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**Testimony for the
Joint Legislative Budget Health/Medicaid
Hearing**

**February 10, 2026
9:30 AM**

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 our priorities for the SFY 2026-27 Executive Budget Proposal.

The New York American College of Emergency Physicians (New York ACEP) represents over 3,000 dedicated professionals committed to speaking out for broad access to quality health care, especially emergency health services for all citizens. Currently in New York we are facing an opioid epidemic, violence in our emergency departments, a shortage of healthcare professionals, and an erosion of the patient safety standards that have been a hallmark of New York State's healthcare system for years.

Outlined below are our SFY 2026-27 State budget priorities. We appreciate your consideration and ask for your support.

SUPPORT: Healthcare Stability Fund Investment: Health/MH Article VII, Part O (S.9007/A.10007)

New York ACEP supports the Executive Budget Proposal to increase Medicaid rates for hospitals and nursing homes and urges the Legislature to include a targeted Medicaid rate increase to support the emergency services delivered by physicians to Medicaid enrollees.

While the budget provides for Medicaid rate increases for physicians through the MCO tax revenue, the MCO tax revenue will end after FY 2027, meaning that New York will remain among the *lowest* Medicaid physician payment rates in the country. The issue of waiting times, boarding of patients, and staffing in emergency departments across the state today equates to a health care emergency. The State needs to provide significant financial resources to address this crisis. We ask that you provide the financial resources necessary so that emergency medicine physicians can continue to evaluate and treat every patient as the safety net, regardless of a patient's insurance status or ability to pay.

The issue of waiting times, boarding of patients and staffing in emergency departments across the state today equates to a health care emergency. The State needs to provide significant financial resources to address this crisis. Emergency medicine physicians are required by the Emergency Medical Treatment & Labor Act (EMTALA) to evaluate and treat every patient who enters their door, regardless of insurance status or ability to pay. We ask that you provide the financial resources necessary so that Physicians and other health care providers who work in the State's hospital emergency departments meet the goals of EMTALA in a timely manner following the lead of other states, such as California.

New York (2023)

CPT	Medicaid of NY	Medicare NY Area 02	Percentage of Medicare	Medicare NY Area 01	Percentage of Medicare
99281	\$8.04	\$14.54	55%	\$13.89	58%
99282	\$15.11	\$49.72	30%	\$48.11	31%
99283	\$24.41	\$85.70	28%	\$82.81	29%
99284	\$45.02	\$142.57	32%	\$138.25	33%
99285	\$67.19	\$208.42	32%	\$201.75	33%

New Jersey (2023)

CPT	Medicaid of NJ Specialist	Medicare NJ Area 01	Percentage of Medicare	Medicare NJ Area 99	Percentage of Medicare
99281	\$16.00	\$12.71	126%	\$12.46	128%
99282	\$23.50	\$45.10	52%	\$44.18	53%
99283	\$44.53	\$77.40	58%	\$75.85	59%
99284	\$69.48	\$130.07	53%	\$127.46	55%
99285	\$108.78	\$189.07	58%	\$185.36	59%

Massachusetts (2023)

CPT	Masshealth	Medicare MA Area 01	Percentage of Medicare	Medicare MA Area 99	Percentage of Medicare
99281	\$17.15	\$12.47	138%	\$11.93	144%
99282	\$32.96	\$44.41	74%	\$42.53	76%
99283	\$49.26	\$76.19	65%	\$72.99	66%
99284	\$90.36	\$128.15	71%	\$122.88	72%
99285	\$131.18	\$186.13	70%	\$178.59	72%

OPPOSE: Expanded Physician Assistant (PA) Scope of Practice: Health/MH Article VII, Part N, Subpart E (S.9007/A.10007)

New York ACEP is opposed to the Executive Budget Proposal to expand the scope of practice of PAs which would allow PAs to practice without the supervision of a physician independently in a primary care setting or in an Article 28 health system if they have practiced more than 8,000 hours. While PAs are an integral part of the healthcare team, the current care and training model for PAs is with physician supervision. We believe this proposal would fragment patient care, increase health care costs, compromise patient quality, safety, and outcomes.

New York ACEP believes patients are entitled to receive care and services from health care practitioners who are adequately trained and educated in accordance with provisions of the New York State Education Law to maintain patient safety and quality of care. For emergency physicians, after earning an undergraduate degree, physicians attend medical school for four years. During these four years, the typical medical student will complete approximately 2,500-3,000 lecture hours and 5,722 clinical hours. Following medical school, to become board certified, one must complete an Emergency Medicine (EM) residency of either three or four years, which includes 6,000-10,000 clinical hours of which 4,225 hours will be spent completing supervised specialty training in the emergency department (ED). To become Board Certified, an emergency physician must pass both the written (qualifying) and oral (certifying) exams.

New York ACEP has long held the best emergency medical care is provided and led by American Board of Emergency Medicine (ABEM) or American Osteopathic Board of Emergency Medicine (AOBEM) certified emergency physicians. Patients expect care to be provided or directly supervised by an emergency physician. This includes all levels and locations of ED's, including rural environments, where there is often a lower concentration of board-certified emergency physicians. In addition to the qualifications and standards that we encourage upholding, in NYS, ED visits of patients cared independently by a physician assistant, without a supervising physician, will not be reimbursed by Medicaid. This would further disrupt the safety net that ED's provide our communities.

We are concerned this bill would be a very significant change from the care model that has been in place in New York since its inception. This change should not be hastily enacted as part of the state budget. Rather, much further discussion and objective studies are needed to demonstrate the value and 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 Emergency Physicians of New York ACEP strongly urges your opposition to this proposal and requests that Expanded Physician Assistant (PA) Scope of Practice Health/MH Article VII, Part N, Subpart E be rejected in the FY27 Budget.

OPPOSE: Repeal of Physician Right to Appeal Claims to the Independent Dispute Resolution Process PPGG Article VII, Part T (S.9005/A.10005)

The New York American College of Emergency Physicians (New York ACEP) is strongly opposed to a proposal contained within Part T of the PPG Executive Budget bill that would eliminate the right of physicians to bring a claim dispute to the Independent Dispute Resolution (IDR) process for various public health insurance plans and upend the rules for the determination of claims brought to New York's IDR process for emergency and other hospital-based care provided to adult and pediatric patients by a non-participating physician.

New York ACEP is very concerned with the serious adverse impact that this change will have on patients' access to skilled specialty physician care. In implementing New York's successful surprise billing law, policymakers have regularly sought to ensure access to a fair dispute resolution process to resolve payment disputes that does not favor either physicians or health insurers. However, this proposal will shift the balance of this law significantly in favor of health insurers while also eliminating the ability to use challenge historically low physician payments

by Medicaid Managed Care plans that do not even come close to covering physicians' rapidly rising overhead costs. New York notoriously has among the lowest Medicaid physician payment rates in the country [Medicaid-to-Medicare Fee Index | KFF](#).

Of greatest concern to New York's health care system is that, without a fair appeal process to obtain fair reimbursement, many on-call physician specialists that provide care for patients in the ED will become scarcer, refusing to provide on-call subspecialty services, causing lack of access to care for our patients and increased transfers to seek sub-specialty care. Even worse, this change will encourage Medicaid Managed Care plans to significantly diminish payments for network-participating physicians, further endangering access to care for their enrollees and threatening the viability of many community-based physician practices. There have been other circumstances where the loss of access to appeal claims through the IDR process leads to health insurers cutting payments precipitously and narrowing their networks. The unfortunate consequence is that many of these physician practices will be forced to seek private equity support simply to stay afloat or will be forced to shut their practices altogether and move to other states.

The relatively small State Budget savings of this proposal is significantly outweighed by the significant risk that this change would have on patient access to urgently needed skilled physician care. We thank the Senate and Assembly for rejecting a similar proposal in last year's Executive Budget and urge you to do so again.

SUPPORT: Creation of a Statewide Automated External Defibrillator (AED) Registry and \$3.2 million in new funding to support regional training hubs

New York ACEP supports the Executive Budget Proposal that would support the installation of AEDs and create a statewide AED registry in New York. New York ACEP also supports the \$3.2 million in new funding provided in the Executive Budget to establish regional training hubs to educate the community on the use of AEDs and to support new approaches to cardiopulmonary resuscitation (CPR) education.

Sudden cardiac arrest is a leading cause of death in both adults and children. This proposal would dispense with outdated restrictions on the installation of fully automated external defibrillators. By strengthening cardiac emergency readiness across the state through increased training and education, New York will increase the survival rate of individuals experiencing cardiac arrest.

This legislation is a low-cost, high-impact measure to protect our communities. It increases training to ensure communities are equipped, trained, and confident in responding to cardiac emergencies. New York ACEP represents over 3,000 dedicated emergency medicine physicians committed to speaking out for broad access to quality health care, especially emergency health services for all citizens. **New York ACEP urges the Legislature to pass the proposals within Part G of the HMH Executive Budget bill to save lives and reaffirm the state's commitment to public health.**

OPPOSE: Proposed increase to excess medical malpractice insurance costs, targeting community-based physicians: Health/MH Article VII, Part D (S.9007/A.10007)

New York ACEP is opposed to the Executive Budget Proposal that would require physicians to bear 50% of the cost of these policies. This bill would affect primary and specialty care physicians and have an adverse impact on physicians as well as the patients and families who are the beneficiaries of this program. This proposal would thrust nearly \$40 million of new costs onto the very same physicians who served on the front lines during the pandemic and would threaten the financial viability of those same physicians who have struggled to stay in practice to deliver needed care.

At a time when physicians already face staggeringly high liability premiums, that have gone up by nearly 12% in the last 3 years and face continuing cuts in reimbursement from Medicare and other payors, this additional cost

would be devastating. This cost imposition will most acutely impact those specialty physicians where we are already seeing physician shortages, 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. Many others may 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	\$5,554	\$6,446	\$6,024	\$4,199
Cardiac Surgery	\$3,848	\$4,466	\$4,173	\$2,909
General Surgery	\$3,858	\$4,477	\$4,184	\$2,916
OB-GYN	\$17,071	\$19,813	\$18,516	\$12,916
Neurosurgery	\$28,796	\$33,423	\$31,233	\$21,771

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.

This proposal would only exacerbate an already unfavorable practice environment and ACEP strongly urges you to reject this proposal.