



Legislation Text

File #: Res 0084-2010, **Version:** A

Proposed Res. No. 84-A

Resolution calling upon the New York State Department of Financial Services and the New York State Department of Health to devise a comprehensive solution to address the financial and professional barriers to women's access to obstetric care.

By Council Members Crowley, Comrie, Dromm, Jackson, Koslowitz, Williams, Nelson, Reyna, Chin, Rose, Eugene, Vann, Mark-Viverito, Halloran and Koo

Whereas, According to the American College of Obstetricians and Gynecologists (ACOG), a decline in maternity care clinicians throughout New York City has become a public health concern, as the insufficient number of available obstetricians and gynecologists (ob-gyn) physicians willing to perform necessary procedures has forced many women to travel longer distances to find a doctor, created longer waiting periods for appointments, and has led some patients to believe physicians devote less time to their patients; and

Whereas, ACOG further indicated that since 2003, 8.7 percent of ob-gyn physicians in New York State have stopped practicing obstetrics, 12.6 percent have decreased the number of deliveries they perform as a result of high medical liability premiums, and 66.3 percent have made one or more changes to their practice due to the affordability and/or availability of professional liability coverage; and

Whereas, Ob-gyns who have particular expertise in pregnancy, childbirth, and disorders of the reproductive system and provide medical and surgical care to women, including preventive care, prenatal care, detection of sexually transmitted diseases, pap test screening and family planning have seen a significant increase in the cost of liability insurance, with average premiums in the Bronx reaching over \$176,000 annually; and

Whereas, According to the Medical Society of the State of New York (MSSNY), between 2003 and 2008, medical liability insurance costs for ob-gyns have increased by 63 to 72 percent; and

Whereas, Rising insurance liability premiums have made it difficult for ob-gyn physicians to find or afford medical liability insurance and have forced some ob-gyn physicians to cut back on the scope of their businesses, to refer high-risk patients to other facilities and to limit their intake of complicated pregnancies; and

Whereas, Such changes are of particular concern for low-income women, since socioeconomic factors in low-income areas increase the likelihood of comorbidities, such as parental diabetes, hypertension and obesity, therefore increasing the chance of complication during pregnancy and delivery, according to “Obesity and Pregnancy: Complications and Cost;” and

Whereas, Between 2007 and 2009, the latest data available, there was a rise in maternal mortality in New York State, with New York City and New York State having among the highest rates of maternal mortality in the entire country; and

Whereas, The high rate of malpractice insurance, coupled with low Medicaid reimbursement rates has contributed to a decline in the number of obstetric and perinatal facilities throughout New York City, particularly in Bronx, Kings and Queens counties; and

Whereas, As of September 2011, there were ten facilities in Bronx County that were designated as primary care health professional shortage areas by the United States Department of Health and Human Services, including Jacobi Women’s Health Center; and

Whereas, In response to the problem of high malpractice rates faced by hospitals, Governor Andrew Cuomo’s Medicaid Redesign Team (MRT) proposed establishing a Medical Indemnity Fund (MIF) that would create a dedicated funding stream to pay for the future health care costs of neurologically-impaired infants who suffered birth-related injuries; and

Whereas, The Medical Indemnity Fund provides some relief in liability premiums to hospitals yet does not have an impact on the cost of insurance for private practicing physicians; and

Whereas, According to the Institute of Medicine it is estimated that as many as 98,000 deaths per year can be attributed to medical error, 90% of which are the result of failed systems and procedures rather than the

negligence of individual practitioners; and

Whereas, Malpractice suits often result when an unexpected adverse outcome is met with a lack of empathy from physicians and a perceived or actual withholding of essential information by hospitals, according to an article published in the American Journal of Obstetrics and Gynecology; and

Whereas, The current tort system fails to encourage obstetricians and other health providers to disclose information about medical errors for fear of potential litigation, in turn impeding systemic efforts to prevent medical errors; and

Whereas, In a University of Michigan Health System study, it was determined that through fully disclosing and offering fair compensation to patients for medical errors, the University of Michigan Health System was able to decrease the monthly rate of claims from 7.03 per 100,000 patient encounters to 4.52; and

Whereas, While there is no single solution that can respond to the need for high quality health care and provide greater patient-provider accessibility, government must take further action to ensure the health and well-being of its citizens; now, therefore, be it

Resolved, That the Council of the City of New York calls upon the New York State Department of Financial Services and the New York State Department of Health to devise a comprehensive solution to address the financial and professional barriers to women's access to obstetric care.

LS # 435

JM

1/26/12