizations to ensure accessible connection to all hospitals and health care providers affected by this mandate. The Medical Society opposes this legislation.

Electronic health records systems were intended to improve care quality and enhance care management. However, many physicians believe that the cumbersome nature of these systems is actually disruptive rather than helpful to patient care delivery. For example, a recent Annals of Family Medicine study reported that, during a typical 11.4-hour workday, primary care physicians spent nearly six hours on data entry and other tasks with EHR systems, instead of time spent with patients. Furthermore, these systems are extraordinarily expensive. An AHRQ study reported that the real-life cost of implementing an EHR system within a five-physician practice exceeded $160,000. The bill makes mention of funding which can be applied for the purchase of electronic health record technology; however, we are unaware that any funding is currently available for this purpose. Exacerbating this problem are the exorbitant charges imposed by some EHR vendors to enable physicians to connect to their local RHIOs. These challenges are significant barriers to many physicians adopting medical record systems and connecting to their RHIOs.

Private practice physicians are facing an onslaught of well-intentioned yet burdensome and costly practice mandates, at the same time when these physicians continue to shoulder ever increasing practice overhead costs. As a result of these ever-expanding overhead costs, many physicians face no choice but to leave their practice or sell their practice and becoming employed with a giant health system. According to a recent Avelere study, the number of physicians who have become hospital employees in New York nearly doubled from 2012-2015. Government must take steps to protect the viability of these independent physician practices instead of advancing legislation that will make it even harder to stay in practice.

Based on the foregoing, the Medical Society of the State of New York opposes this legislation and urges that it be defeated.