

**AMERICAN COLLEGE OF OBSTETRICIANS & GYNECOLOGISTS, DISTRICT II  
MEDICAL SOCIETY OF THE STATE OF NEW YORK  
NEW YORK CHAPTER AMERICAN COLLEGE OF CARDIOLOGY  
NEW YORK STATE AMERICAN ACADEMY OF PEDIATRICS CHAPTERS 1, 2, & 3  
NEW YORK AMERICAN COLLEGE OF EMERGENCY PHYSICIANS  
NEW YORK CHAPTER AMERICAN COLLEGE OF PHYSICIANS SERVICES  
NEW YORK STATE ACADEMY OF FAMILY PHYSICIANS  
NEW YORK STATE NEUROLOGICAL SOCIETY  
NEW YORK STATE NEUROSURGICAL SOCIETY  
NEW YORK STATE PSYCHIATRIC ASSOCIATION  
NEW YORK STATE RADIOLOGICAL SOCIETY  
NEW YORK STATE SOCIETY OF ANESTHESIOLOGISTS  
NEW YORK STATE SOCIETY OF DERMATOLOGY & DERMATOLOGIC SURGERY  
NEW YORK STATE SOCIETY OF EYE PHYSICIANS & SURGEONS  
NEW YORK STATE SOCIETY OF ORTHOPEDIC SURGEONS  
NEW YORK STATE SOCIETY OF PLASTIC SURGEONS  
NORTH EAST REGIONAL URGENT CARE ASSOCIATION**

***OPPOSITION TO UNFAIR 50% COST IMPOSITION TO NEW YORK'S DEDICATED PHYSICIANS FOR EXCESS MEDICAL MALPRACTICE INSURANCE COVERAGE (PART D OF HMH ART. 7 BILL – A.10007/S.9007)***

Our respective associations' which together represent tens of thousands of physicians across the State delivering care to hundreds of thousands of patients each year are strongly opposed to a proposal within Part D of the Health/Mental Hygiene Article 7 bill (A.10007/S.9007) that would require the nearly 16,000 physicians currently enrolled in the Excess Medical Malpractice Insurance program to bear 50% of the cost of these policies. This proposal has been advanced in multiple previous Executive Budgets but thankfully has been rejected by the State Legislature because of its adverse impact not only on physicians, but for the patients who are the ultimate beneficiaries of this program. We urge the Legislature to again reject this proposal and protect needed patient access to primary and specialty-based physician care.

This incredibly short-sighted proposal would thrust nearly \$40 million of new costs on the backs of our dedicated community-based physicians who are already struggling to keep their practices afloat for patient care, a problem that will only get worse as the provisions of HR 1 enacted by Congress last year will significantly increase the number of uninsured patients. These physicians already face staggeringly high liability premiums that have gone up by 15% in the last 4 years and face continuing cuts in reimbursement from Medicare and other payors who perpetually ratchet down reimbursement and unfairly delay and deny payments for needed patient care. This UNCONSCIONABLE cost imposition proposed in the Executive Budget will most acutely impact those specialty physicians where we are already seeing physician shortages that are adversely patient access to needed care, including reproductive healthcare services, emergency care, and surgical services.

Many of these physicians will have no choice but to move to other states with more favorable practice environments. Indeed, many have done so, with a particular adverse impact on rural areas. Many others may forego the coverage to avoid the thousands to tens of thousands of dollars of new costs, *per physician*, this Budget proposal would impose.

**ESTIMATED NEW COSTS TO BE IMPOSED ON PHYSICIANS FOR EXCESS COVERAGE BASED UPON GOVERNOR'S 50% COST BUDGET PROPOSAL**

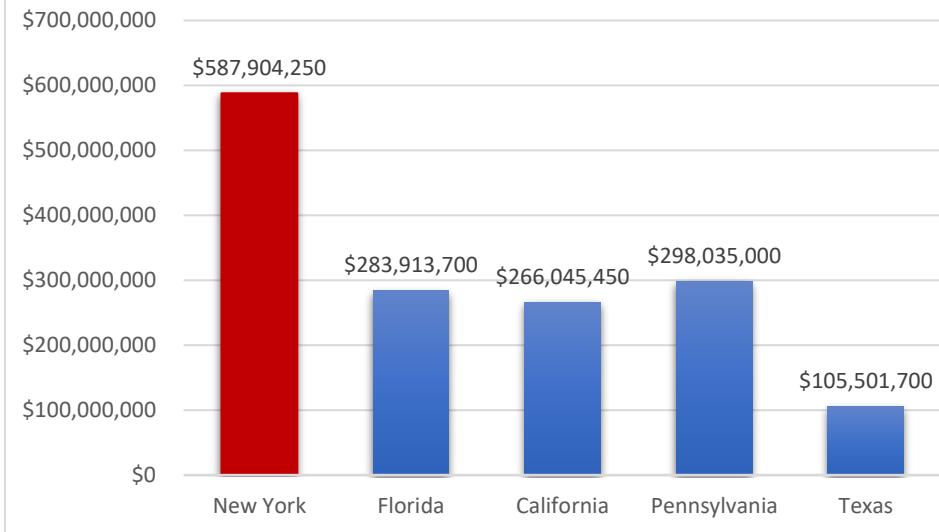
Specialty	Long Island	Bronx, Staten Island	Brooklyn, Queens	Westchester, Orange, Manhattan	Buffalo, Syracuse, Albany	Mid-Hudson Valley
<b>ER</b>	\$5,707	\$6,625	\$6,191	\$4,186	\$1,736	\$3,364
<b>Cardiac Surgery</b>	\$4,036	\$4,684	\$4,377	\$2,960	\$1,228	\$2,378
<b>General Surgery</b>	\$4,300	\$4,601	\$4,300	\$2,907	\$1,206	\$2,336
<b>OB-GYN</b>	\$17,032	\$19,769	\$18,474	\$15,181	\$5,182	\$10,038
<b>Neurosurgery</b>	\$28,729	\$33,347	\$31,162	\$21,069	\$8,736	\$16,931

**These costs would be on top of the tens of thousands, in some cases, hundreds of thousands of dollars that physicians already pay per year for their liability insurance coverage.**

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 on for all their professional lives could be lost because 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. While countless other states have passed comprehensive medical liability measures to bring these costs, New York has not. As a result, our state's medical liability payouts are double those of Pennsylvania, the next highest state, and exceed the combined totals of California and Florida. For these reasons, New York is regularly ranked among the [worst states in the country for physicians to practice medicine](#).

## Medical Malpractice Payouts by State 2023



Absent comprehensive liability reform to bring down New York's grossly disproportionate medical liability costs, maintaining an adequately funded Excess Medical Malpractice Insurance Program is essential to maintaining some availability of skilled

physician care throughout the various regions of New York to ensure patients can receive the care they need and in a timely manner.

We again thank you for your past efforts to oppose this incredibly short-sighted proposal, but we need your help again. If this was a bad idea in previous Budget cycles, it is even more problematic now due to the increased pressures our healthcare system is facing because of the provisions of HR 1. Please reject proposal as you work towards enacting an agreed upon Fiscal Year 2026-27 State Budget, and work for the enactment of measures that will help to reduce these overwhelming costs that are interfering with patient access to needed care.