



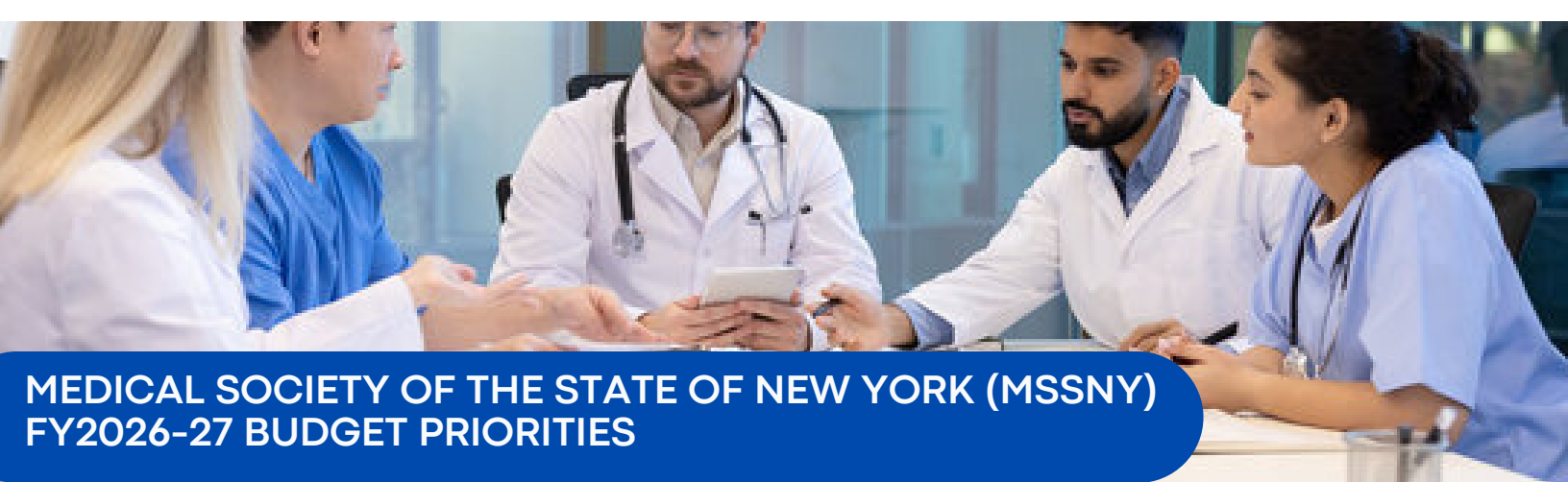
MEDICAL SOCIETY OF THE STATE OF NEW YORK (MSSNY) FY2026-27 BUDGET PRIORITIES

MSSNY Supports Range of Health Care Initiatives in Governor Hochul’s Proposed Budget; *Voices Concern Over Host of Other Potential Changes*

Governor Hochul’s proposed Budget for FY2026-27 lays out a roadmap for New York State’s spending of approximately \$260 billion in the next year and introduces a number of comprehensive initiatives to help support New York’s health care system. The Budget also makes significant investments to guarantee more patients have comprehensive health insurance coverage to access the quality medical care they need and deserve. The following highlights MSSNY’s position on a range of these funding proposals.

MSSNY SUPPORTS

- Prior Authorization Reform including:
 - Require health plan formularies be publicly available and easily accessible.
 - Require health plans to provide longer authorization of treatment for duration for chronic condition treatment.
 - Require additional “continuity of care” coverage protections after physician leaves health plan.
 - Require health plan publicly disclose prior authorization denials.
- Extend Telehealth health insurance payment parity for two more years to 2028.
- Allow Medical Assistants to administer immunizations.
 - Synchronizing immunization coverage standards with those recommended by the American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP), American College of Physicians (ACP) or the American College of Obstetricians & Gynecologists (ACOG).
- Reduction of interest rates on court judgments.
- Historical funding level of \$990,000 for the Committee for Physician Health (CPH).
- Continued funding level of \$15.86M for the Doctors Across New York (DANY) medical student loan relief program.
- Increased investment in the Early Intervention program.



MEDICAL SOCIETY OF THE STATE OF NEW YORK (MSSNY) FY2026-27 BUDGET PRIORITIES

MSSNY OPPOSES

- Require a 50% cost share for physicians for the Excess Medical Malpractice Insurance program- a cumulative \$40 million cost-imposition on the 16,000 physicians receiving this coverage under this Essential program, at a time when many community physician practices will see a substantial increase in uninsured patients.
 - Upend New York’s innovative IDR payment dispute resolution process for non-participating provider claims by altering the criteria to make it one-sided towards health insurer interests and ending ability to appeal out of network Medicaid Managed Care disputes to IDR. This would exacerbate the already challenging issues facing availability of on-call specialty care in hospital EDs throughout New York State, particularly in underserved areas.
 - Allowing Physician Assistants (PAs) to practice without any defined physician supervision after 8,000 practice hours, despite a recently law that already significantly expanded the services that can be provided by PAs across the State.
 - Eliminating the important community vetting role of county medical societies in recommending physicians to participate in the Workers’ Compensation program.
 - Moving oversight of physician private practice incorporation from the State Education Department (SED) to the state Department of Health (DOH).
 - Give auto No-Fault insurers a far longer time period to issue denials of medical claims.
-