



NEW YORK STATE ACADEMY
of **FAMILY PHYSICIANS**

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**New York State Academy of
Family Physicians**

**Testimony before the
Joint Legislative Budget Hearing on
Health/Medicaid**

February 10, 2026

9:30AM

**Legislative Office Building
Albany, NY**

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 State Budget.

The New York State Academy of Family Physicians represents nearly 6,000 physicians, residents and students in family medicine, specializing in primary and preventative care for New Yorkers. Our mission is *“Guided by principles of inclusivity and community, the NYSAFP empowers family physicians, residents, and students to lead through advocacy, education, and mentorship to improve the lives of our members and our patients.”*

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

SUPPORT Primary Care & Workforce Investments

- **Doctors Across New York Funding (DANY)**

NYSAFP strongly supports the Executive Budget proposal to provide funding for the Doctors Across New York (DANY) program at a level of \$15,865,000. With this funding, the state would be able to continue to support approximately 150 physicians going into primary care specialties to relieve educational debt and to assist them with joining or establishing practices in underserved areas and working there at least three years.

This program helps to address the serious primary care physician shortages by recruiting and retaining primary care physicians to expand preventative healthcare access where it is needed the most. Please support the inclusion of this funding in the Final State Budget.

We also support legislation ([S.5840/A.2561](#)), to expand support under the DANY program for private practicing physicians. This legislation would help further address serious primary care physician shortages as well as assist private practices with sustainability and growth. We urge the passage of this bill this session.

- **Area Health Education Center (AHEC) Funding**

NYSAFP is very pleased to see that the Executive Budget includes continued state funding for the Area Health Education Center (AHEC) system. AHECs provide essential programming all across New York focused on addressing healthcare workforce shortages through pipeline and other initiatives and addressing health disparities and equity challenges in urban and rural areas. For over twenty years, AHEC had received state funding, which is critical to the minimum 1 to 1 match of federal HRSA funds that AHECs receives to do this much-needed work.

We greatly appreciate the Legislature’s past leadership and support including a \$500,000 legislative add from the Senate in SFY 2026, which we hope can also be provided in SFY 2027. Our communities greatly need the healthcare workforce programs and services that AHECs provide. Please support the inclusion of this funding in the Final State Budget.

Building on this, we strongly support pending legislation, the Primary Care Investment Act (PCIA - [S.1634/A.1915-A](#)) to require health care plans and payors to spend a minimum of 12.5 percent of their overall healthcare spending on primary care services. We respectfully urge the inclusion of this bill in Final State Budget or enactment this session – this is especially critical to safeguard primary care access as New York faces looming federal cuts. We also support more rigorous regulation of health plan premiums to assure that plans serve public health goals including enhancing patient access to care and helping providers adopt new technology, incorporate new treatments and expand.

OPPOSE: Problematic Budget Proposals

- **Remove Physician Supervision Requirement for Physician Assistants (PA)**

The SFY 2027 Executive Budget would authorize a physician assistant to practice without the supervision of a physician independently in primary care or hospital settings. This would apply to:

- PAs who have practiced for more than eight thousand hours; and
- The PA is practicing in primary care (any non-surgical setting in the fields of general pediatrics, general adult medicine, general internal medicine, obstetrics and gynecology, family medicine, or other related areas as determined by the DOH Commissioner – or – is employed by an Article 28 health system or hospital and they determine the PA meets qualifications of the medical staff bylaws and the health system or hospital gives the PA privileges.

While physician assistants 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 and compromise quality, safety and outcomes, creating further disparities in the care that our most underserved communities receive.

Currently, PAs are not trained to practice independently and have significantly less training in the form of didactic and clinical education than physicians when obtaining their degrees. In a recent Medical Society survey, 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. The experience of PAs is not equal to that of physicians and quality for our patients would be sacrificed if PAs practiced without physician supervision.

We are also concerned that this legislation could result in increased health care costs because PAs overprescribe and over utilize diagnostic imaging and other services. For example, a study in the Journal of the American College of Radiology, which analyzed skeletal x-ray utilization for Medicare beneficiaries from 2003 to 2015, found ordering increased substantially – more than 400% by non-physicians, primarily nurse practitioners and physician assistants during this time frame.

The January 2022 edition of the [Journal of the Mississippi State Medical Organization](#), included an article by Batson et al. entitled "Mississippi Frontline – Targeting Value-based Care with Physician-led Care Teams". This was a retrospective study looking at almost 10 years of data from that 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 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.*

The Executive Budget proposes to make a very significant change to the care model in New York without proof that independent practice would not undermine quality or increase costs. An objective study is necessary to compare performance of PAs practicing without supervision with performance of PAs working under the supervision of physicians to ensure that patient quality of care is not compromised.

Finally, assertions have been made that this policy change will lead to more PAs practicing in rural and underserved areas or expanded access to primary care. However, we have not seen any objective evidence to suggest this in other states and this has not been the experience with Nurse Practitioners (NPs) who currently practice without a collaborative agreement with physicians in New York. Concerningly, in Florida, a [2025 study](#) found that NPs who were statutorily authorized to practice without physician supervision in family medicine, general pediatrics, or general internal medicine were, in practice, frequently working outside these primary care fields.

Experience as a physician assistant, no matter for what amount of time, is not equivalent to the level of training and supervised practice experience which physicians receive in residency training. Additionally, physicians are required to obtain and maintain board certification to practice. NPs who obtain independent practice are not required to demonstrate proficiency comparable to board certification. The proposal to permit PAs to obtain independent practice also does not require PAs to obtain any credential comparable to board certification.

For these reasons, the New York State Academy of Family Physicians strongly urges your opposition to this proposal and that it be rejected in the State Budget.

- **Restructure of the Excess Medical Malpractice Program**

While the SFY 2027 Executive Budget extends the Excess Medical Malpractice program through June 30, 2027, it proposes to restructure the program from one annual payment to two installment payments over two fiscal years. The Budget includes a reduced appropriation of \$39.25 million in SFY 2027 and \$19.63 million in SFY 2028.

NYSAFP is very concerned about the Executive Budget proposal to 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 would thrust over \$40 million of new costs on the backs of practicing physicians. This new cost imposition would hit these practices at a time when many are already facing high

taxes and liability costs, staffing challenges and a serious shortage of physicians, especially in primary care in our State.

This program was created in the mid-1980s due to a medical liability crisis. Absent comprehensive liability reforms like other states have enacted, access to excess coverage is critical to protect a physician's personal assets when liability exposure exceeds the limits of available coverage.

We thank you for your past support for the Excess program including helping to reject this proposal in prior years when it was brought up in Budget negotiations. We urge you to reject this proposal again in the Final State Budget.

- **Transfer of Oversight to the Department of Health from the State Education Department**

The SFY 2027 Executive Budget includes a proposal to transfer the authority to define, license, and oversee physicians, physician assistants, and special assistants to the Department of Health (DOH) from the State Education Department (SED). NYSAFP does not recognize any public benefits of this change and believes there are many unknown implications that it could have including slower processing times of licenses, increased regulatory burden on physicians, a loss of the State Board of Medicine, a bifurcation on how health professions are regulated in New York and others.

We urge that this policy be rejected in the Final State Budget.

SUPPORT: Insurance Reforms

- **Prior Authorization and Utilization Review Processes Reforms**

NYSAFP is very pleased to see that the Executive Budget includes language to reform a number of prior authorization (PA) and utilization review processes that health insurance companies employ to determine patient eligibility for healthcare items and services (Part HH of the Transportation, Economic Development & Environmental Conservation Article VII Bill (S9008/A10008). Specifically, Subpart A would require insurers to annually report utilization review data to the Department of Financial Services including pre-authorization volumes, approval and denial rates, appeals and outcomes, and the 25 CPT codes most frequently subject to pre-authorization, approvals, denials, and reversals. This data would be used to produce an annual health insurance consumer guide.

Further, Subpart B would expand continuity-of-care protections by extending required coverage of out-of-network care from 60 to 90 days for individuals with life-threatening or degenerative conditions and through pregnancy and postpartum for individuals who are pregnant at enrollment. Subpart C would require insurers to publish prescription drug formularies on their public websites, and Subpart D would limit utilization reviews for chronic conditions to once per year per approved course of treatment. PA can create significant barriers for patients by delaying the start or continuation of necessary treatment and negatively affecting patient health outcomes.

The time-consuming processes used in these programs burden providers and divert valuable resources away from direct patient care; in fact, a [2024 American Medical Association survey](#) found that on average physician practices spend 13 hours on PAs per week and nearly a third of physicians shared that PAs led to a serious adverse event for a patient in their care.

We urge you to include this proposal in the Final State Budget.

We also support legislation ([A.3789-A](#)), to amend PA and utilization review procedures imposed by insurance companies for certain health care services. This legislation would assure that utilization review criteria are evidence-based and peer reviewed, require utilization review determinations involving health care services which require PA to be provided within 72 hours, and assure that a PA will not need to be repeated once received. We urge the passage of this bill this session.