New York State Radiological Society

Testimony Submitted for the Joint Legislative Public Hearing on Health

SFY 2025-2026 Budget

February 11, 2025

Honorable Chairs and Members of the Senate and Assembly Health Committees, Senate Finance Committee and Assembly Ways & Means Committee, thank you for the opportunity to submit testimony related to the New York State Radiological Societies' priorities for the SFY 2025-26 State Budget Proposal.

The New York State Radiological Society represents diagnostic radiologists, radiation oncologists, interventional radiologists, nuclear medicine physicians, medical physicists and patients served by these professions across New York State. In addition to advocating for the above listed professions, a key component of the Society's mission is to improve the access to, and quality of, radiologic services to patients throughout the state.

OPPOSE: Expanded Physician Assistant Scope of Practice (H/MH Article VII Part V)

The New York State Radiological Society is opposed to proposals that would weaken the current standard of physician-led care in New York State and is urging lawmakers to once again reject this proposal and prioritize patient safety by ensuring access to providers with the highest level of training and experience. This proposal would compromise quality of care and jeopardize patient safety and outcomes.

Physician assistants (PAs) are an integral part of the healthcare team. Physician supervision of PAs helps ensure patient health and safety through care coordination, assisting patients with accessing treatments, testing, and needed specialty care. Given the success of physician-led health care teams, we believe this proposal would fragment and weaken patient care. A primary reason for this is the significant difference in education and training between a physician and that of a PA. Page 7 of this testimony includes a comprehensive comparison of the education and training received by physician radiologists and PAs. The comparison demonstrates the stark differences between length of education and degree of specialization.

Following undergraduate education, physicians' training includes four years of medical school, 3-7 years of residency and fellowship training, and 12,000-16,000 hours of supervised clinical practice. In comparison, PA training typically includes two years of physician assistant school with about 2,000 hours of clinical practice. Physician radiologists receive in-depth training in medical imaging physics, radiation safety, complex image interpretation and interventional procedures which correlate imaging results with a patient's clinical history and pathology. PAs receive generalized medical training across multiple disciplines with very limited formal coursework in radiology. This difference in education is the reason why physician-led healthcare continues to result in the highest quality, safest, and most cost-effective care.

In a survey taken by the Medical Society relating to expanded scope allowances made during the COVID-19 pandemic Disaster Emergency, 75% of the physician respondents indicated that advanced care practitioners working independently during the pandemic under the Governor's Executive Orders (waiving physician supervision requirements) had committed an error while treating a patient; 90% indicated that the error could have been prevented had there been physician oversight. This survey data reflects the realities of PA training curriculum which is built around a model of supervision by physicians.

Various studies have shown that non-physician practitioners order more diagnostic imaging than physicians for the same clinical presentation, which not only increases health care costs but also threatens patient safety by exposing them to unnecessary radiation. In a study published in the Journal of the American College of Radiology that analyzed skeletal x-ray utilization for Medicare beneficiaries from

2003 to 2015, ordering of diagnostic imaging increased substantially-more than 400% by non-physicians, primarily NPs and PAs during this time frame.

These findings are further supported in a January 2022 study in the Journal of the Mississippi State Medical Organization. The article by Batson et al, entitled "Mississippi Frontline – Targeting Value-based Care with Physician-led Care Teams" detailed a retrospective study looking at nearly 10 years of data from the Hattiesburg Clinic looking at over 300 physicians and 150 advanced practice nurse and physician assistant providers. *The study found that allowing advance practice providers to function with independent patient panels failed to meet goals in the primary care setting of providing patients with an equivalent value-based experience for quality of care, keeping costs stable and meeting patients' expectations and satisfaction with healthcare delivery*.

Scope of practice proposals such as this also fail to account for the integration of artificial intelligence (AI) in medicine, and in particular, medical imaging. Physician radiologists are the only professionals rigorously trained to interpret complex medical imaging, correlating findings with clinical context to guide accurate diagnoses and treatment. As AI-assisted image interpretation becomes more prevalent, there is a growing concern that non-physician practitioners who lack comprehensive radiology training may rely on AI tools without expertise to independently assess their outputs. AI, while powerful, is not infallible – it can generate false positives, miss critical findings, or misinterpret anomalies. Without a qualified radiologist providing oversight, independent practice by PAs and other non-physician providers introduces a significant risk of inaccurate image interpretation which may lead to misdiagnoses, unnecessary procedures, or delayed treatments. Maintaining physician supervision of the healthcare team upholds the highest standard of diagnostic accuracy in our rapidly evolving healthcare and technological environment.

While PAs play an important role in providing care to patients, their skillsets are not interchangeable with that of fully trained physicians. Patient care would be adversely affected by removing requirements for physician supervision of PAs and this would further deepen the healthcare disparities in our state with unequal levels of care provided in communities. This proposal would be a very significant divergence from the care model that has been in place in New York since inception. This change should not be hastily enacted as part of the state budget. Rather, much further discussion and objective studies are needed to ensure that it does not result in health care costs increasing and most importantly, that patient quality of care is not sacrificed. For these reasons, the NYS Radiological Society strongly urges your opposition to this proposal and requests that it be rejected in the budget.

OPPOSE: Physicians Excess Medical Malpractice Program (H/MH Article VII Part G)

The NYS Radiological Society is strongly opposed to the proposed restructuring of the Physicians Excess Medical Malpractice program that would require the 15,000 physicians currently enrolled in the program to bear 50% of the cost of these policies. This restructuring has been in numerous Executive Budget proposals spanning the current and prior administrations, but has thankfully been 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 foist nearly $40 million of new costs on the backs of our community-based physicians who serve on the front lines of healthcare, 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 further risen by an additional 10% in the last years. It is likely that many physicians will simply forego the coverage in order to avoid the thousands to tens of thousands in new costs, per physician, this Budget proposal would impose.

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 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 are nearly twice as great as the second highest state, Pennsylvania (please see chart to the right), 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 resulting from the pandemic. For these reasons, New York is regularly ranked worst among states in the country for physicians to practice medicine.

The Society urges the legislature to oppose stand-alone liability changes that would further drive up liability costs, and instead would urge support for legislation that will comprehensively address New York's dysfunctional medical malpractice system which has not been addressed in forty years. Piecemeal changes, including this proposal, would further harm the availability of skilled physician care in New York.

Meaningful reform, including consideration of instituting caps on non-economic damages in medical liability actions, would offset the staggering burdens facing physicians today.

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 absolutely essential to sustaining availability of skilled physician care in New York. For these reasons, the New York State Radiological Society urges rejection of this proposal in the budget.

OPPOSE: Elimination of Medicaid Managed Care from the IDR Process (H/MH Article VII Part E)

The New York State Radiological Society strongly opposes the Governor's proposal to eliminate the right of physicians to bring a claim dispute to the Independent Dispute Resolution (IDR) process for Medicaid Managed Care enrollees. This proposal was also included in last year's Executive Budget and we thank the Senate and Assembly for rejecting it. It is critical to reject this proposal once again due to the serious adverse impact that this change will have on patients' access to skilled radiology and other specialty care.

New York's surprise billing law has been implemented in a manner to ensure access to a fair process to resolve payment disputes. Without the ability to access this appeal process, physicians will be forced to accept absurdly low Medicaid payment rates that do not come close to covering rapidly rising overhead costs. New York notoriously has among the lowest Medicaid physician payment rates in the country (Medicaid-to-Medicare Fee Index). At a time when New York should be prioritizing patients' access to skilled physician services, this proposal is likely to discourage physicians from providing essential emergency care, especially emergency radiology care that is critical to timely patient diagnoses and treatment.

This proposal would significantly weaken physicians' ability to negotiate fair contracts with managed care plans. By eliminating the ability to access the IDR process for managed care enrollees, the proposal would strip physicians of their primary mechanism for challenging inadequate payments, effectively granting managed care plans unchecked power to impose unsustainably low reimbursement. Without the ability to dispute, physicians would be left with little recourse, which will jeopardize the viability of community-based physician practices and threaten access to care for Medicaid patients across New York State.

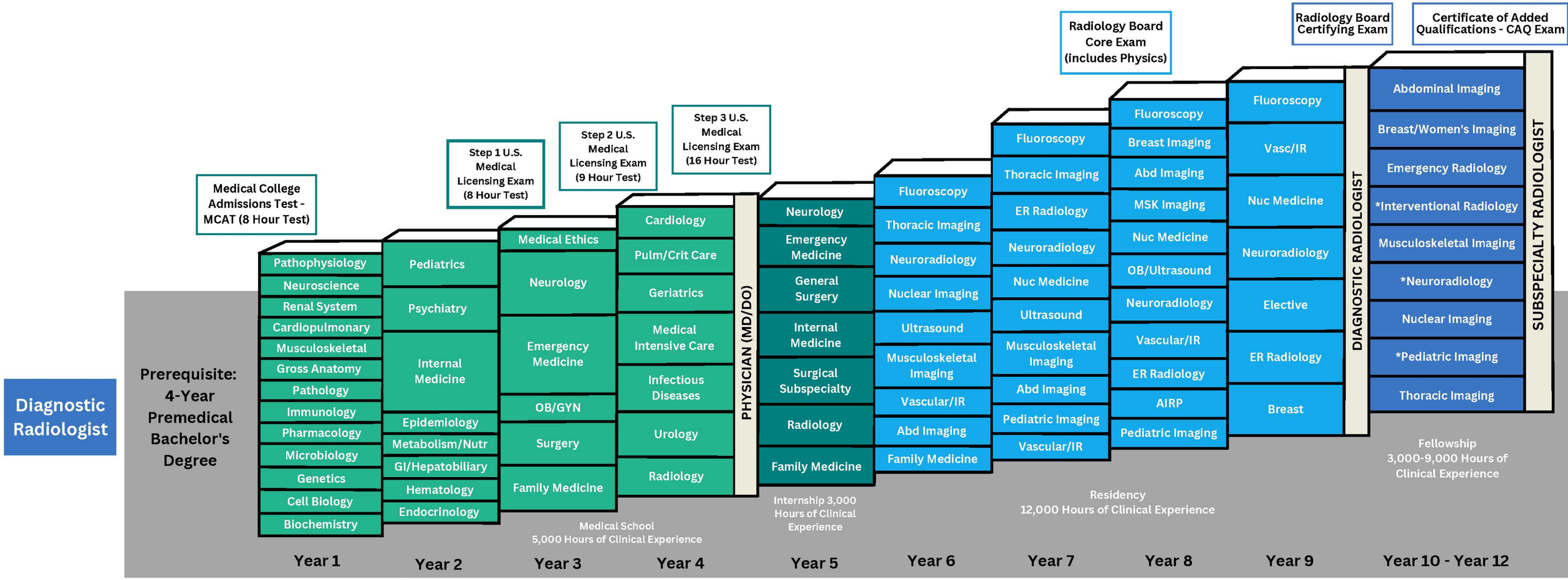
The relatively small State Budget savings of this proposal is significantly outweighed by the high risk that this change would have on patient access to urgently needed skilled physician care. The Society urges lawmakers to reject this proposal in the Final State Budget for SFY 2025-26.

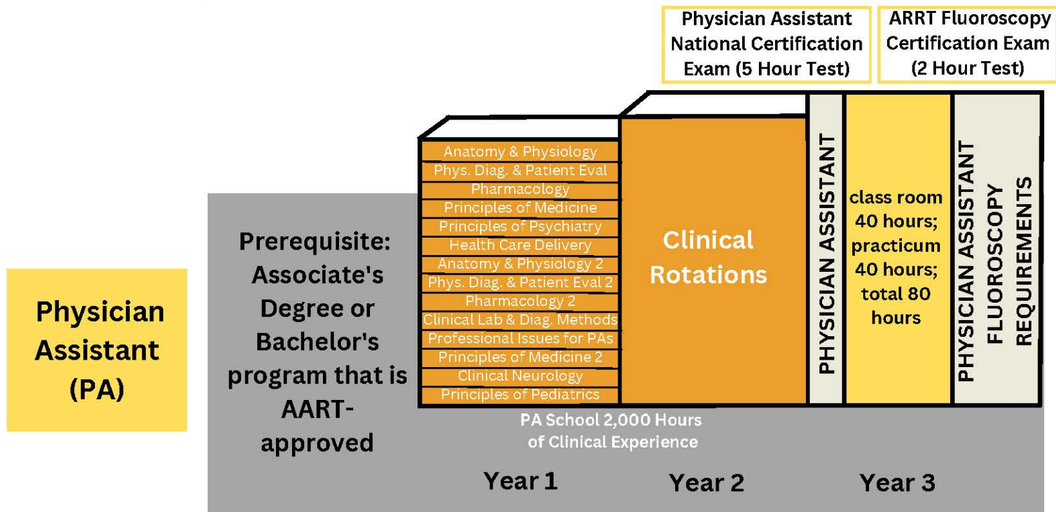
SUPPORT: Investment in Physician Medicaid Rates through the MCO Tax (H/MH Article VII, Part F)

The New York State Radiological Society strongly supports Health/MH Article VII, Part F which codifies the structure of the proposed MCO tax and establishes a plan for spending tax receipts over the next three years. Among the first-year installments is an allocation of $50 million to support an increase in the Medicaid physician fee schedule to bring Medicaid reimbursement closer to the Medicare level. Medicaid has historically been the lowest payer for physicians. Data demonstrates that Medicaid patients' access to care is less than patients who have Medicare or commercial insurance. Meaningful investment in

Medicaid reimbursement rates for radiology have demonstrated increased access to imaging care which aids in timely diagnosis and treatment, and supports improved health outcomes.

Addressing reimbursement gaps could help reduce healthcare disparities and reduce the need for more costly care by incentivizing improved access for New York's most underserved populations. Increasing physician Medicaid payments will help sustain New York's physician workforce, increase access to skilled physician care and improve clinical outcomes for New Yorkers enrolled in Medicaid. For these reasons, the New York State Radiological Society supports this measure and urges its inclusion in the final budget.





Radiologist:	**9+** years of graduate education	**20,000** Hours of clinical training	**12,000+** Hours of RADIOLOGY training
Physician Assistant:	**2** years of graduate education	**2,000** Hours of clinical training	**80** Hours of RADIOLOGY training