



DISTRICT II

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**Testimony on Behalf of the
American College of Obstetricians & Gynecologists (ACOG), District II
Joint Legislative Budget Hearing: Health and Medicaid
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The American College of Obstetricians & Gynecologists (ACOG), District II, appreciates the opportunity to provide written testimony on Governor Hochul's Fiscal Year 2026-27 Proposed Budget. Representing the leading group of physicians providing comprehensive gynecologic and obstetric services, ACOG District II supports policies that are evidence-based, enhance access to comprehensive obstetric and gynecologic services, reduce administrative burdens, and prohibit interference in the physician-patient relationship. ACOG District II partners closely with the Legislature, Executive, and state agencies to provide clinical guidance and expertise on key maternal and reproductive health issues. There is a significant opportunity for the Legislature to continue its leadership to improve maternal and reproductive health outcomes by engaging with key clinical experts to develop thoughtful and evidence-based policies. It is through this lens that we respectfully submit the following testimony.

New York Must Hold Ground on Maternal and Reproductive Health

New York has made significant progress in addressing critical maternal and reproductive health care issues. However, we now face the threat of losing the ground we've gained. New Yorkers remain vulnerable as federal investment in maternal health programs has waned and federal action continues to challenge the availability of comprehensive reproductive health care. While New York State has stood as a leader to advance proactive policies to address maternal and reproductive health care, these efforts must be supported through sustained investment, particularly as we face diminishing federal support. It is essential that state health care policies be designed to improve access to maternity care and invest in reproductive health holistically. In a climate where persistent medical misinformation threatens the delivery of high-quality, evidence-based health care, New York's leadership is critical.

➤ ***Include \$250,000 in General Operating Funds to Support the Safe Motherhood Initiative***

ACOG District II's Safe Motherhood Initiative (SMI) develops evidence-based bundles to equip obstetric teams with best practices for managing emergencies in pregnancy, labor, and the postpartum period. Centering equity and dignity, the SMI unites maternal health partners statewide, using data from New York's Maternal Mortality Review Board (MMRB) committees to combat maternal mortality and address racial disparities. When the SMI was established in 2013, New York ranked 48 out of 50 states. Since that time that ranking has improved to 15th out of the 37 states reporting nationwide on maternal mortality.¹ Sustained investment is necessary to continue to improve our state ranking.

Funding for the SMI has been historically established through a legislative add-on of \$250,000 in the Enacted Budget. The SMI offers obstetric teams easily accessible tools through the SMI app, including checklists and algorithms used at the bedside, and assists hospitals in implementing the bundles through education and ongoing implementation support. The SMI is a

¹ KFF, "Maternal deaths and mortality rates per 100,000 live births," <https://www.kff.org/other/stateindicator/maternal-deaths-and-mortality-rates-per-100000-live-births/>.

critical component of ongoing maternal mortality prevention work which enables clinical experts to respond to recommendations of the MMRB, including work over the last year to develop a bundle to address a leading cause of maternal mortality - substance use disorders in pregnancy. The SMI also partners with the Department of Health on the implementation of its perinatal quality collaboratives. The current effort is designed to enable birthing facilities to safely reduce the Nulliparous, Term, Singleton, Vertex (NTSV) cesarean birth rate and improve the patient birth experience.

The Legislature's continued support for the SMI is critical to sustaining successful quality improvement work.

➤ ***Support Sustainable Abortion Care Access***

ACOG District II and its membership appreciate the inclusion of \$25 million dollars for the Reproductive Health and Equity Program in the proposed Executive budget. As we anticipate worsening federal level challenges to providing abortion care, we request the Legislature increase funding for the Reproductive Freedom and Equity Program to \$30 million dollars. This additional funding will cover uncompensated care and allow facilities to hire staff to meet patient demand as New York continues to absorb individuals seeking abortion services from states with abortion bans.

The governor's proposed budget again includes \$20 million to more appropriately reimburse the provision of medication abortion and other abortion care. We support the continued funding to ameliorate the historic underinvestment in abortion care reimbursement. This component of the budget is critical to ensuring that physicians who provide abortions can sustainably meet the growing need for this vital care and ensure the sustainability of the state's sexual and reproductive health care network. This funding must continue to ensure health care professionals have the resources they need to preserve access.

The challenges we face in our national landscape related to abortion access will require sustained effort to grow our capacity. To address the strains on capacity and to ensure timely and patient-centered abortion care continues to be available for all who need it, we must be proactive in our efforts by investing in comprehensive reproductive health access in this budget.

Support Patient Access to Vital Health Services

➤ ***Transition Period for Insurance Coverage Continuity (TED Article VII, Part HH, Subpart B)***

ACOG supports the efforts to ensure continuous access to care with a patient's clinician, particularly during pregnancy and the postpartum period. This proposed change would create a transitional period whereby a pregnant or postpartum patient who enrolls in a new managed care plan can continue to access care from their clinician so long as the clinician is willing to accept reimbursement and terms of the new plan. We are appreciative of this effort to buffer against some of the anticipated churn in the insurance market because of federal action, and to prioritize the access needs of pregnant and postpartum patients.

Support New York's Physician Workforce

➤ ***Protect Physician's Excess Medical Malpractice Insurance Program (HMH Article VII, Part G)***

ACOG District II and our members are concerned with the Executive Budget's proposal to restructure the Excess Medical Malpractice Insurance Program. The changes to the program would require a 50% cost share for a cumulative \$40 million cost-imposition on the physicians receiving this coverage under this Essential program, at a time when physician practices will see a substantial increase in uninsured patients. This could create a potentially untenable financial burden for physicians in high-risk medical specialties, including obstetrics and gynecology. This proposal would force high risk specialties to pay anywhere between thousands to tens of thousands of dollars for the Excess program.

To reach our shared goals of equitable access to health care for New Yorkers, we strongly encourage the Legislature to reject this proposal and adequately fund the Excess Medical Malpractice Insurance Program.

➤ ***Prior Authorization Reform***

ACOG supports proposals within the Executive Budget which seek to streamline access to care and the prior authorization process. Part HH of the TED Article VII language includes important efforts to create better data and transparency for prior authorization policies. This proposal would require health plan formularies be made publicly available, easily accessible, and provide longer authorization of treatment for the duration for chronic condition treatment. The language would also require health plans to publicly disclose prior authorization denials. These efforts are important steps to ensuring transparency within insurance plans' medical management practices and will help to ease some of the administrative burdens on physicians and their patients.

Notably, Part F of the Health and Mental Hygiene Article VII language would amend insurance law to prohibit plans which cover prescription drugs or medication for substance-related and addictive disorder from requiring prior authorization for the initiation or renewal of a prescription for detoxification or maintenance treatment. This is an important change to the law which will ease burdens for individuals seeking substance use disorder treatment. As we know from data gleaned from New York's maternal mortality reviews, enhancing access to substance use disorder treatment during pregnancy and the postpartum period can help improve maternal health outcomes

Conclusion:

Thank you for your consideration of ACOG District II's budget testimony. Continued and sustained investment is needed to hold ground on efforts to improve maternal health outcomes and enhance access to reproductive health care. As an organization representing physicians who are entrusted with providing health care to patients during all stages of their lives, ACOG District II welcomes the opportunity to share further clinical insight into these or other maternal and reproductive health issues.