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**TESTIMONY FOR JOINT VIRTUAL LEGISLATIVE BUDGET HEARING:  
HEALTH**

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The New York State Psychiatric Association (NYSPA), the medical specialty society of more than 4,000 psychiatrists practicing in New York State and a division of the American Psychiatric Association, appreciates the opportunity to submit the testimony in relation to the Executive Budget proposal for fiscal year 2023.

## **I. AREAS NYSPA SUPPORTS**

### **1. NYSPA SUPPORTS TELEHEALTH PARITY**

NYSPA **strongly supports** Part V of the Health and Mental Hygiene Budget (S.8007/A.9007), which would amend the Public Health and Insurance Laws to require reimbursement of telehealth services at the same rate, and to the same extent as such services are reimbursed when delivered in person.

This provision is particularly important as data from a recent survey conducted by the New York Medical Group Management Association (NY MGMA) revealed that only 23% of all health plans pay equal to what physicians receive for in-office visits; and, 25% of physicians said that most plans pay significantly less for in-office visits. A survey conducted by the Medical Society of the State of New York and medical specialty societies found that while telehealth visits conducted by video were reimbursed at higher rates than audio- only, physicians were compensated as little as 30% the rate of in-person appointments, depending on the health plan. Furthermore, audio-only visits were the least compensated, with most payers reimbursing 80% less than for in-office visits, a finding which is particularly alarming for mental health and substance use disorder as many individuals relied on audio-only telehealth to receive care and treatment during COVID-19 pandemic.

Telehealth parity will further the growth and potential for telehealth which, according to reports, has substantially reduced the rate of missed appointments providing for greater adherence to the treatment plan and regimen. This is imperative as recent data from the US Census Bureau on COVID-19 indicates more than one-third of Americans are exhibiting signs of clinical anxiety or depression. The data also found the rates are higher among young adults, women, minorities and those in challenging socioeconomic environments. New York is not immune as it ranked 12<sup>th</sup> nationwide in terms of adults showing symptoms according to the data from the Census Bureau. Data from FAIR Health indicates mental health conditions are by far the top diagnoses for which telehealth services were received according to 2020 claims data.

For the above reasons, NYSPA **strongly supports** telehealth parity as proposed in Part V of S.8007/A.9007.

### **2. NYSPA SUPPORTS ADDITIONAL FUNDING FOR DOCTORS ACROSS NEW YORK PROGRAM**

NYSPA supports the increased funding for the Doctors Across New York Program as well as \$3,000,000 for the purpose of making physician loan repayment awards to psychiatrists who are licensed to practice in New York State and who agree to work for a period of at least five years in one or more hospitals or outpatient programs that are operated by the office of mental health and deemed to be in one or more underserved areas, as determined by the Commissioner of OMH.

For the above reasons, NYSPA **strongly supports** this funding.

### **3. NYSPA SUPPORTS APPROPRIATIONS TO FUND 9-8-8 SUICIDE PREVENTION AND MENTAL HEALTH CRISIS ACT**

NYSPA supports the Executive's proposed \$35 million in funding in fiscal year 2023 and \$60 million fiscal year 2024 to support the establishment of the 9-8-8 Crisis Hotline in New York State. This funding is critical following the enactment last year of the 9-8-8 Suicide Prevention and Mental Health Crisis Act. The act requires the Commissioner of the Department of Public Service, the Commissioner of the Office of Mental Health and the Commissioner of the Office of Addiction Services and Supports to establish the three-digit, 9-8-8 suicide prevention and mental health crisis hotline system and center by July 16, 2022.

The centers will operate 24/7 and connect New Yorkers experiencing a mental health crisis with lifesaving and culturally competent mental health care services. The range of services that would be coordinated includes onsite services as well as dispatch of mobile crisis teams. The legislation also requires the hotline crisis system to appropriately plan to meet the needs of high risk and specialized populations such as African American, Hispanic, Latino, Asian, Pacific Islander, Native American, veterans, those identifying as LGBTQ, immigrants, child and youth, older adults, and individuals with developmental disabilities. The above referenced legislation follows the enactment of the National Suicide Hotline Designation Act on October 19, 2020, which provides for the transformation of the current ten-digit number (800-273- 8255) into the three-digit number, 9-8-8, with the hope it will be as easy to remember and ubiquitous as 9-1-1.

For the above reasons, NYSPA **strongly supports** funding for the 988 Crisis Hotline in New York State.

**4. NYSPA SUPPORTS INVESTMENTS IN HEALTHCARE WORKFORCE**

NYSPA commends the proposed \$10 billion multi-year investments in the healthcare workforce to assist in retention as well as growth. This investment includes the \$1.2 billion in healthcare work retention bonuses for those making under \$100,000 and working in eligible setting as well as the proposed 5.4% increase in the cost of living allowance for those working in the human service sector under programs and services licensed, funded and certified by the NYS Office of Mental Health (OMH), Office of People with Developmental Disabilities (OPWDD), Office of Addiction Services and Supports (OASAS), Office of Children and Family Services (OCFS), Office of Temporary Disability Assistance (OTDA) and the State Office for the Aging (SOFA).

For the above reasons, NYSPA **strongly supports the above referenced investments in the healthcare workforce.**

**5. \$550,000 IN FUNDING FOR THE VETERANS MENTAL HEALTH TRAINING INITIATIVE**

The New York State Psychiatric Association (NYSPA), the Medical Society of the State of New York (MSSNY), and the New York State Chapter of the National Association of Social Workers (NASW-NYS) **are seeking funding in the 2022-2023 New York State budget** for the continuation and expansion of the comprehensive statewide training program, known as the Veterans Mental Health Training Initiative (VMHTI). The program educates both community mental healthcare providers and primary care healthcare providers on veterans-specific mental health issues including combat-related post-traumatic stress disorder, traumatic brain injury, suicide in veterans, substance use, military culture, and women veterans’ mental health conditions including the impact of military sexual trauma. To date, the initiative has trained more than 7,400 community primary care and mental health practitioners.

The funding requests for each are organization are as follows:

<b>NYSPA</b>	\$150,000
<b>MSSNY</b>	\$150,000
<b>NASW-NYS</b>	\$250,000

The VMHTI has two pathways: one led by the NASW-NYS, providing an accredited education and training program for community mental health workers, and one led by NYSPA and MSSNY training primary care physicians and health practitioners from across the primary care specialties, including internal medicine, family practice, emergency medicine and OB-GYN. The trainings are also of benefit to psychiatrists whose practices have seen a dramatic influx of combat-related mental health problems. The program educates both community mental healthcare providers and primary care healthcare providers on veterans-specific mental health issues including service-related post-traumatic stress disorder, traumatic brain injury, substance use disorders, suicide and suicide prevention, as well as enhancing competency on military culture.

The need for continued support is more critical than ever in light of COVID-19 pandemic’s impact on veterans and their families, including the exacerbation of mental health and substance use disorder symptomology, isolation, and

loneliness as well as economic stress that burdens veterans. Recent reports and data from the Army indicate that suicides during the pandemic have increased by 20% in the military and by as much as 30% among active-duty soldiers. In addition, a recent national survey found a majority of veterans had reported that their mental health worsened since social distancing measures were implemented and more than half reported having had mental health appointments canceled or postponed during the pandemic.

The VMHTI has pursued linkages with veteran peers including the Joseph P. Dwyer Peer to Peer Program (Dwyer Program). The Dwyer Program has a specific charge of peer support for veterans and their families. Peer support covers many areas including connection to concrete services, peer-based group and individual support as well as service activities. The Dwyer Program does not provide medical or mental health clinical services. The VMHTI seeks to close the gap between Dwyer Programs and clinical services by working together to create a referral system for veterans seeking medical and mental health care. This expansion of VMHTI will provide wrap around support for veterans by providing a direct connection to trained clinicians.

For the above reasons, NYSPA **strongly supports** additional funding for the VMHTI, which goes hand-in-hand with the proposed investments to expand the Dwyer program to all counties in New York State.

## **II. AREAS NYSPA OPPOSES**

### **1. NYSPA OPPOSES ELIMINATION OF PRESCRIBER PREVAILS**

NYSPA urges the Legislature to reject the repeal (Part BB S.8007/A.9007) of the authority of physicians and other qualified prescribers to make the final determination regarding the medication prescribed to individuals covered under Medicaid Fee-for-Service and Medicaid Managed Care, commonly referred to as “prescriber prevails.” Repealing this critical patient protection would jeopardize patient care as well as undercut the initiatives the State has undertaken to reduce unnecessary and avoidable hospitalizations, which have been trending downwards in the last several years. A key component in sustaining and accelerating such a trend is assuring individuals are able to obtain the medications prescribed by their physician to alleviate the symptomatology of their physical and/or mental health conditions.

As it is, under the current law the prescriber has to go to great lengths to “demonstrate” the medication is medically necessary and warranted, a process that has prescribers spending an inordinate amount of time navigating a maze of pharmaceutical management processes to obtain approval to prescribe the medications their patients need. Over the years, the Legislature has rejected the administration’s budget proposals to curtail or eliminate the patient protections embodied in the prescriber prevails provisions of the law. For many physical, mental health and substance use disorders, finding the most efficacious medication for a patient is often not a one-size-fits-all approach, making it all the more imperative that once determined the decision is respected in order to preserve continuity of care and enhance treatment adherence.

The transition of the Medicaid pharmacy benefit from managed care back to fee-for-service pursuant to a provision in the 2020-21 NYS budget, which was scheduled to go into effect on April 1, 2021 but has been postponed until April 1, 2023. To assure continuity of care, it is imperative the prescriber prevails authority be maintained as it is an important safety net for our most vulnerable often battling multiple comorbidities.

For the above reasons, NYSPA **strongly opposes** the repeal of prescriber prevails.

### **2. NYSPA OPPOSES CHANGES TO EXCESS MEDICAL MALPRACTICE PROGRAM**

NYSPA opposes the changes to the physician excess medical malpractice program as contained in Part Z of the Health/Mental Hygiene Article 7 bill (S.8007/A.9007), which would require physicians currently enrolled in the program to for the first time in the 35-year history of the program, pay the cost of the premium upfront in order to be enrolled in the coverage, and then be reimbursed by the State in two yearly installments.

NYSPA joins fellow medical specialty societies in opposing this change, which is ill-timed as the new cost imposition, even while reimbursed, would hit these physician practices at a time when many are still seeking to recovering losses and stress related to the COVID-19 public health emergency.

The size of medical liability awards in New York State has continued to rise significantly and physician liability premiums remain far out of proportion compared to the rest of the country. A recent report from Diederich Healthcare showed that in 2019, New York once again had the highest cumulative medical liability payouts of any state in the country, 68% more than the state with the second highest amount (Pennsylvania). It also had the highest per capita liability payment, 10% more than the 2nd highest state (Massachusetts).

For the above reasons, NYSPA **strongly opposes** the changes proposed to the excess medical malpractice program.

### **3. NYSPA OPPOSES CHANGES FOR COLLABORATIVE RELATIONSHIP FOR NURSE PRACTITIONERS**

NYSPA opposes Sections 3, 4, and 5 of Part C of the Governor's proposed Health and Mental Hygiene Article VII bill (S.8007/A.9007). This bill would remove the requirement in the State Education law for a nurse practitioner, in practice for 3,600 hours, to engage in a collaborative practice agreement with a physician for the delivery of primary care services. To date there has been no objective and comprehensive analysis of the impact of independent practice by nurse practitioners under the current statute; and, as such, there is no evidence that the temporary waiver of the collaborative practice agreement under executive order accomplished any of the purported objectives including increasing access to care in underserved areas, reducing costs, or improving use of preventive or primary care services.

NYSPA strongly believes nurse practitioners are a critical part of the health care team engaged in high-quality patient care. Patients benefit from having nurse practitioners and physicians working together under written collaborative practice agreements for 3600 hours of learning, training and consultation that evolves over the several years, thereby providing time for varied patients encounters leading to a wide variety of diagnosis, clinical experience and treatment plans.

Health care is a team effort that is optimized when the team members, including the patients, work together-communicating, merging observations, expertise, and decision-making responsibilities-with the common goal of providing the safest and most appropriate care. Effective teams, whether in health care, sports, or other arenas, have leaders. In health care, those leaders are the physicians who have 7 years or more of postgraduate education and at least 10,000-16,000 hours of clinical experience and bear the burden of responsibility for appropriate diagnosis and care. In the midst of the COVID-19 pandemic, it is more important than ever to ensure that patients have access to high quality medical care.

For the above reasons, NYSPA **opposes** this change.