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 2019-2020

Good morning. My name is Moe Auster, Esq., and I am the Senior Vice-President/Chief Legislative Counsel for the Medical Society of the State of New York. On behalf of the over 20,000 physicians, residents and students we represent, let me thank you for providing us with this opportunity to present organized medicine's views on the proposed budget and how it relates to the future of the health care delivery system in New York State.

It must be noted that this proposed budget is being considered simultaneously with a number of market forces which are threatening the ability of physician practices all across New York State to continue to deliver timely and quality patient care. These burdens include ever-increasing health insurer pre-authorization and payment hassles, excessive regulation and enormous medical liability insurance costs that are exacerbated by inadequate payments from health insurers and Medicaid, and huge patient cost-sharing responsibilities. The collective weight of these burdens is a significant reason for the staggering increase in hospital employment for physicians, which has increased in the northeastern US from 27% in 2012 to 42% in 2016, according to a recent study.

New York continues to receive the dubious distinction in national studies as being one of the most anti-doctor states in the country, due to low payments for care (compared to other states) and exorbitant costs such as extraordinarily expensive medical liability insurance premiums.

At the same time, health insurers continue to shrink their networks and cut payments for care delivered, reducing physicians' ability to pay these exorbitant premiums. Moreover, Medicaid, Medicare and other payors are demanding participation in various value-based payment programs which require extensive infrastructure investment such as upgraded EHR systems. Failure to meet these criteria could result in significant payment cuts.

Not surprisingly, a recent *Annals of Internal Medicine* study reported that, for every hour a physician spends delivering care, they must spend an additional two hours on paperwork. Furthermore, a recent study by Milliman noted that the incidence of burdensome prior authorization and step therapy requirements for several categories of prescription medications being imposed by health insurers had essentially doubled between 2010 and 2015.

Moreover, a recent AMA study found that 84% of responding physicians said the burdens associated with prior authorization were high or extremely high, and 86% believe burdens associated with prior authorization have increased during the past five years. The survey findings also showed that every week a medical practice completes an average of 29.1 prior authorizations per physician. These take an average of 14.6 hours to process - the equivalent of nearly two business days.

There is a consequence of the accumulation these hassles – a sharp increase in physicians reporting "burnout". A recent Physicians' Foundation survey noted that 78% of physicians reported experiencing some form of "burnout" from the enormous pressures they face in delivering care to their

patients. Little wonder, as the same survey found that 80% of physicians indicated they were "at capacity or overextended," limiting their ability to see new patients or take on new administrative duties. Sadly, studies shows that one doctor commits suicide in the U.S. every day -- the highest suicide rate of any profession - and that the number of physician suicides is more than twice that of the general population. This is a growing public health crisis.

It is imperative that policymakers understand that, in addition to essential care they provide, physicians are an under-recognized engine for the state of New York's economy. A recent AMA study concluded that physicians directly or indirectly produce nearly 700,000 jobs in New York, as well as $7.3 (billion?) in total tax returns. These drivers of our economy of course become jeopardized if we make it too difficult for physicians to remain in practice.

It is through the context of this lens that we view the proposed State budget. We urge you to listen to the concerns of New York's physicians – who are the ones predominately providing the care in our medical infrastructure – and to take action to assure that we create and preserve an economically sensible health care delivery system.

1) Continuation of an Adequately Funded Excess Medical Liability Program

We are grateful that Governor Cuomo has proposed to continue the Excess Medical Liability Insurance Program and to fund it at its historical level of $127.4M. Moreover, we are pleased that unlike past years there have been no proposed new conditions placed on the ability of physicians to receive this coverage. We urge that the Legislature include this funding for the Excess program in the final budget adopted for 2019-2020.

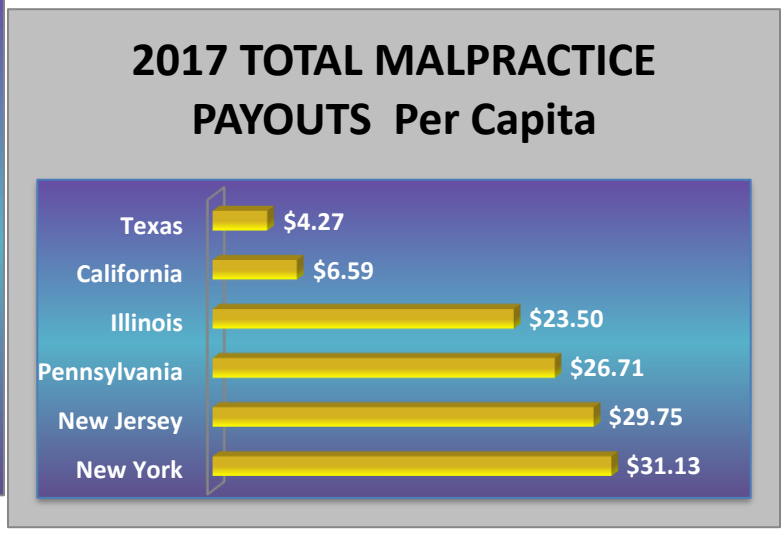
By way of background, the Excess Medical Liability Insurance Program provides an additional layer of $1M of coverage to physicians with hospital privileges who maintain primary coverage at the $1.3 million/$3.9 million level. Since its inception in 1985, the cost of the program has been met by utilizing public and quasi-public monies.

The Excess Medical Liability Insurance Program was created in 1985 as a result 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 of their professional lives could be lost as a result of one wildly aberrant jury verdict. This fear continues since absolutely nothing has been done to ameliorate it. The size of verdicts in New York State has increased exponentially and the severity of awards continues to grow steadily each year. This already long-standing problem was recently made even worse as a result of the enactment of changes to expand New York's Statute of Limitations for medical malpractice actions. Actuaries have predicted that these changes could ultimately require a significant increase in medical liability insurance costs on top of already outrageously high premiums.

The severity of the liability exposure levels of physicians makes it clear that the protection at this level continues to be essential. Indeed, as mentioned earlier, the ability of a physician to maintain even the primary medical liability coverage is increasingly compromised as a result of escalating costs and decreasing reimbursement.

It is important to note that the Excess program is not a solution to the underlying liability problem in New York State. That problem is caused by a dysfunctional medical liability adjudication system and the real solution is reform of that system.

Physicians in many other states have seen their premiums reduced in the last several years, while the liability premiums for New York physicians continue to rise. Physicians in New York face far greater liability insurance costs and exposure than their colleagues in other states. By way of example, a neurosurgeon practicing on Long Island pays an astounding $338,252 premium for just one year of insurance coverage and an OB/GYN practicing in the Bronx or Staten Island has a premium of $186,630. By comparison, an OB-GYN practicing in Los Angeles, CA pays less than $50,000, about 25% of New York's staggering premiums.



This is not surprising, given that a recent report by Diederich Healthcare showed that once again New York State had far and away the highest number of cumulative medical liability payouts. Claimants in New York were awarded nearly two times more than the state with the next highest amounts, Pennsylvania, and payments in New York far exceeded states such as California and Florida.

To be clear, this is not just a product of New York's population size. New York again had the dubious distinction of having the highest per capita medical liability payouts in the country, about 500% greater than the State of California, which has enacted meaningful liability reforms.

The problems of the medical liability adjudication system do not just impact physicians – they impact the cost of all health care. Several studies have shown that billions of dollars are unnecessarily spent each year due to the practice of defensive medicine, such as unnecessary MRIs, CT scans and specialty referrals. These defensive medicine costs are likely to go up further with the enactment of this new law, as many physicians will believe they have no choice but to recommend patients for additional diagnostic tests or refer to specialists, beyond what they believe is clinically indicated, to better assure the record is "complete" in case they are to be sued many years later. While estimates vary about the cost impact to the health care system, an MIT study reported in a July 2018 *New York Times* article found the possibility of a lawsuit increased the intensity of health care that patients received in the hospital by about 5%.

New York must follow the lead of the many, many other states that have passed legislation to bring down the gargantuan cost of medical liability insurance. We stand ready to discuss any number of proposals that will meaningfully reduce medical liability premium costs for our physicians. Until that discussion occurs, however, we must take all steps necessary to protect and continue the Excess program to ensure that physicians can remain in practice in New York State.

2) Support Language in Support of PBM Regulation

We support the proposal in the Governor's Budget to require Pharmacuetical Benefit Managers (PBMs) operating in New York State to be licensed by 2021 and to disclose any financial incentive for promoting a specific drug or other financial arrangements affecting health insurers. It also would give DFS the power to suspend or refuse to renew a PBM license if it determines that the PBM had violated insurance law or provided misleading information in its application or reports, or other reasons.

Physicians and other independent care providers are very concerned with the near-approval of the massive mergers in the healthcare marketplace, first with the proposed acquisitions of Aetna by CVS/Caremark, and of Express Scripts by Cigna. We appreciate the comments that several legislators made throughout 2018 in opposition to this merger in both legislative hearings and in communications to the US Department of Justice, including those by Assemblymembers Cahill and Gottfried, and Senator Skoufis. Physicians are very concerned that these combined entities will greatly empower their subsidiary PBMs to impose even more burdensome prior authorization hassles for physicians and their staff that already unduly interfere with patient care delivery. Already, New York physicians spend an inordinate amount of time on receiving prior authorizations. As noted previously, several studies have highlighted the significant increases in prior authorization burden in recent years.

Adding to our concerns is the fact that PBMs are not regulated by the state of New York despite the enormous involvement these entities have in the development of prescription drug plans including determining which drugs will be "preferred", and which drugs will be placed on higher cost-sharing tiers. These decisions are often based upon the financial deals made with drug manufacturers and wholesalers and do not always lead to cost savings. This was further highlighted by Caremark's tactics with the Ohio Medicaid Managed Care program, which caused the State to cancel all of its contracts with PBMs.

Again, we are concerned that the CVS acquisition of Aetna will result in a massive accumulation of power in the drug dispensing, drug coverage management, health insurance and medical care delivery areas. We urge you to stand up against this accumulation of power in our health care system that jeopardizes the ability of patients to continue to receive necessary care from their physicians. Certainly oversight and transparency are important first steps in helping to assure that PBMs make formulary decisions on behalf of health plans that will not inappropriately interfere with patient care delivery. Therefore, we urge you to support PBM licensure as you finalize the Budget for Fiscal Year 2019-2020.

3) Cuts to Medicaid Payments

There have been numerous instances over the last several years where the State has tried to balance the Budget by unfairly cutting Medicaid payments to physicians seeking to deliver quality care to their patients. In past years, physicians have had to absorb significant cuts for care provided to their senior and disabled patients covered by both Medicare and Medicaid, making it much harder for these physicians to deliver community-based care.

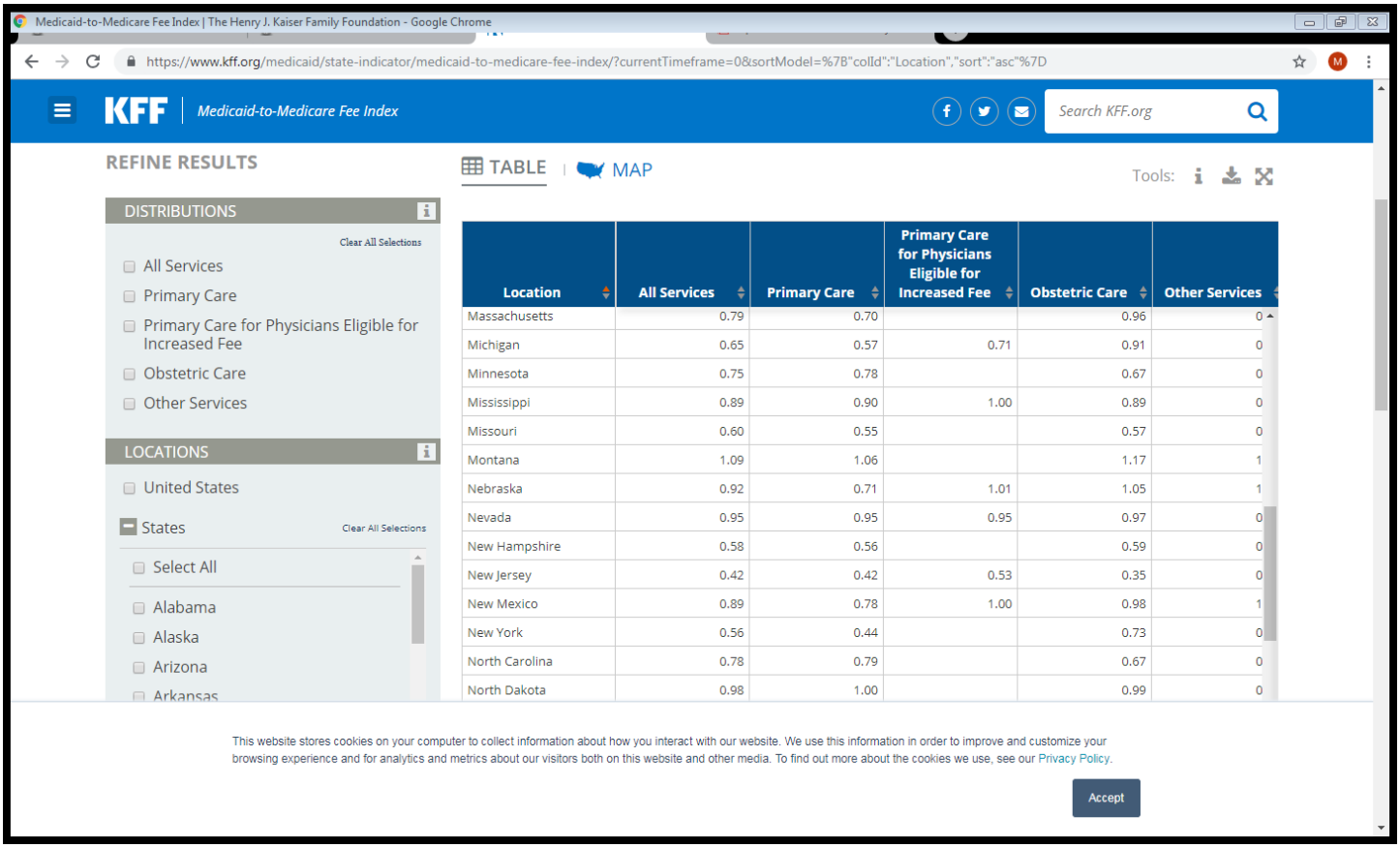
This year's Budget contains a very troubling cut to physicians who treat patients which are insured by both Medicare and Medicaid, otherwise known as the "dual eligible". For many years, New York State paid most or at least some of the cost-sharing payments for Medicare enrolled patients who are also eligible for Medicaid. However, these payments were completely eliminated in the 2015-16 State

Budget. These cuts have had a disproportionately negative impact on health care practices that treat the poorest and sickest of patients.

Reimbursement for care of the most vulnerable populations in New York is already among the lowest in the nation. According to the Kaiser Family Foundation, in 2016 New York ranked 46th in the nation for reimbursement across all services and 47th for primary care. This has been made worse by previous cuts to payments for care to dual eligible patients. Time and time again, New York is rated as one of the worst states in the nation to practice medicine due to a variety of concerns. Chief amongst them are liability issues and low reimbursement.

Specifically, the 2019-2020 Executive Budget contains a proposal to cut payments to cover these patients' Medicare Part B deductibles, which is currently $185 for 2019. The Budget proposal would require the state to pay pursuant to Medicaid rates rather than Medicare. For example, Medicare's 2019 fee for code 99213 – a patient office vest code submitted across various specialties - in upstate NY is $72.41; Medicaid's current allowance for the same code is $37.41.

Practically speaking, since NY doctors are reimbursed by Medicaid at just 56% of Medicare levels (see below Kaiser Family Foundation Chart), essentially physician payment will be cut by over $80 per dual eligible patient. Given that there are hundreds of thousands of patients in New York who are "dually eligible", for practices that see a large number of dual patients, this will have a profound impact. For example, if a physician's case mix includes 500 such dual eligible patients, which could certainly be the case for all types of specialty physicians including internists, ophthalmologists, cardiologists, that amounts to a decrease of over $40,000 per year – funds that could go toward upgrading electronic health records, hiring additional staff to allow for more time with patients, upgrading facilities or other medical equipment.



Inexplicably, in a time where increasing access and availability of care is the highest priority – especially for the sickest and poorest patients in order to reduce avoidable hospital expenses – New York has decided to further reduce coverage for care provide to dually eligible patients in more inexpensive care settings.

These huge cuts could force physicians to stop seeing these patients altogether, which in turn could force these patients to receive care in more expensive care settings, thereby completely undermining the supposed cost-savings goal of this cut. As these clinics and physician practices close, patients will have to go to hospitals to receive care that they could be receiving in the community setting.

For example, community cancer clinics potentially will lose tens of thousands of dollars as a result of these cuts, exacerbating other economic trends that are forcing many of these practices to close or be acquired by hospitals. As these clinics and physician practices close, patients will have to go to hospitals to receive care that they could be receiving in the community setting.

Please preserve necessary access to care for patients in your community. I urge you to work to reject these harmful cuts as the Legislature works to finalize the 2019-2020 State Budget.

4) Commission on Achieving Universal Health Coverage in New York

The Executive Budget creates a "Universal Access Commission" that will advise the Commissioner of Health and Superintendent of Financial Services on options for achieving universal access to health care in New York State. The Commission members will be appointed by the Commissioner of Health and Superintendent of Financial Services and must "consult" with the legislature and stakeholder groups to discuss achieving universal access to care. A report to the Governor on their findings by December 1, 2019 is required.

MSSNY has long been supportive of efforts to achieve universal health care insurance coverage for our patients through a variety of coverage options. New York has been a model for the nation in creating programs to provide coverage to the previously uninsured as well as establishing programs, such as the Essential Plan, that facilitate comprehensive insurance coverage for those who make too much to qualify for Medicaid. We are supportive of expanding existing programs that would seek to reduce the enormous cost sharing responsibilities some patients now find with some coverage options. While New York physician perspectives vary on the creation of a single payor system, MSSNY has long held policy that opposes such an approach. Certainly the proposed dual eligible payment cut is an example of the concern of many that Budget constraints could force provider cuts and impose other care restrictions. We would urge that, if such a Commission were to be created, it must include meaningful physician representation.

5) Oppose Changes to Workers Compensation Laws

We have strong concerns with a proposal in the General Government Executive Budget bill that would enable several new categories of non-physicians to treat and be directly reimbursed for care to often seriously injured workers, without clarity as to how many of these non-physicians will coordinate with other practitioners when these patients are in need of specialized care. More specifically, we are concerned that delaying the involvement of a specialized physician because the injured worker patient was initially treated by a nurse practitioner could prove to be harmful to the patient's long term recovery prospects, particularly if suggested treatment options have been overruled by the insurance company before the specialized physician becomes involved in the care. We note that this legislation

would permit a nurse practitioner to make a determination as to the degree of disability as well as a causal analysis between the injury and work. The failure to involve a specialized physician could also adversely affect upon the ability of these injured workers to obtain federal disability benefits.

Moreover, we remain concerned with aspects of this proposal could have the effect of minimizing the role of county medical societies in recommending physicians to serve as treating providers or independent medical examiners under Workers Compensation, an important community function currently performed by county medical societies. We note that the current version is improved from earlier visions that sought to eliminate their involvement, but we still have concerns that the language could reduce their role. Importantly, county medical societies help to ensure the inclusion of all necessary information before a physician's application is presented to the Board so the Board can perform its own review of the physician's qualifications. County medical societies report many instances where incomplete applications are presented. The county medical society staff and physician reviewers work with the physician to assure that their residency, licensure and credentialing information is attached. Should the state minimize the role of county medical societies, the Board will need to assign staff to timely review and contend with processing "bottlenecks" caused by these often incomplete applications. Additionally, the county medical society staff is often in the best position to know when the physician applicant has provided inaccurate information in their application such as when their hospital privilege status may be under review but the disposition is not yet final. The county medical societies' processes help to assure timely, efficient and complete approval and submission of physician applications to the workers compensation board.

If we really want to address provider access in Workers Compensation, it is imperative that steps be taken to reduce the hassles associated with providing care to injured workers, including ensuring the fair payment of claims. Last year was the first time the physician fee schedule was increased in over 20 years – and it was a 5% increase at that, far insufficient to address the years of neglect. Moreover, some of the benefit of this fee schedule change is negated by the fact that there are many situations where carriers inappropriately pay claims well below the stated fee schedule. It has been documented that workers compensation claims require far more administrative time to manage and process than claims through commercial health insurance coverage. We appreciate that, on a parallel track, the Workers Compensation Board is seeking to address many of the barriers that deter physicians from participating in Workers Compensation. These efforts include simplifying claim submission as well as providing some long overdue increase to the medical fee schedule. However, at the same time, it is imperative that we also address the recurring circumstance where carriers are paying significantly less than the Workers Compensation fee schedule based upon inappropriately asserting a contractual discount where no contract has been signed between that physician and that carrier. Our concern is that any payment update will be swallowed by their abusive carrier tactics. It is important to know how exactly these concerns will be addressed before taking action on legislation that will further minimize the role of physicians and medical societies in Workers Compensation.

6) Oppose Increasing Prior Authorization Burdens Through rollback of "prescriber prevails" protections

We again raise strong concerns with a proposal contained within the Executive Budget that would eliminate the "prescriber prevails" protection given to prescribers to better ensure that their patients covered by Medicaid can obtain the prescription medications without adding on to the extraordinary "hassle factor" most physicians already face in their interactions with insurance companies and government payors. Physicians are already drowning in paperwork and other administrative burdens in seeking to ensure their patients can get the care they need. As noted above, another study from the *Annals of Internal Medicine* reported that, for every hour a physician spends delivering care, two

is spent on paperwork. Moreover, a recent AMA study found that 84% of responding physicians said the burdens associated with prior authorization were high or extremely high, and 86% believe burdens associated with prior authorization have increased during the past five years. The survey findings also showed that every week a medical practice completes an average of 29.1 prior authorization requirements per physician, which takes an average of 14.6 hours to process - the equivalent of nearly two business days.

Please do not add to this burden by forcing physicians to go through yet another time-consuming hassle. At the same time, we have heard from numerous physicians who have described the hassles Medicaid managed care plans impose on physicians' attempts to ensure their patient receive needed medications, even within the drug classes where the Legislature has required "prescriber prevails" protections. Therefore, we urge you to take all possible steps to ensure Medicaid managed care plans follow the law and to address these unnecessary hassles.

7) Support Raising the Tobacco/E-cigarette purchase Age to 21

The Medical Society of the State of New York supports the Governor's proposal to raise the purchase age of tobacco and e-cigarettes from 18 to 21, as well as the proposal to prohibit the sale in pharmacies and to prevent the sale of e-cigarette flavorings.

The best way to reduce the number of people who are addicted to tobacco is to prevent them from starting to smoke. Addiction to tobacco products occurs relatively quickly once someone begins to smoke. Once someone becomes addicted to tobacco it is very difficult to quit. With 90% of all smokers beginning before age 20, data suggests that the earlier a person begins to smoke, the more severe the addiction is likely to be. Each day, 6,000 children under 18 years of age smoke their first cigarette. Children most often try their first cigarette with a friend or peer who already smokes.

In December 18, 2018, the US Surgeon General officially declared e-cigarette use among youth an "epidemic." Even as national data shows a decrease in smoking rates overall, the rate of vaping in teens has skyrocketed. According to a recent Medscape article, from a sample of 40,000 12th grade teens nationwide, 21% reported vaping nicotine during the past 30 days. That is double the rate reporting use in 2017. Similar increases were seen in kids as young as sixth grade.

Of the 50,000 plus youth who become regular smokers, half of them will eventually die from smoking-related diseases, including cancer, heart disease, emphysema, asthma and hypertension, among others. Health care costs and lost productivity for the under aged smokers of today will cost the state over $11 billion. Moreover, the earlier people begin to smoke, the higher their risk for developing lung cancer and other major health problems. Preventing tobacco use among young people is a critical step in reducing growing health care costs and ensuring the health of future generations.

MSSNY has longstanding policy to increase the purchase age for tobacco products to 21, as a means of preventing all youth from starting to smoke. *MSSNY Policy 300.951--Proposals Against the Promotion of Tobacco to Children in New York State* calls upon the Medical Society of the State of New York to support legislation to: a) limit the promotion of tobacco and cigar products, smokeless tobacco products, electronic cigarettes or other unregulated nicotine delivery devices in the state; (b) prohibit the sale of tobacco and cigar products, smokeless tobacco products, electronic cigarettes or other unregulated nicotine delivery devices to anyone under 21 years of age; (c) increase the penalties for the sale of any of these products to persons under 21 years of age.

A March 2015 report by the Institute of Medicine concluded that raising the purchase price to 21 will have a substantial positive impact on public health and will significantly reduce the number of adolescents and young adults who start smoking, reduce smoking-caused deaths, and immediately improve the health of adolescents, young adults and young mothers who should be deterred from smoking.

We urge that this provision remain in the State Budget.

8) Oppose Legalization of Recreational Marijuana

Like many other organizations, MSSNY is urging the State Legislature and the Governor to take a "go slow" approach regarding proposals that would legalize the recreational use of marijuana in New York State. In addition to MSSNY, we know strong concerns have been raised by the Association of County Health Commissioners, the New York State PTA, and Smart Approaches to Marijuana (SAM), plus various law enforcement associations.

To be clear, MSSNY has been supportive of efforts to remove the threat of criminal sanction for marijuana use. We recognize the concerns regarding the disproportionate impact of these laws on disadvantaged communities across New York State, and agree that these concerns must be addressed. We also recognize that marijuana has medicinal benefit in some cases, for certain serious conditions that have been qualified under New York State law.

However, we are gravely concerned with the mixed message to youth that using recreational marijuana is acceptable, even with proposals that limit purchase to those 21 and over, and even with strong advertising restrictions. One need only look to the teenage "vaping" epidemic that has taken hold in New York State and across the country because of perceptions among many teenagers that a particular substance may not be harmful.

Therefore, we urge Gov. Andrew Cuomo and the New York State Legislature to approach the issue of marijuana legalization with serious forethought, and to heed the recommendations from leading medical organizations. We ask that you perform a thorough analysis of scrutinized data from other states that have legalized recreational marijuana use. Specifically, we recommend that proposals to legalize recreational marijuana use be removed from the State Budget, and instead include measures to decriminalize marijuana possession combined with funding to facilitate comprehensive research on the benefits and harms of recreational marijuana use before widespread use is permitted.

For example, we note that, in 2017, the American Medical Association (AMA) approved a policy position based upon recommendations from its Council on Science and Public Health that concluded that cannabis is a dangerous drug and a serious public health concern, and that the sale of cannabis for recreational use should not be legalized.

Its position was based upon the analysis of multiple studies that found that, even as cannabis had some therapeutic benefits, there was substantial evidence of a statistical linkage between cannabis smoking and health issues. The AMA-issued paper looked at data from jurisdictions that legalized cannabis that demonstrated adverse impacts, such as unintentional pediatric exposures resulting in increased calls to poison control centers and emergency department visits. That data also showed that there was an increase in traffic deaths due to cannabis-related impaired driving.

It is noteworthy that another leading medical organization, the American Society of Addiction Medicine (ASAM), supports the "decriminalization" of marijuana by reducing penalties for marijuana possession to civil offenses, yet they do not support the legalization of marijuana. ASAM recommends that states that have not acted to legalize marijuana should not proceed until more definitive data from the states that have legalized marijuana can be studied.

We understand that there have been conflicting reports about the impact of legalization. However, we take very seriously reports such as those from Colorado that reported increases in drugged driving arrests and fatalities arising from drivers who tested positive for marijuana.

Of particular concern is the impact on teenagers and young adults, as the adolescent or teen brain continues to mature and develop until around age 25, especially in areas of the brain that develop last, including those involved in planning, decision-making and learning. According to the National Institute on Drug Abuse, "Studies have shown that when marijuana is consumed, THC and other compounds enter the bloodstream, reach the brain and attach to naturally occurring receptors called cannabinoid receptors. This causes problems in learning and memory, coordination, reaction time and judgment. It also can cause hallucinations, paranoia and a range of emotional problems. Marijuana use may cause academic difficulties, poor sports performance, impaired driving and troubled relationships." *(National Institute on Drug Abuse; Marijuana Report Series).*

Moreover, the SAMHSA report, "National Survey on Drug Use and Health: Comparison of 2015-2016 and 2016-2017 Population Percentages" showed that marijuana use by youth has increased in those states that have legalized marijuana.

We appreciate that the Governor's Budget proposal seeks to place some meaningful restrictions around the sale of marijuana to prevent diversion to youth. However, we remain concerned, as noted above, that legalization will still result in marijuana being abused by kids and threaten public safety through an increase in drugged driving. For these reasons, we urge that the Legislature not rush to enact legislation to legalize the recreational use of marijuana. Instead of being included in the State Budget, there should be careful analysis of its potential impacts – both positive and negative – with a particular emphasis on availability to children and impact on driver safety.

9) Support Creation of a Maternal Mortality Review Board

The Executive Budget contains a provision supported by MSSNY to establish a Maternal Mortality Review Board to assess the causes maternal mortality and to develop strategies for reducing the risk of expectant mothers.

As has been widely reported, New York currently ranks 30th out of 50 states in its maternal death rate compounded by significant racial and ethnic disparities for women. Black women are nearly four times more likely to die during pregnancy and childbirth compared to white women. Severe maternal morbidity, serious life-threatening complications of delivery, is more pervasive in women of color. According to the New York State Department of Health, in 2012-13, 67% of maternal deaths were among women who were insured through the Medicaid program. In addition, NYS DOH indicates that life-threatening complications of delivery are also highest among women living in high poverty neighborhoods and women with an underlying chronic conditions such as high blood pressure, diabetes, or heart disease have a threefold likelihood of having severe maternal morbidity as women with no chronic conditions.

The creation of a maternal mortality review board will assist the state in the development and creation of new strategies for the prevention of maternal mortality and morbidity. The review board, under this legislation, would allow multidisciplinary experts to conduct a review process to access the causes of maternal death, factors leading to death, preventability and opportunities for intervention. It also would require the board to report aggregate findings and recommendations in order to share best practices on the prevention of maternal deaths.

The legislation embraces national best practices on maternal health and ensures accountability and sustainability of a maternal review board. It also ensures that the board is diverse, multi-disciplinary and includes experts who serve and are representative of the diversity of women in medically underserved areas of the state. Importantly, the Governor's Budget provision contains needed confidentiality protections regarding the board's proceedings and requires the board to report on its aggregate findings and recommendations, which are absolutely essential to ensure the frank discussions that need to, take place in order to set forth steps to prevent these deaths in the future.

We would further note that, in December, Congress passed and the President signed into law the "Preventing Maternal Deaths Act", which would provide states with funding to create such MMRBs. We urge the Legislature to include this measure, including with its strong confidentiality protections, in the final adopted Budget.

Conclusion

Thank you for allowing us, on behalf of the State Medical Society, to identify our concerns and suggestions for your consideration as you deliberate on the proposed budget for state fiscal year 2019-2020.