

**Testimony on Behalf of the
American College of Obstetricians and Gynecologists (ACOG), District II
Joint Legislative Budget Hearing: Health**

The American College of Obstetricians and Gynecologists (ACOG), District II appreciates the opportunity to provide written testimony on the Governor’s Fiscal Year 2022-23 Proposed Budget. As the leading group of physicians delivering women’s health care, ACOG District II promotes policies that reflect and prioritize the health needs of New York women. We appreciate the Joint Committee’s consideration of our testimony in their review of this year’s budget proposal. ACOG District II partners closely with the Legislature, Executive and state agencies to provide clinical guidance and expertise on key reproductive health issues. ACOG is committed to addressing ongoing health disparities, finding opportunities to bolster access, and improve the quality of health care services delivered in the state. It is through this lens that we respectfully submit the following testimony outlining the continued investments needed to improve maternal health outcomes.

Shifting the Paradigm on Maternal Health

We commend the state for their recent mortality prevention initiatives, including legislation to improve New York’s maternal mortality review process through the creation of the maternal mortality review board (MMRB). Such actions signified a commitment to support programming necessary to improve maternal health outcomes in our state.

Unfortunately, despite these efforts, we find ourselves in a crossroads where the persistent undervaluing of maternal health care has devastating consequences for New York women and their families. As recent data made available through the New York City Maternal Mortality Review Committee underscores, maternal mortality and morbidity data highlights the deficiencies in how New York state has collectively cared for some the most vulnerable members of our community. While hospitals and health teams have a tremendous role in improving care for our patients, the state has an equally important role to ensuring that these patients do not fall through the cracks of an increasingly complex medical system.

Reducing maternal mortality and morbidity and the stark racial disparities that persist will take collaborative efforts of not only hospitals, birth centers and their obstetric teams, but other specialties that care for women of reproductive age. In addition, New York State must advance policies which strengthen patient access to vital health services including seamless insurance coverage and enhanced community resources to improve social determinants of health. Our recommendations to enhance this care through the budget are highlighted below.

Prioritize Systems Changes to Address Health Equity

- ***Ensure Post-Pregnancy Medicaid Extension Benefits all New Yorkers, Including Immigrant Women (HMH Article VII, Part 5)***

ACOG and an expansive group of advocates have consistently called for legislation to extend Medicaid coverage for one full year following pregnancy for all New Yorkers. The Governor’s proposed budget extends this coverage, but unfortunately, excludes immigrant women from this benefit. We strongly encourage the Legislature to reject this exclusion in the final budget and provide this necessary coverage to all individuals following pregnancy.

As we know, our maternal health crisis disproportionately impacts women who rely on Medicaid for pregnancy related care, as many of these women lose eligibility for coverage 60 days after the end of pregnancy. With one in three pregnancy related deaths occurring in the postpartum period¹, this is a critical period which must be fully covered. Extending coverage following pregnancy is necessary to facilitate follow-up care, particularly for those with chronic health conditions, substance use disorder, or experiencing perinatal depression – thereby safeguarding their own health as well as improving their abilities to care for their newborns and infants.

The Legislature should strike, lines 14-19, 23-28 of page 187 bill and lines 1-2 on page 188 of the Art VII bill in their one-house budget bills. The Legislature should include the language in S1411A/A0307A, which provides 12 months post-pregnancy coverage to ALL New Yorkers, in their one-house budget bills and in the final FY2023 Enacted NYS Budget.

➤ **Ensure Appropriate Reimbursement for Telehealth to Ensure Equitable Access (HMH Article VII, Part V)**

The pandemic put into sharp focus the shortcomings within our health system, and telehealth was vital to ensuring continued patient engagement and has leveraged an additional access point for patients and providers to interact. This budget proposal to require payment parity for telehealth services is necessary to ensure that physicians and other health care providers can meet patient demand and institute operational requirements necessary to integrate telehealth into their practices.

Misconceptions about the delivery of telehealth which suggest that this care is not as robust or effective as in-person visits, have not been validated. In fact, patients report a high level of satisfaction with the care delivered via telehealth, and often achieve more face time with their physician via telehealth.^{2,3,4}

The use of telehealth in physician offices also does not obviate the need for brick and mortar operations for most providers. The overwhelming majority of practices will need to have systems in place to provide both telehealth and in-person visits. In order to support the ability of practices to continue to deliver the highest level of evidence-based care for both services, it is necessary for the care to be reimbursed equally.

In addition, ensuring parity across all payers, including the Medicaid program is crucial to ensuring equitable access to telehealth services. We are encouraged by this provision of the budget.

➤ **Ensure Comprehensive Insurance Coverage for Abortion Services (HMH Article VII, Part R)**

ACOG strongly supports the inclusion of this proposal to require insurance coverage for abortion services. For New Yorkers with private insurance governed by the state, the right to abortion coverage relies on 2017 state regulation which requires coverage of “medically necessary” abortions. However, for the purposes of private insurance, the Department of Financial Services has narrowly defined “medically necessary” as abortions only in cases of “rape, incest or fetal malformation.” This proposal seeks to remedy that narrow definition, and more accurately reflect the provision of abortion care.

¹ Petersen EE, Davis NL, Goodman D, et al. Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. *MMWR Morb Mortal Wkly Rep* 2019;68:423–429.

² Andrews E, Berghofer K, Long J, Prescott A, Caboral-Stevens M. Satisfaction with the use of telehealth during COVID-19: An integrative review. *Int J Nurs Stud Adv*. 2020;2:100008. doi:10.1016/j.ijnsa.2020.100008

³Ramaswamy A, Yu M, Drangsholt S, et al. Patient Satisfaction With Telemedicine During the COVID-19 Pandemic: Retrospective Cohort Study. *J Med Internet Res*. 2020;22(9):e20786. Published 2020 Sep 9. doi:10.2196/20786

⁴ Heath, Sara. Patient Satisfaction with Telehealth High Following COVID-19. *Patient Engagement HIT*. October 7, 2020.

<https://patientengagementhit.com/news/patient-satisfaction-with-telehealth-high-following-covid-19> Accessed December 8, 2020.

Imposing artificial distinctions based on the reason someone is seeking care creates barriers to care, stigmatizes people seeking abortions, and discriminates against patients based on how they became pregnant and why they are seeking abortion. Abortion is health care. The ability to access an abortion not only deeply impacts a person's health and family, but moreover the ability to participate in their education, employment, and other facets of public life. As such, attempts to limit coverage based on a person's circumstances discriminates on the basis of sex by tying the determination of medical necessity to outmoded stereotypes about who deserves abortion care rather than whether the person needs to end a pregnancy.

People must have the ability to decide whether to continue a pregnancy, and to access health care services that support their decision to have an abortion. As states across the country prepare for and move towards full bans on abortion now is the time for New York to stand for equity in our communities and ensure access to abortion care.

Prioritize Continued Investment in Ongoing Maternal Mortality and Morbidity and Prevention Work

➤ Include \$250,000 to support the Safe Motherhood Initiative

ACOG District II's Safe Motherhood Initiative (SMI) works with obstetric teams across the state to develop and implement clinical bundles that outline standardized approaches for managing obstetric emergencies associated with maternal mortality and morbidity. Funding for the SMI has been historically established through a legislative add-on of \$250,000 in the Enacted Budget.

Through the Safe Motherhood funding, the SMI offers easily accessible tools through the SMI app and assists hospitals in implementing the bundles through education and ongoing implementation support. The SMI works to provide obstetric teams with hands-on technical assistance and quality improvement support to overcome barriers and challenges in meeting their patient safety goals.

Funding this program again this year will allow ACOG to continue its work to enhance patient safety clinical bundles with a specific focus on health equity and respectful care; develop a cardiac bundle and be responsive to recommendations from the Maternal Mortality Review Board to ensure providers across the state can learn from the reviews and implement actionable strategies for prevention.

Support New York's Physician Workforce

➤ Reject Proposed Excess Medical Liability Program Changes (HMH Article VII, Part Z)

This proposal seeks to restructure the Excess Medical Malpractice Insurance Program by requiring physicians currently enrolled in the program to pay upfront for this coverage, and then be reimbursed in 2 yearly installments. This proposal is untenable for New York State physicians, including ob-gyns who are still seeking to recover from the impacts of the COVID-19 pandemic. Physicians simply cannot absorb the upfront cost of this coverage, and we ask the Legislature to reject this proposal in the final enacted budget.

The Excess Medical Malpractice Insurance Program is available to physicians with hospital privileges who maintain primary coverage at the \$1.3 million/\$3.9 million level. The program was created as a result 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 of their professional lives could be lost as a result 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.

We appreciate the Legislature standing with the physician community, particularly during this extremely difficult time. Changes to the Excess Liability Program during an ongoing pandemic is short-sited and not in alignment with our shared goals of a robust physician workforce and equitable access to health care for New Yorkers

In summary, thank you for consideration of our budget testimony. As an organization representing physicians who are entrusted to care for women during all stages of their lives, ACOG welcomes the opportunity to share further clinical insight on these or other women's health issues.

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