

**MEDICAL SOCIETY OF THE STATE OF NEW YORK
NEW YORK AMERICAN COLLEGE OF EMERGENCY PHYSICIANS
NEW YORK CHAPTER AMERICAN COLLEGE OF PHYSICIANS SERVICES
NEW YORK CHAPTER AMERICAN COLLEGE OF SURGEONS
NEW YORK STATE ACADEMY OF FAMILY PHYSICIANS
NEW YORK STATE NEUROLOGICAL SOCIETY
NEW YORK STATE NEUROSURGICAL SOCIETY
NEW YORK STATE OPHTHALMOLOGICAL SOCIETY
NEW YORK OSTEOPATHIC MEDICAL SOCIETY
NEW YORK STATE PSYCHIATRIC ASSOCIATION
NEW YORK STATE RADIOLOGICAL SOCIETY
NEW YORK STATE SOCIETY OF ANESTHESIOLOGISTS
NEW YORK STATE SOCIETY OF DERMATOLOGY & DERMATOLOGICAL SURGERY
NEW YORK STATE SOCIETY OF ORTHOPEDIC SURGEONS
NEW YORK STATE SOCIETY OF OTOLARYNGOLOGY – HEAD & NECK SURGERY
NEW YORK STATE SOCIETY OF PLASTIC SURGEONS**

Our respective associations, which together represent tens of thousands of physicians across the state of New York providing care to hundreds of thousands of patients each year, respectfully request the removal of several proposals in Part Q of the Executive Budget Health & Mental Hygiene Budget bill (A.8807/S.8307) that would expand the authority of numerous health care professionals to deliver care without the oversight and collaboration of a physician.

PAs, NPs, pharmacists, and dentists all provide essential services within our health care delivery system. However, we are very concerned with the adverse patient impact of 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. All of these oversight functions are essential safeguards in assuring that lesser trained professionals do not overlook important elements of a patient's unique circumstances.

To address gaps in access to care, we believe that policymakers should begin by focusing on affirmative steps that can be taken to address the shortage of specialized physicians in various regions of the state. As a result of our challenging practice environment, New York continues to maintain the dubious distinction as one of the [worst states in the country to be a doctor](#). This is the result of New York's exorbitant liability costs, low Medicaid and other payor reimbursement, pervasive insurer hassles, and high overhead costs. This fundamentally impacts our ability to attract new physicians to New York and retain the thousands we train each year. Policymakers 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. Making matters even worse are the myriad of adverse policies within the Executive Budget that will make it harder to keep and attract trained physicians in New York.

Expanding scopes of practice will not be the panacea some assert. Multiple studies show that when non-physicians are permitted to practice independently, this difference in training presents patient safety risks and increases health care costs. Examination of 10 years of cost data on 33,000 patients by the South Mississippi system's accountable care organization (ACO) ([Amid doctor shortage, NPs and PAs seemed like a fix. Data's in: Nope.](#)

(ama-assn.org) found that care provided to patients exclusively by non-physicians (PAs and NPs) was much more expensive than the care delivered by physicians. This is because these non-physician providers ordered more tests and referred more patients to specialists and hospital emergency departments than physicians did. The care provided by non-physicians was also determined to have lower quality rankings. Moreover, another study ([3-year study of NPs in the ED: Worse outcomes, higher costs \(ama-assn.org\)](#)) reported that NPs delivering emergency care without physician supervision or collaboration in the Veterans Health Administration (VHA) increase lengths of stay by 11% and raise 30-day preventable hospitalizations by 20% compared with emergency physicians.

It is impossible to overstate the importance of a physician's comprehensive education and training in ensuring quality patient care. Most physicians complete 4 years of medical school plus 3-7 years of residency and fellowships, including 10,000-16,000 hours of clinical training before they are permitted to treat patients independently. Various milestones must be met as part of this training to help these young physicians learn to differentiate among the many possible diagnoses for any possible patient condition. This training is unlike any other healthcare provider, including PAs and NPs. This extensive training makes physicians best suited to deliver, oversee and coordinate needed primary and specialized patient care. This role cannot be replaced by a non-physician without adverse consequences to patients and unnecessarily higher costs.

Moreover, surveys on [patient sentiment](#) report that 95% of patients believe it is important that a physician be involved with their diagnosis and treatment decisions, and that 91% say that a physician's education and training are vital for optimal care.

Our patients deserve care delivered by or coordinated with a highly trained physician. We believe enhancing the practice environment for physicians is a much more viable and practical strategy to promote patient safety and access to care and to control costs. We recommend consideration of policies to reduce physician costs by waiving various tax obligations for physicians who have achieved excellence in performance or who perform valuable public health services. Standards for determining eligibility for tax relief could be negotiated by the Department of Health with organizations representing physicians. There are other initiatives to make medical practice more affordable and more attractive which should also be considered.

We welcome a thoughtful discussion of individual measures that would help to address gaps in patient care across the State. However, the proposals advanced in the Budget will not address the gaps faced in access to care unless we make New York's practice environment more welcoming for physicians and other care providers. Moreover, the sheer volume of these scope of practice expansion proposals advanced in Part Q is untenable, and most importantly, will reduce patient safety by removing the essential coordination and oversight provided by physicians to ensure the delivery of quality patient care. Therefore, we strongly urge you to oppose these provisions.