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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 2024-2025

I am Dr. Jerome Cohen, Senior Attending Gastroenterologist for the Bassett Healthcare Network in Cooperstown, NY. I am also President-elect of the Medical Society of the State of New York, which advocates for more than 20,000 physicians practicing in regions across New York. We thank you for the opportunity to present testimony today.

The Medical Society strongly supports several positive items in the Budget that would help to expand patient access to care, including: Medicaid payment increases, continuation of the Veterans Mental Health Training Initiative; continued telehealth payment parity; expanded funding to make the New York State of Health Marketplace even more affordable for New Yorkers; and permitting immunization by medical assistants.

Having said that, we are also extremely concerned with several other proposals that would be counterproductive to maintaining patient access to community-based physician care, including: eliminating the Committee for Physician's Health; imposing on physicians the costs of the Excess Medical Liability Program; and a series of proposals to undermine physician-led care teams that assure quality and reduce costs. Frankly, it is ironic that the messaging surrounding the State Budget has been about enhancing access to needed care, including needed behavioral health care, when policies are being advanced in the Executive Budget that will actually make it harder for *physicians* to remain in practice to deliver patient care.

Overview

The Medical Society of the State of New York represents tens of thousands of physicians, residents and medical students across New York State, delivering care to patients in solo practice, in small and large group settings, or as employed by large health systems. Our diverse membership is committed to ensuring that all New Yorkers have access to quality and affordable physician-led healthcare.

Our efforts to ensure patients receive needed care is challenged by an ever-increasing encroachment of non-physicians into care delivery, including by health insurers, corporate pharmacy giants, private equity, and even in some cases by market-dominant health systems. Their well-intended but often misguided efforts to improve care and reduce costs frequently come at the expense of limiting treatment options for patients,

including by limiting the ability of physicians to advocate for their patients, or by seeking to replace them altogether with various non-physician providers.

Even prior to the pandemic, excessive and unnecessary administrative hassles imposed by corporate interlopers were causing many physicians to suffer from "burnout" (which also can be referred to as demoralization and moral injury). But the Covid-19 pandemic accelerated this trend, as noted by a 2023 physician survey by the Physicians Foundation that found that, for the 3rd year in a row, 6 in 10 physicians often had feelings of burnout**,** compared to 4 in 10 in 2018. More than half of physicians know of a physician who has considered, attempted, or died by suicide.

The same study reported that 80% of physicians found reduction of administrative burdens to be helpful to eliminating barriers that impact physicians' well-being and ability to deliver high-quality and cost-efficient care. Despite this, nearly 70% of physicians indicated that their workplace culture does not prioritize physician well-being.

As the pandemic recedes, we continue to face numerous public health threats. At the same time the demands on our healthcare system grow due to an aging population and an increasing number of patients with co-morbid conditions. We must take steps to ensure that we have a physician workforce ready to meet the healthcare demands of our diverse population, including those in underserved areas of the State. This includes reducing the excessive administrative, non-patient care delivery demands that were already driving physician burnout prior to the onset of the pandemic, as well as rejecting overbroad proposals that impose even more excessive administrative requirements that interfere with patient care delivery.

To enhance patient care, we must change New York's notoriously poor practice environment. New York is regularly ranked near the bottom in the list of the best states in which to practice medicine because of a lack of competitive compensation, excessive regulatory requirements, and exorbitant liability costs. New York has already lost countless physicians to other states with practice environments more welcoming to physicians.

Making matters worse are the significant cumulative real dollar cuts to Medicare payment (not simply reductions in cost-of living increases) over the last few years, including 3.4% that went into effect on January 1. We cannot ensure meaningful access to care for patients unless we work to ensure that we have an available supply of specialty-trained physicians to meet patient needs.

1) **Restore Funding for the Committee for Physicians' Health (CPH)**

As we highlight the growing incidence of burnout among physicians, we are stunned by the proposal in Part L of the Executive Health & Mental hygiene Budget to completely repeal MSSNY's Committee for Physicians Health (CPH) Program. Eliminating this program would be devastating blow because of the important work they are doing to assist physicians in confronting addiction, burnout and mental illness, and most importantly, helping them return safely to delivering patient care when they are healthy. To be frank, we were totally blindsided by this proposal given the regular communication that the CPH maintains with the NYS Department of Health, and the positive comments provided by the DOH in reports to the NYS Legislature.

The program has been extended by the Legislature in 5-year increments, including an extension of the program until 2028 approved by the State Legislature in the final 2023-

24 State Budget. In fact, the FY 2024 Executive Budget proposed a 10-year extension of the program, to continue until 2033!!

CPH is established by state statute (Public Health Law Section 230(11)(g)), and contracts with New York's Office of Professional Medical Conduct to provide the services required by law. It is important to note that the program is NOT funded from General Appropriations but by a $30 surcharge paid by physicians themselves in their license and biennial registration fee, which is specifically dedicated under Education Law Section 6527 (9) for this purpose.

Since the inception of this program over 40 years ago, CPH has assisted over 7,300 physicians, routinely monitors the recovery of 400 physicians, and annually reaches out to 125 physicians thought to be suffering from alcoholism, drug abuse or mental illness. We believe that the work of the CPH program is valuable to all physicians and indeed to the state generally.

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 show that physician recovery rates are markedly higher than the general population—even when extended into five years or more.

We further note that repealing this program would not only harm patient access, but actually impose additional costs to the State, due to the additional costs on hospitals to find replacement treatment programs for the services currently provided by the CPH, and/or on recruitment costs for finding physicians to replace those physicians who will no longer be assisted if this program were to be terminated. These new costs to be borne by hospitals would need to come from one of the various pools contained in the State Budget to subsidize hospital costs.

In short, its repeal makes no sense.

We urge you to restore the legal authorization for this program in the HMH Article 7 bill and restore the $990,000 appropriation it has historically received through the Aid to Localities Budget Bill (identified as "medical society contract pursuant to Chapter 582 of the Laws of 1984") to continue this essential program to address physician wellness.

2) **Opposition To Imposing Costs of Excess Medical Liability Program on Covered Physicians**

We are strongly opposed to a proposal contained in Part K of the Health/Mental Hygiene Article 7 bill that would require the 15,000 physicians currently enrolled in the Excess Medical Malpractice Insurance program to bear 50% of the cost of these policies. This proposal was advanced during multiple Cuomo Administration Executive Budgets but was thankfully rejected by the State Legislature because of its adverse impact not only on physicians, but ultimately for patients who are the beneficiaries of this program. Unfortunately, the proposal has now returned to the Executive Budget, and we urge the Legislature to again reject it.

This incredibly short-sighted proposal would thrust nearly $40 million of new costs on the backs of our community-based physicians who served on the front lines of responding to the pandemic, many of whom are struggling to stay in practice to deliver needed care, and at a time when physicians already face staggeringly high liability premiums that

have gone up by an 10% in the last 2 years. It is likely that many physicians will simply forego the coverage in order 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
ER	$5,295	$6,146	$5,743	$4,003
Cardiac Surgery	$3,668	$4,258	$3,979	$2,774
OB-GYN	$17,090	$19,836	$18,536	$12,921
Neurosurgery	$28,827	$33,459	$31,266	$21,794

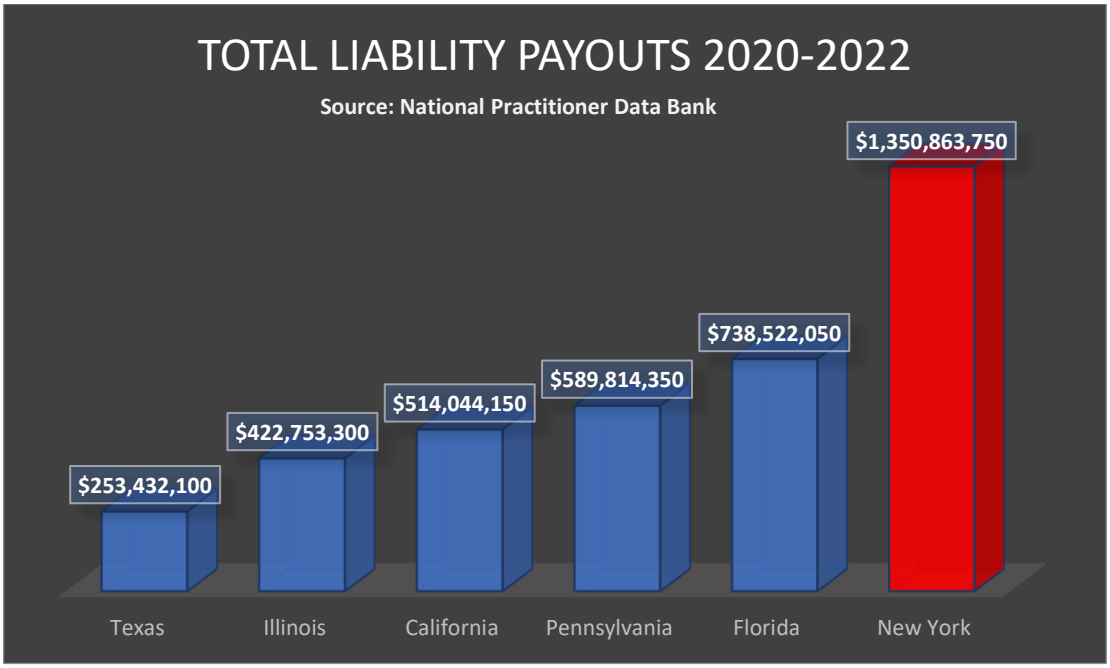
Based on 2022-23 MLMIC policy year rates

This program remains essential for maintaining patient access to expert specialized care as New York's physicians and hospitals continue to incur the highest liability awards and costs in the nation,

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. In fact, New York's total medical liability payouts between 2020-2022 are nearly twice as great as the second highest state, Pennsylvania (see chart below), and far surpassing more populous states such as California and Texas. Medical liability costs hurt consumer affordability and access, as these costs contribute to New York's high premium costs, which also limit small business growth. Moreover, excessive liability costs disproportionately impact physicians working in underserved communities who have experienced heightened financial strain from the pandemic. For these reasons, New York is regularly ranked worst among states in the country for physicians to practice medicine.

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



We need the enactment of measures that help reduce these overwhelming costs. Furthermore, it is imperative that any legislative proposal that would likely result in a significant increase in liability insurance costs be balanced with provisions to reduce these costs.

3) <u>Replacing Physicians is Not the Solution to Our Access Challenges</u>

As we talk about steps to ensure that patients have access to needed care, we believe that top of the list or policymakers should be addressing the challenges to retaining and attracting physicians to practicing in New York, and not with proposals that seek to replace physicians with non-physicians through expansion of these practitioners' scope of practice. In this regard, we have strong concerns with proposals in the Executive Budget that would permit many physician assistants to practice without physician supervision or collaboration, and provisions to extend the ability of nurse practitioners to practice without any physician collaboration. Our concerns with these proposals are exacerbated because of our above-stated concerns with those proposals that will have the effect of reducing availability of physicians to deliver care in New York State.

We applaud the essential role provided by advanced care practitioners in filling in gaps to meet our care delivery demands, but patients are served by having a physician providing oversight over delivery. In fact, 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.

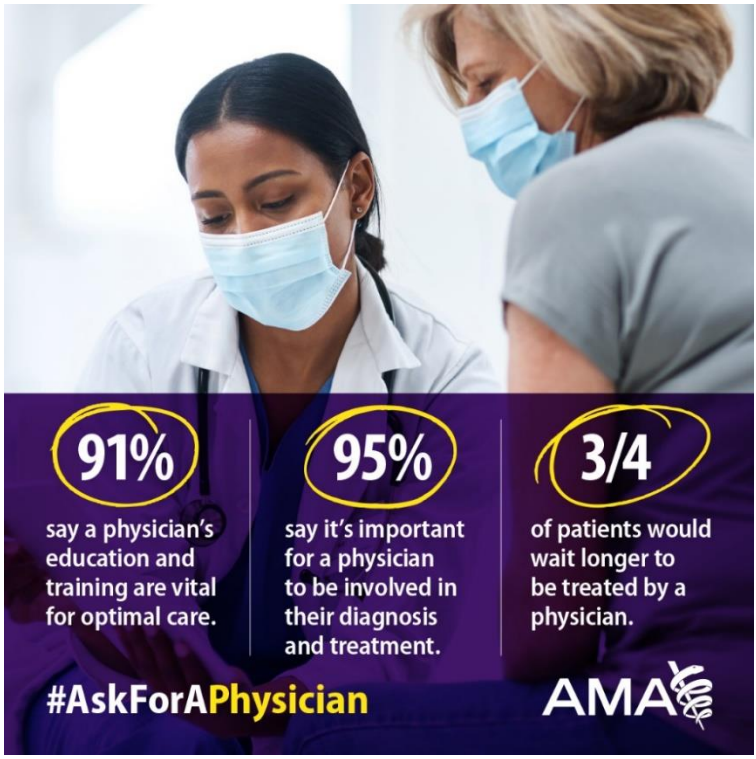
The solution to the physician shortage challenges we face is to make New York a more welcoming environment for physicians to deliver care, not expanding services provided by non-physician providers. In addition to state measures, there are number of federal proposals that would expand physician availability in New York, including legislation to increase our residency slots and legislation to permit New York to avail itself of Conrad-30 waivers used by other states.

Training. It is impossible to overstate the importance of a physician's comprehensive education and training to ensuring quality patient care**.** Most physicians must 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. During this training physicians receive approximately 5,000 hours of clinical experience in medical school, 4,000 hours of clinical experience in internship, and 6,000 to 18,000 clinical hours during specialty training. 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 and coordinate needed primary and specialized patient care, which cannot be replaced by a non-physician.

***The Cost-Effectiveness of Physician-Led Team Care*.** A recent AMA study finds that when non-physicians are permitted to practice independently, the difference in training results in increased health care costs and patient safety risks. An examination of 10 years of cost data on 33,000 patients by the South Mississippi system's Accountable Care Organization of physicians and independently practicing PAs and NPs found that NPs and PAs ordered more tests and referred more patients to specialists and hospital emergency departments than physicians. Moreover, the data also showed that physicians performed better on nearly all quality measures.

Moreover, another study 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. Yet another study in the *Journal of the American College of Radiology* analyzing skeletal x-ray utilization for Medicare beneficiaries over 12 years found ordering increased substantially – more than 400% by non-physicians, primarily NPs and PAs during this period.



Moreover, it is imperative that the public have detailed information regarding the various health care providers from whom they are or are considering receiving treatment. To that end, MSSNY supports "Truth in Advertising" legislation that would ensure that all health care providers be required to conspicuously identify their type of state license when treating patients in all health care settings, as well as in their advertisements to the public. It would also ensure that various non-physician health care professionals that identify themselves as being a doctor also identify to patients that they are not "physicians".

However, we strongly oppose legislation that would create health care silos and remove the important oversight provided by a trained physician in delivering patient care, including through removing important supervision and/or collaboration with physician assistants and other care providers, and urges that these proposals be removed from the State Budget,

4) Support Medicaid Payment Increases

We are supportive of the proposal to significantly increase funding for the Patient-Centered Medical Home Initiative. For years, New York peripheralized community-based physician care in the Medicaid program by maintaining one of the lowest Medicaid reimbursement structures in the country for community-based healthcare services, which in turn led a significant increases in health care services that had to be provided in emergent care settings as opportunities to manage chronic conditions were lost. Physicians simply could not maintain a viable practice treating a significant number of Medicaid patients.

We applaud the Administration for seeking to reverse this trend by providing target increases for office-based Medicaid visits in the last 2 State Budget cycles, from 60% of Medicare to 80% of Medicare. This is still far short of what practices need to receive in order to pay their rising overhead expenses and pay their staff. However, in conjunction with these targeted increases, this latest proposal is a positive step towards helping to ensure patients have access to needed community-based physician care, and to help manage chronic conditions before they manifest themselves in a way that will require acute care in settings such as hospital emergency departments.

5) Enhanced Subsidies for New York State of Health Marketplace

MSSNY supports the Executive budget proposal to allocate $315 million to provide health insurance subsidies for New Yorkers with incomes up to 350 percent of the federal poverty line (FPL) — $51,030 for individuals and $105,000 for a family of four — enrolled in Qualified Health Plans purchased from the New York State of Health marketplace.

Since its implementation, MSSNY has championed this program and recognized its importance in increasing access to affordable comprehensive health insurance to New Yorkers who once struggled to buy coverage. Offering financial support to middle income individuals and families will only expand access to critical care for patients.

6) Support for Telehealth Payment Parity

MSSNY continues its support for Telehealth insurance coverage for patients and payment parity for care delivered by physicians using Telehealth. While MSSNY agrees with the Governor's budget proposal that the current law requiring payment parity for video and audio-only medical services, which was passed in 2022, should be renewed, we believe it should be made permanent instead of extended by one year as proposed by the Executive budget.

The pandemic ushered in big changes to how physicians consult with and treat patients, including a dramatic increase in the use of Telehealth appointments. While some physicians had already integrated Telemedicine into their practices prior to the onset of the pandemic, the pandemic forced thousands of physicians across the state to quickly increase their capacity to provide care remotely.

From the beginning of the pandemic, steps were taken to enhance patient access to Telehealth services, with the gross disparity in payment for care delivered virtually, compared to in-office visits, finally addressed in 2022. Establishing fair payments to providers helped ensure patients had access to timely and necessary healthcare.

Who uses Telehealth in New York State?

According to a report released by the New York State Department of Health (DOH) in December 2023, behavioral healthcare, which includes mental health and alcohol and

substance use disorder treatment, and primary care, were the two most frequently accessed services using Telehealth. The data for the report was drawn from commercial insurance and state Medicaid claims, with Medicaid beneficiaries utilizing Telehealth services marginally more than those with commercial insurance coverage. Access the full report here.

Moreover, the most recent data in October 2023 from Fair Health, an independent nonprofit that collects data for and manages the nation's largest database of privately billed insurance claims and Medicare Parts A, B, and D, showed that while nationally telehealth utilization decreased by 2.0%, falling from 4.9% of medical claims in September to 4.8% in October, in the Northeast it rose by 3.6%.

By far, according to Fair Health, patients seeking mental health services were the most frequent users of Telehealth, followed by those with acute respiratory diseases and infections and substance abuse disorders, with rural New Yorkers using Telehealth more often than those in urban areas of the state.

Telehealth has become an essential tool in improving access to health care that New Yorkers across the state have come to rely on that allows patients to engage in shared decision making with their physician. To ensure continued equity and access, lawmakers must continue payment parity for commercial insurance and Medicaid and make this important law permanent.

7) Support Continuation of The Veterans' Mental Health Training Initiative (VMHTI) Program

MSSNY, together with the New York State Psychiatric Association (NYSPA), and the New York State Chapter of the National Association of Social Workers (NASW-NYS), are urging you to support funding in the 2024-25 New York State budget for the continuation and expansion of the comprehensive statewide training program, known as the Veterans Mental Health Training Initiative (VMHTI). The program educates both community mental healthcare providers and primary care healthcare physicians and specialists on veterans-specific mental health issues including combat and service-related post-traumatic stress disorder, traumatic brain injury, suicide in veterans, substance use, military culture, and women veterans' mental health conditions including the impact of military sexual trauma. To date, over 10,800 primary care physicians and specialists and community mental health practitioners have been trained by the organizations.

We would like to thank Senators Brouk and Scarcella-Stanton for championing this program.

For over a decade, the VMHTI has worked hand in glove with the Joseph P Dwyer Peer to Peer Program, an endeavor that continues as the peer program expands to additional counties. This program educates both community mental healthcare providers and primary care healthcare providers on veterans-specific mental health issues including combat-related post-traumatic stress disorder, traumatic brain injury, suicide in veterans, substance use, military culture, and women veterans' mental health conditions including the impact of military sexual trauma.

The VMHTI has two pathways and one led by MSSNY and NYSPA which trains primary care physicians and health practitioners from across the primary care specialties, including internal medicine, family practice, emergency medicine and OB-GYN. The other track is led by the NASW-NYS, providing an accredited education and training program for community mental health workers. The training is also of benefit to psychiatrists whose

practices have seen a dramatic influx of combat-related mental health problems. The program educates both community mental healthcare providers and primary care healthcare providers on veterans-specific mental health issues including service-related post-traumatic stress disorder, traumatic brain injury, substance use disorders, suicide, and suicide prevention, as well as enhancing competency on military culture.

The VMHTI is equipping New York's healthcare workforce in the community to meet the challenges of combat veteran specific mental health and related problems, which is critical as the data indicates more than half of all military veterans will seek care from a health care provider in his or her community upon return from combat. Prior funding for the VMHTI has allowed the VMHTI to successfully train over 4,000 primary care and psychiatric practitioners through the MSSNY and NYSPA programs, and over 6,000 social workers and community mental health providers through the NASW-NYS program.

The need for continued support is more critical than ever considering COVID-19 pandemic's impact on veterans and their families, including the exacerbation of mental health and substance use disorder symptomology, isolation, and loneliness as well as economic stress that burdens veterans. Recent reports and data from the Army indicate that suicides during the pandemic have increased by 20% in the military and by as much as 30% among active-duty soldiers. In addition, a recent national survey found most veterans had reported that their mental health worsened since social distancing measures were implemented and more than half reported having had mental health appointments canceled or postponed during the pandemic.

This past fall, the Medical Society of the State of New York participated in a Collaborative Teaching Day with MSSNY, Syracuse and Crouse Health on Veterans Matters. On this virtual teaching day, MSSNY presented all its programs on Veterans Mental Health Training Initiative and over 240 physicians and healthcare providers participated. MSSNY presented eight programs, including our newest program, "*Burn Pits: Psychological and Physical Impact on Veterans".* MSSNY is also participating in Bassett Healthcare Network Primary Care virtual educational program and presents our Veterans Matters program throughout the year. Through this appropriation in the New York State budget, we have also developed programs on PTSD, Depression and Suicide, TBI, Military Culture, Veterans and COVID, Military Sexual Trauma, and many other programs. MSSNY educational efforts also continue via a live seminar format and on-line.

The VMHTI has pursued linkages with veteran peers including the Joseph P. Dwyer Peer to Peer Program (Dwyer Program). The Dwyer Program has a specific charge of peer support for veterans and their families. Peer support covers many areas including connection to concrete services, peer-based group, and individual support as well as service activities. The Dwyer Program does not provide medical or mental health clinical services. The VMHTI seeks to close the gap between Dwyer Programs and clinical services by working together to create a referral system for veterans seeking medical and mental health care. This expansion of VMHTI will provide wrap around support for veterans by providing a direct connection to trained clinicians. Accordingly, MSSNY, NYSPA and NASW-NYS seek the Legislature's approval of $300,000 to support continued funding for this program.

8) <u>Oppose Repeal of "Prescriber Prevails", Preventing Imposition of New Prior Authorization Hassles</u>

We urge you to reject the proposal in Part I of the Health & Mental Hygiene Executive Budget proposal to repeal the authority of physicians and other prescribers to make the final determination regarding the medication prescribed to individuals covered under

Medicaid Fee-for-Service and Medicaid Managed Care, commonly referred to as "prescriber prevails." We thank you the Legislature for your efforts in previous years to reject this proposal and urge that you do so again.

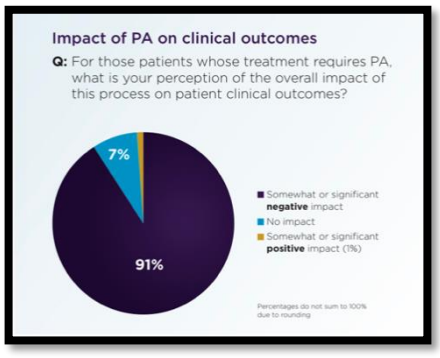
Repealing this critical patient protection would jeopardize patient care as well as undercut initiatives the State has undertaken to reduce unnecessary and avoidable hospitalizations. A key component in sustaining and accelerating such a trend is assuring individuals can obtain the medications prescribed by their physician to alleviate the symptomatology of their physical and/or mental health conditions. We thank the Senate and Assembly for standing up for patients and rejecting this proposed change in previous budget years and urge you to do so again.

The proposed repeal of the longstanding prescriber prevails provision is particularly troublesome as the pharmacy benefit for those enrolled in mainstream Medicaid Managed Care (MMC), Health and Recovery Plans (HARPs), and HIV-Special Needs (SNPs) returned to fee-for-service as last April 1 as part of the NYRx program. "Prescriber prevails" protections cannot be repealed amidst this transition.

As it is, under the current law the prescriber must go to great lengths to "demonstrate" the medication is medically necessary and warranted, a process that has prescribers spending an inordinate amount of time navigating a maze of pharmaceutical management processes to obtain approval to prescribe the medications their patients need. Given the well documented dynamic that these time-consuming administrative hassles are contributing significantly to the problem of clinician "burnout," this proposal would only exacerbate this problem at the worst possible time. Over the years, the Legislature has rejected the administration's budget proposals to curtail or eliminate the patient protections embodied in the prescriber prevails provisions of the law.

Furthermore, this proposal is completely at odds with the need to counteract pervasive payor-imposed, excessive administrative barriers interfering with patient care delivery. According to a recent American Medical Association (AMA) survey, 93% of physicians surveyed, reported care delays because of payor imposed prior authorization (PA) requirements, while 82% said that PA can lead to patients abandoning their treatments. Moreover, 91% reported that excessive PA burdens have had a negative impact on clinical outcomes, while 88% reported the burden as high, or extremely high.

Aggravating this problem is that health insurers often use insufficiently trained health care providers to review PA requests and other claim submissions. A recent MSSNY survey showed that 86% of responding physicians indicated that they had a PA or claim submission denied by a health plan reviewer that was not a physician trained in the same or similar specialty as the physician providing the recommended patient care.



Of greatest importance, we believe any projected savings based on the repeal of "prescriber prevails" would be dwarfed by the health care complications likely to arise as a result of individuals not being able to access the medications they need to remain healthy in the community. For many physical and mental health illnesses and conditions and substance use disorders, finding the most efficacious medication for a patient is often not a one-size-fits-all approach, making it even more important that once made the decision is respected to preserve continuity of care and enhance treatment adherence.

For all these reasons, it is imperative the prescriber prevails authority be maintained as it is an important safety net for our most vulnerable often battling multiple comorbidities.

9) Concerns with Permitting Pharmacists to Dispense PrEP

HIV PrEP (pre-exposure prophylaxis) is treatment that, when taken as directed, prevents sexual transmission of HIV and reduces transmission from injection drug use. HIV PrEP is a key component of US and New York State initiatives to End the HIV Epidemic (EtE). Currently, there are two oral PrEP options approved for use: Truvada® and Descovy®. There is one injectable formulation approved for use as PrEP that is as effective as the oral formations (Apretude). Apretude is for people at risk through sex who weigh at least 77 pounds.

PrEP is for people who are at ongoing risk for HIV. For those who may have been exposed to HIV in the last 72 hours, the more appropriate treatment is post-exposure prophylaxis (PEP) using 3 antiretrovial drugs taken for one month. Using a sexual health model, the US Centers for Disease Control (CDC) and New York State Health Department recommend that before initiating PrEP, the patient should have an HIV test to ensure that they are HIV-negative and be screened for other sexually transmitted infections (STIs; gonorrhea, syphilis, and chlamydia). While taking PrEP, patients need routine follow-up visits every 3-6 months for oral treatment and every 2 months for injectable treatment, HIV and STI screening, and HIV viral load monitoring to rule out early or acute HIV infection.

The Medical Society of the State of New York believes that allowing pharmacists to test and dispense PreP pursuant to non-patient specific order is not in the best interest of any patient who is seeking to prevent HIV transmission. This treatment is on-going, and, in some cases, there may be treatment-limiting adverse events and side effects. Guidelines from CDC and New York State recommend additional patient monitoring with blood and urine testing to monitor renal and hepatic function. Since on-going care, treatment engagement and continuous monitoring are needed for patients on PrEP, MSSNY believes that the best outcomes are achieved in medical settings and opposes this measure.

10) Support for Immunization by Medical Assistants

MSSNY supports the proposal to permit immunizations by medical assistants when supervised by physicians. Finding nurses is often a challenge for primary care and pediatric practices, and particularly so in the rural and underserved regions of this state, so this proposal would assist these busy practices in meeting the demand.

Conclusion

Thank you again for the opportunity to express MSSNY's perspective on behalf of the 20,000 physicians we represent. Again, there are numerous Budget provisions that MSSNY supports that would expand the ability of patients to receive needed care. However, there are numerous concerning items that will reduce patient access to community-based physician care, and remove important oversight and collaboration provided by physicians that better ensures patient safety. Policymakers must prioritize expanding access to skilled primary and specialty care physicians instead of imperfect solutions that seeks to replace them.

I would be happy to answer any questions you may have.