



Committee of Interns and Residents *SEIU*Healthcare®

February 10, 2026

Dr. Soheila Sanchez-Molina, CIR/SEIU Regional Vice President

Re: Testimony in support of GME Funding

Members of the Budgetary Committee,

The Committee of Interns and Residents-SEIU (CIR-SEIU) is the largest physician labor union in the country, representing over 41,000 members. In New York state alone, CIR-SEIU represents 8,000 resident physicians and fellows, also known as housestaff, who are the heart of care across our hospitals. Of those, roughly 3,000 doctors work at eleven private hospitals in New York City, currently bargaining for contracts that determine the wages, benefits, and working conditions of doctors who provide essential care. At Maimonides, One Brooklyn Health, Bronxcare, Wyckoff, Brooklyn Hospital Center, Institute for Family Health (IFH), Mt. Sinai Morningside, Mt. Sinai West, New York Methodist, St. Barnabas, and St. John's Episcopal, CIR-SEIU doctors' salaries, benefits, and working conditions are being determined at the bargaining table right now.

Resident physicians and fellows are the next generation of doctors. They are the backbone of our healthcare system and are essential to ensure our state has the physician pipeline we need to meet New Yorkers' needs.

One in five of our members in New York State is also an international medical graduate. They have come to our state on visas, and their ability to stay and work in the country has been increasingly under threat from federal attacks on immigration.

According to a report issued by New York State Comptroller Tom DiNapoli, rural counties in New York suffer from acute physician shortages, with the number of physicians across primary care, pediatrics, and other specialties far below established national guidelines.¹ Nearly four million New Yorkers live in Health Professional Shortage Areas (HSPAs), leading to worse health outcomes and inequitable access to care.² Mercer recently published an analysis showing New York will face a shortage of over 2,700 physicians by 2028, and the shortage will continue to worsen unless our state takes action.³

Safety net hospitals rely on GME funding to keep their residency programs afloat in some of the most underserved communities. Well-funded and competitive residency programs are essential to keeping these hospitals staffed, and to ensuring New Yorkers in underserved communities receive quality medical care.

CIR-SEIU and our nearly 8,000 doctors in New York State are committed to ensuring that all New Yorkers receive the care they need. As a result, we urge the legislature to support the following measures:

- 1. Continue to increase state funding for Graduate Medical Education (GME) in order to ensure the quality of New York's residency programs**

¹<https://www.osc.ny.gov/press/releases/2025/08/dinapoli-rural-counties-face-shortage-health-professionals>

² <https://pmc.ncbi.nlm.nih.gov/articles/PMC2231638/>

³https://www.advisory.com/daily-briefing/2024/09/09/workforce-shortage?utm_source=All&utm_medium=Email&utm_campaign=50072&utm_content=member_headline_atest_x_infogram_x_x&elq_cid=1721067&utm_assetid=97394



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Funding for residency programs is provided through the Centers for Medicare + Medicaid Services (CMS) as well as state-allocated Graduate Medical Education (GME) funding, which receives federal matching dollars. State GME provides critical training resources, in addition to expanding research opportunities, access to medical technology, and clinical support for residents. In New York, the majority of GME funding is provided to hospitals through a pre-established supplement embedded in the state Medicaid formula. An additional fee-for-service reimbursement makes up about a quarter of New York's GME funding. New York's state GME funding model makes New York a national leader in physician training.

Federal Medicare funding only covers 24% of New York's GME expenses.⁴ In fact, over 2,200 residency slots in New York are solely supported by state GME funding, or about one in eight positions. In order to retain these slots and ensure stable and robust medical education, New York State must continue to robustly fund GME.

New York's well-funded residency programs appeal to doctors in training and help attract top talent to our hospitals, helping to address the physician shortage in our state. According to a study by the Center for Healthcare Workforce Studies at the SUNY University at Albany, more than 75% of physicians practicing in New York State completed residency or fellowship training in New York, and over half of resident physicians stay in New York after completing their training.⁵

GME funding increased 12% in real dollars between 2019 and 2024, reflecting COLA increases embedded in the Medicaid funding formula as well as increased service uptake. GME spending is eligible for federal matching funds, multiplying the impact of investment in GME and securing additional resources for New York hospitals amidst devastating federal cuts.

Federal cuts to New York hospitals represent an existential threat to critical care. Part of this threat includes severing the physician pipeline and diminishing the quality of our physician training. As private sector hospitals face budget cuts, they threaten to cut wages and benefits for doctors in training who are under the pressure of an affordability crisis and an average student loan debt of over \$200,000.⁶ As CIR-SEIU members return to the bargaining table at New York private sector hospitals, it is critical that our state robustly fund Medicaid GME reimbursement to build on the physician pipeline in New York State, and guarantee wages and benefits that address the affordability crisis.

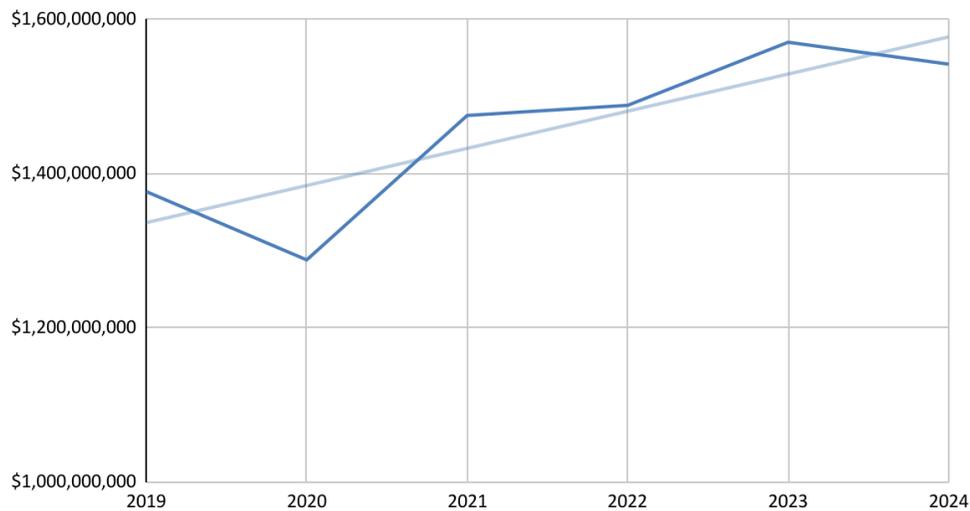
⁴ <https://www.aamc.org/media/65946/download?attachment>

⁵ <https://www.albany.edu/news/images/PhysicianShortagerport.pdf>

⁶ https://store.aamc.org/downloadable/download/sample/sample_id/368/



Table 1: NYS Medicaid Formula GME Funding, inflation adjusted



Source: New York State Department of Health. "Graduate Medical Education Payments: Medicaid Managed Care Enrollees Only, 2019 – 2024." Retrieved via FOIL request on July 16, 2025.

2. Ensure universal healthcare coverage through the New York Health Act (A1466/S3425)

With skyrocketing healthcare costs, increasingly restrictive provider networks, and volatile policy changes at the federal level, New York must act now to protect the healthcare of every New York

resident and full time worker in the state. The New York Health Act will provide universal, guaranteed healthcare regardless of income level. In order to safeguard against federal cuts and changing federal priorities, the New York Health Act will preserve our benefits, expand coverage, and reduce costs for over 90% of New Yorkers.

Universal, guaranteed healthcare leads to:

- **Improved health outcomes** - The New York Health Act will guarantee coverage to every New Yorker, including medical, vision, dental, hearing, prescription drugs, and long-term care and support services. Individuals who can access necessary medical care without financial barriers receive improved preventive and early intervention services, which ultimately results in a healthier population, improved health outcomes, and higher life expectancy.⁷
- **A Reinforced Healthcare System** - When patients are better able to access the care they need, health conditions are addressed quicker and more efficiently. This reduces the overall burden on the healthcare system and care providers by preventing the compounded risks and complexities that arise from delayed or forgone care, which would otherwise require greater time, effort, and resources.

⁷ <https://www.commonwealthfund.org/publications/issue-briefs/2023/jan/us-health-care-global-perspective-2022>



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- **Controlled healthcare costs** - A RAND Corporation study found that the New York Health Act would save at least 11.4 billion dollars annually.⁸ By eliminating for-profit drivers, New York can efficiently stabilize and control healthcare costs, provide comprehensive care and put money back in the pockets of over 90% of New Yorkers. These savings can fill the budget hole left by federal cuts while offering more benefits to New Yorkers.
- 3. Reproductive Freedom and Equity Grant Program, or New York State Abortion Clinical Training Program Act (S1438A)**

This legislation would formalize the reproductive health training and education fund, ensuring a continued investment in reproductive healthcare in New York. The funding trains licensed providers, interns, and residents at hospitals or other graduate medical education programs to perform abortion and related reproductive health services.

Strengthening provider training is critical to meeting the reproductive healthcare needs of New York's population and maintaining timely, high-quality care statewide. As access to reproductive services is increasingly restricted across the country, clinical training opportunities are being eliminated in many

states, threatening the future workforce. By investing in education and training, New York helps prevent provider shortages, supports underserved communities, and preserves access to essential, evidence-based care.

⁸ https://www.rand.org/pubs/research_reports/RR2424.html



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February 10, 2026

Dr. Joseph Botros, CIR/SEIU member

Re: Testimony in support of GME Funding

Members of the Budgetary Committee,

My name is Dr. Joseph Botros, and I am a resident physician specializing in Emergency medicine at Montefiore Medical Center, where I do the majority of my patient care.

As you know, our hospital provides critical services that are essential to keeping New York healthy. I chose to practice medicine in New York because I am deeply committed to serving diverse communities and addressing the severe healthcare inequities that exist both in the state and across our nation.

I am writing this testimony because I'm concerned about the health of the region. In order to continue to have high quality programs like mine that keep attracting talented doctors, we need to ensure that residency programs are fully funded. Graduate Medical Education (GME) funds are essential to ensuring that this happens. Although our salaries are funded through the Centers for Medicare + Medicaid Services (CMS), what makes our programs desirable is the supplemental education we are able to access through GME funding. Funding for me to attend research and new medical technology conferences, updated diagnostic tools, even my Program Director, are not possible without GME funding. It is deeply concerning to me that these essentials to my training could be cut if GME funding is not protected.

Right now we, the 3,596 out of the over 8,000 members of the Committee of Interns and Residents in New York, are in bargaining for new contracts across 11 hospitals. We are the frontline doctors and often the first person patients see when they are seeking care. In addition to wages, we want to enshrine the learning opportunities available to us for incoming physicians so they are able to have access to the same learning opportunities we had. This isn't possible without GME funding.

Right now, there is a national physician shortage. Low-income and black, indigenous and people of color are already disproportionately affected by these shortages, and cuts to GME funding will continue to build on existing healthcare inequities. Without robust training with supplementary learning opportunities, our communities will not have access to primary and specialty care.

It is imperative that we continue to invest in GME in order to provide quality care to some of our state's most vulnerable patients. I know that this Committee is as invested as we are in retaining critical services and talent in New York. Thank you for your consideration.