

MEDICAL SOCIETY
of the
STATE OF NEW YORK

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Senior Vice President /
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Division of Governmental Affairs
MEMORANDUM IN OPPOSITION

IN SENATE FINANCE COMMITTEE

S.2503 (BUDGET)

**IN ASSEMBLY WAYS & MEANS
COMMITTEE**

A.3003 (BUDGET)

**MSSNY STATEMENT OF OPPOSITION TO THE 20% CUT TO THE
COMMITTEE FOR PHYSICIANS' HEALTH PROGRAM**

We are extremely concerned with the consequences of the proposed cut in the Executive Budget of 20% or nearly \$200,000 to MSSNY's Committee for Physicians Health (CPH) Program. **We urge that this funding be restored.**

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 Office of Professional Medical Conduct (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 by statute for this purpose. The program has been historically funded for \$990,000 but that the Executive Budget proposes to reduce that funding by nearly \$200,000.

The program, which has been periodically reviewed and extended by the State Legislature, has been a great success. Since the inception of this program in the 1980s, 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. The program provides a very important public service by helping to ensure that physicians in need of treatment can receive and, when healthy, can return to being available for patient care. 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 such as CPH show that physician recovery rates are markedly higher than the general population—even when extended into five years or more. If these cuts were to go through, it would substantially limit the work CPH can provide for physicians – and indirectly the public at large – at a time when the program is needed more than ever.

For all of the reasons stated above, we urge that the full allocation for this essential program be restored.

1/25/21
MMA - oppose

Respectfully Submitted,

MSSNY DIVISION OF GOVERNMENTAL AFFAIRS