



THE DOCTOR /S IN

NEW YORK STATE'S INCREASING NUMBER OF PRACTICING PHYSICIANS

ENDORSED BY:

CENTER FOR JUSTICE & DEMOCRACY
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The **Center for Medical Consumers**, a non-profit advocacy organization, was founded in 1976 with this philosophy: Whenever long-term drug therapy, elective surgery, or any other major treatment is prescribed, the question of whether the treatment has been proven safe and effective should come up. And the prescribing physician should be expected to cite the relevant studies. Toward this goal, CMC:

- participates in nationwide and statewide efforts to reduce medical errors;
- encourages public access to information about the comparative performance of doctors and hospitals.
- works with policy makers to strengthen the process by which physicians and other health professionals are licensed and disciplined;
- represents patients and consumers on national committees working to develop health care performance measures;
- works with other advocacy organizations to increase patient and family engagement in health information technology.
- and supports New York State's efforts to transform the paper-based medical record system to a digital system that will enhance communication between patients and health care providers.

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- (2) Strengthen public access to information on patient safety; and
- (3) Improve the quality and safety of healthcare in New York.

We define "family" to include the key support persons and loved ones in the patient's life, as determined by the patient.

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The Doctor *Is* In: New York's Increasing Number of Doctors *Executive Summary*

New York has had a robust and diverse population of doctors for decades -- with one of the nation's highest ratios of practicing medical doctors to population served, including high ranking for physicians practicing in specialties such as OB/GYN and general surgery.

This review of the data on practicing physicians finds that the abundance of physicians in New York State continues today.

It has been reported that the number of physicians in some rural (and even in poor urban) areas have declined due to shrinking populations and economic/social factors. These area-specific shortages, some of which have been long-standing problems, have been seized upon by industry lobbyists who seek to blame malpractice premiums for the situation. Their ill-considered assertions, however, conveniently ignore the fact that the areas with the highest premiums are actually attracting the most doctors. These arguments also are an unnecessary distraction from real solutions to enhance rural/low income community medical practice.

The result of this analysis demonstrates that New York has an abundance of doctors, including specialty doctors, and that the number of doctors is increasing statewide. It also finds that New York, like other states, has difficulty attracting doctors to certain rural, low income areas that provide fewer professional amenities, and urges that policymakers focus on filling those gaps.

Background

Citing recently-published research, the Medical Society of the State of New York has argued that “the number of physicians trained here who actually remain in New York has dramatically declined in the past decade, from 53 percent in 2001 to only 44 percent in 2012. What specifically is driving them out? For starters, medical-liability insurance costs in New York are sky-high — higher, in fact, than anywhere else in the nation.”¹

The above referenced report does not, however, find that doctors are leaving New York; it found that a smaller *percentage* of doctors *educated and trained* in the state set up practice here. However, to most readers the message – although a misleading one – is that high medical malpractice premiums are responsible for a shortage of doctors *practicing* in New York State.

¹ Opinion piece written by Kleinman, A., “The Right Rx to Halt NY’s Doctors Drain,” *New York Post*, 5/13/14, see: <http://nypost.com/2014/05/13/right-rx-to-halt-nys-doctor-drain/>. Dr. Kleinman is the President of the Medical Society of the State of New York.

In addition to organized medicine's arguments, some business lobbyists have seized on shortages in some areas of the state and argued that the reason is New York's medical malpractice system, claiming "The real reason that doctors are not choosing upstate New York is the astronomical cost of lawsuits and medical liability insurance."² **But are these claims based on evidence? Or are industry lobbyists using data selectively to drive their anti-consumer, self-interested agenda?**

FINDINGS:

This report was written to examine these claims and to see if there is objective evidence to support a relationship between medical malpractice insurance premiums and shortages of physicians. **This report shows not only that there is no such shortage in the state, but in fact the areas with the most expensive malpractice insurance premiums are the areas with the most doctors – and the biggest increase in the number of doctors.**

Why would industry lobbyists make claims that are unsupported by the evidence? Their tactics are designed to frighten New Yorkers, and their lawmakers, into accepting the claims of these lobbyists and their allies. In truth, despite New York having medical malpractice premiums that are higher than the national average, there is little, if any, apparent impact on the number of physicians who choose to practice in the state. In fact, New York State has one of the highest ratios of physicians to population in the nation. This report finds:

- **New York State has the nation's second highest number of doctors per capita in the nation. This number includes *only* those doctors currently in clinical practice, but does not include those primarily in research or teaching and other similar, non-clinical activities. New York has the third highest per capita of doctors *overall*.**
- **The pool of doctors is growing at a significantly higher rate than the state's overall population.** From 2004 through 2012 the number of physicians actively practicing in New York increased over 10%. During that same period, the state's population grew less than 2%.
- **New York is among the top five states for the number of physicians per capita practicing in the so-called "high-risk" specialties of OB/GYN and general surgery.** New York has the *fifth* highest per capita number of practicing OB/GYNs (fourth overall), the *fourth* highest per capita number of general surgeons, and the *fourth* highest per capita number of internal medicine specialists.
- **New York counties in which medical malpractice premiums (generally downstate) are highest are the counties that have the**

² Letter to the Editor by Stebbins, T., "Letter: Medical liability reform will ease doctor shortage," *Buffalo News*, April 15, 2014, see: <http://www.buffalonews.com/opinion/letters-to-the-editor/letter-medical-liability-reform-will-ease-doctor-shortage-20140415>. Mr. Stebbins is the Executive Director of the Lawsuit Reform Alliance of New York.

largest number of doctors. And the same counties also have seen the biggest increase in doctors. Nineteen counties have seen decreases in the number of doctors between 2004 and 2012, and generally speaking, those counties are the ones in which premiums are among the lowest.

- **The well-documented and long-standing physician shortages that exist in New York’s rural areas correlate to factors that make them unattractive locations for physician practice. These factors include stagnating local economies and decreasing populations and are unrelated to the medical malpractice environment.** Such shortages in rural areas are a national concern and are not unique to New York State. Population growth in all of New York was less than 2% from 2004 to 2012, but *declined* in many parts of western and central New York – areas that contain the most rural parts of the state.

RECOMMENDATIONS:

Policymakers need to ensure that patients receive both high quality care as well as have access to such health care. At a minimum, New York should:

- **Examine the public’s access to health care providers in New York State, particularly in those areas that have demonstrated shortages.** Policymakers should review the successes and failures of past and current federal and state governments’ programs intended to remedy doctor shortages in rural areas to understand what has worked and what has not. In addition, policymakers should examine whether other health care professionals could fill gaps in these areas (e.g. increased availability of supervised nurse practitioners or physician assistants). The state should also examine carefully expanding the use of telemedicine to enhance access in areas with shortages to specialty services.³
- **Mandate periodic, routine recertification of physicians as a condition of licensure.** Both the National Academy of Sciences’ Institute of Medicine⁴ and the New York State Department of Health⁵ have recommended that physicians be recertified on the basis of periodic assessment of their competency. Physician evaluations should focus on the content of their current clinical practice and not just their historical training or board specialty.

³ For a more detailed look at New York’s physician shortage areas as well as the state’s efforts to encourage physicians to locate in these areas, see: “Doctors Across New York Physician Loan Repayment and Physician Practice Support Program Awards 2009 – 2013,” April, 2014, *The Center for Health Workforce Studies Health Research, Inc. School of Public Health, University at Albany, NY*

<http://chws.albany.edu/archive/uploads/2014/04/DANYawardsreport2014.pdf>.

⁴ National Academy of Sciences’ Institute of Medicine, “To Err is Human: Building A Better Health Care System,” November 1999, p. 10.

⁵ New York State Department of Health, “Report of the New York State Advisory Committee on Physician Recredentialing: Phase One General Principles, Proposed Process, Recommendations,” January 1988.

The Number Of New York State Doctors Has Increased At A Rate That Far Exceeds The Slow Growth In The General Population

According to the U.S. Census, in 2012 it was estimated that New York State had 19.6 million residents; in 2004 the state had 19.2 million residents.⁶ Thus, the state's population had increased slightly, just under 2%.

As seen in the *Appendix*, there has been a significant increase in the number of licensed doctors in New York. In 2004, there were over 81,000. In 2012, that number had increased to nearly 90,000 licensed doctors. That's an increase of about 10% -- a *five-fold* increase as compared to the state's overall population increase.

Despite a essentially stagnant statewide population – and a loss in population in many upstate areas – in only nineteen counties out of New York State's 62 counties was there a decline in the number of physicians.

Moreover, New York State continues to issue physicians licenses at a steady rate, according to the State Education Department. In fact, the number of new physicians being licensed was higher in 2013 than any recent year.

THE NUMBER OF NEW PHYSICIAN LICENSES ISSUED, 2004 THROUGH 2013⁷

	2004	2005	2006	2007	2009	2010	2011	2012	2013
Number of physicians	3,908	3,773	4,170	4,343	4,190	4,038	3,994	4,272	5,223

As seen above, in 2013 New York State saw a significant increase in the number of doctors licensed. That increase plainly indicates that New York continues to be an attractive location for new physicians.

⁶ Source for 2012 New York State population estimate: U.S. Census Bureau, "State and County Quickfacts: New York" <http://quickfacts.census.gov/qfd/states/36000.html>. Source for U.S. Census Bureau, 2004 population estimate: <http://www.census.gov/popest/data/counties/totals/2004/CO-EST2004-01.html>.

⁷ New York State Education Department. Current year is available at: <http://www.op.nysed.gov/prof/med/medcounts.htm>. Our data did not have the new physician licenses issued in 2008.

New York State Ranks Second in the Number of Practicing Doctors and Near the Top in Key Specialties

The industry’s lobbyists claim that rising malpractice premiums are forcing New York doctors to quit practicing “high-risk” specialties, including obstetrics, and general surgery. But New York boasts a very high per capita ratio of doctors practicing in these “high risk” specialties.⁸

- **Overall:** New York State had the second highest number of practicing physicians per capita in 2012 (the latest year that national data was available).
- **OB/GYNs:** The per capita number of New York doctors practicing in obstetrics and gynecology is fifth highest in the nation. New York has 18 OB/GYNs per 100,000 population. The national average is 13 per 100,000.
- **General surgeons and internal medicine specialists:** The per capita number of New York general surgeons is fourth highest and the per capita number of internal medicine specialists is also the fourth highest in the nation.

Ranking of States’ With The Highest Number of Practicing Doctors Per 100,000 Population⁹

Overall Rank		OB/GYN Rank		Surgeon Rank		Internal Med Rank		
1	Massachusetts	402 ¹⁰	Connecticut	21	Vermont	18	Massachusetts	104
2	New York	345	Rhode Island	20	Massachusetts	17	Connecticut	87
3	Maryland	344	Maryland	19	Rhode Island	16	Rhode Island	87
4	Rhode Island	342	Vermont	19	New York (tied with 6 other states)	15	New York	85
5	Connecticut	339	New York	18			Maryland	83

⁸ We chose these three specialties because, as you will see later in this report, those are the specialties often highlighted due to their malpractice premiums.

⁹ American Medical Association, “Physician Characteristics and Distribution in the US,” 2014 Edition, Appendices 2 through 5 contains data for all 50 states.

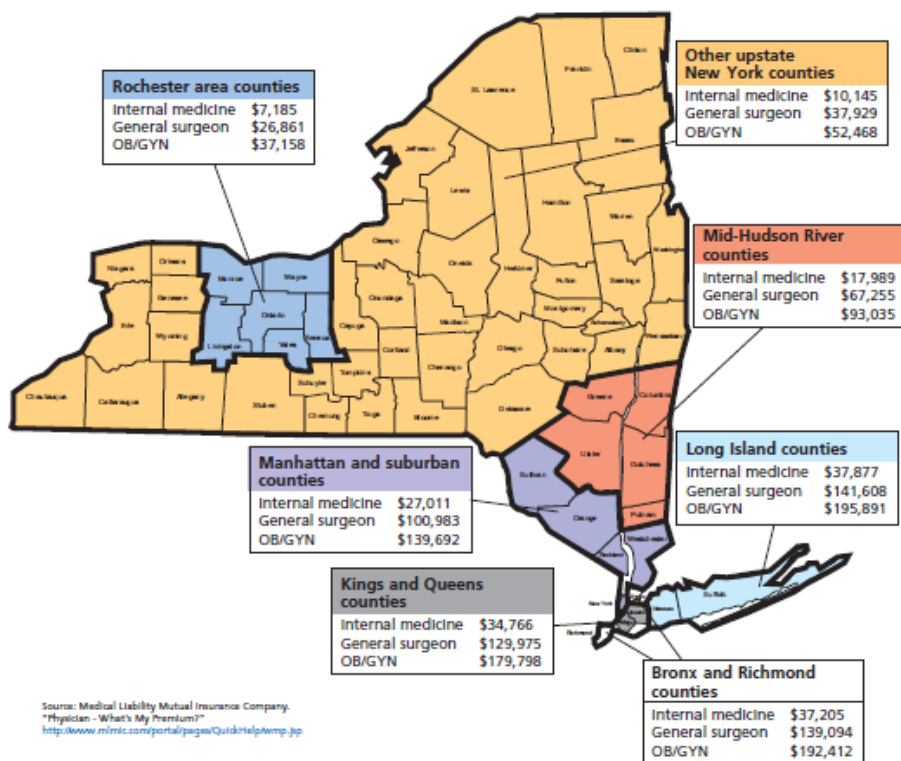
¹⁰ This number represents the number of doctors per 100,000 population for each of the rankings.

New York Counties In Which Medical Malpractice Premiums Are Highest Are The Counties That Have Growing Numbers Of Doctors

As seen below, New York State has a wide range in average medical malpractice premiums. Generally speaking, premiums for doctors practicing downstate tend to be higher than those practicing in the same specialty in upstate.¹¹

New York state medical malpractice coverage premiums

2013-2014 standard medical malpractice premium rates



Standard medical malpractice premium rates paid by physicians in New York state vary significantly by medical practice and geographical location. For example, the premium rate for a neurosurgeon practicing in Long Island is \$331,295, while the rate for an allergist in Rochester is \$1,905 (data not shown).¹ The state is divided into seven malpractice rating territories. A sample of premium rates for three types of physician practices is displayed above to illustrate the significant variations by practice and geographical location, reflecting the underlying aggregate claims experience. Physicians and hospitals that employ physicians are often able to qualify for discounts on the standard rates. Standard rates typically reflect what are called occurrence policies that provide liability coverage for services rendered during a policy period, regardless of when the claim is reported. The typical limits of liability are \$1.3 million for damages sustained by a single patient and \$3.9 million for an entire policy year.

¹¹ Excellus Blue Cross Blue Shield, "The Facts About New York State Medical Malpractice Coverage Premiums, 2011-2012 Standard Medical Malpractice Premium Rates," Winter 2011-2012.

If medical malpractice premiums were a primary reason for alleged shortages, we would expect to see declining numbers of doctors practicing in those areas with the highest premiums. However, as seen below (and in more detail in Appendix 1), often the opposite is true.

Of course, no one would argue that higher medical malpractice premiums lead to larger numbers of doctors. But it is fair to say that malpractice premiums are not determinative in where doctors choose to practice.¹² As seen in the next section of this report, other variables are more important.

New York State Counties Experiencing The Biggest Increases And Decreases In The Number of Doctors, Comparing 2004 and 2012¹³

Counties With Largest Increases in Doctors		Counties With Largest Decreases in Doctors	
County	Number	County	Number
Manhattan	2,203	Schenectady	-31
Brooklyn	1,139	Chautauqua	-26
Nassau	874	Delaware	-18
Suffolk	630	Allegany, Fulton,	-12
Bronx	586	Niagara	

Looking at the *percentage* change in number of doctors is revealing as well. From 2004 to 2012, the vast majority of New York's counties – 43 out of 62 – there was no decrease in its doctor population. In Appendix 1, we have a chart showing a county-by-county breakdown of the percentage changes in doctor population, plus each county's doctor population comparing 2004 and 2012.

The five counties with the greatest *percentage* increases in doctor population were: Schuylar, 40% (20 doctors in 2004 increased to 28 in 2012); Saratoga, 30.8% (403 to 527); Washington, 25.6% (39 to 49); Ontario, 20.9% (278 to 336); and Otsego, 19.1% (319 to 380).

Of the sixty-two New York State counties, nineteen saw a decline in the number of physicians. The five counties with the greatest *percentage* decreases in doctor population were: Delaware, -31% (58 doctors in 2004 to 40 in 2012); Alleghany, -21.8% (55 to 43); Fulton, -15.2%, (79 to 67); Chenango -12.1% (66 to 58); and Chautauqua, -11.7% (223 to 197).

However, as seen in the medical malpractice map, generally those counties with the highest insurance premiums saw the biggest increase in the number of

¹² "2012 New York Residency Training Outcomes, A Summary of Key Findings from the 2012 New York Resident Exit Survey," March, 2013. *Center for Health Workforce Studies, School of Public Health, University at Albany, State University of New York*, Figure 2 lists the cost of medical malpractice insurance as one of the *least* important reasons for not practicing in the state, p. 6.

¹³ American Medical Association, "Physician Characteristics and Distribution in the US," 2014 Edition and 2006 Edition.

doctors. Those counties with the lowest premiums generally saw the least growth – or a decline – in the number of doctors.

Many Factors Contribute to a Continually Low Supply of Rural Physicians

Policies to improve patient access to and supply of doctors in rural areas should be based on meaningful, objective evidence that they meet that goal. Efforts to remedy this problem should not be designed so as to hurt the very patients whose access to care they are designed to improve. Industry lobbyists have argued, in what sometimes approaches alarmist language, that patients in rural areas are the victims of the fallout from unrestricted malpractice awards. Their argument is that it is medical malpractice that is causing doctors to abandon rural New Yorkers and that for some specialties which are no longer available throughout the state, the demographic of eroding access is regional.

As detailed earlier in this report, government data shows that overall New York is one of the most physician-rich states in the nation.

But to the extent that doctors practicing certain specialties (including primary care as well as so-called high-risk practices) are not accessible or even available in some parts of the state, the available objective evidence fails to support the claim that this access problem is the result of high malpractice insurance rates or of unrestricted non-economic damage awards. As discussed earlier, New York's economic growth has been unevenly distributed with some rural parts of the state stagnating both in terms of economic activity and population.

For decades, many rural communities in the nation have not had the number of medical professionals that most experts consider adequate.¹⁴

- **Access to medical care has long been a problem throughout rural America.** According to the Council on Graduate Medical Education (COGME), “Geographic maldistribution of health care providers and services [the tendency for physicians to practice in affluent urban and suburban areas] is one of the most persistent characteristics of the American health care system. Even as oversupply of some physician specialties is apparent in many urban health care service areas across the country, many inner-city and rural communities still struggle to attract an adequate number of health professionals to provide high-quality care to local people. This is the central paradox of the American health care system: shortages among surplus.”¹⁵

¹⁴ Ricketts, T., “Special People for Special Places,” *The Journal of Rural Health*, Spring 1999, at 210.

¹⁵ Council on Graduate Medical Education, “Tenth Report: Physician Distribution and Health Care Challenges in Rural and Inner City Areas,” see: www.cogme.gov/10.pdf, at p. xiii.

COGME also notes, “The relative shortage of health professionals in rural areas of the United States is one of the few constants in any description of the United States medical care system.”¹⁶

- **Attracting and retaining rural doctors is currently a problem throughout the country and has been for decades – and not just in states that do not limit malpractice awards or have low premiums.**

Rural doctors around the country find it difficult to recruit additions to their practice and community groups in rural areas have similar troubles in recruiting doctors to work in their communities.¹⁷

Although nearly 25 percent of the U.S. population resides in rural areas, only about 10 percent of the nation’s doctors work in these areas.¹⁸

- **A number of factors have been cited by doctors and researchers to explain the low supply of rural doctors.**

People who live in rural areas are more likely to be uninsured than those who live in urban areas, meaning that they see a doctor less often or are often unable to generate sufficient income for doctors who care for them.¹⁹

The percentage of public health insurance beneficiaries is also greater in rural areas.²⁰ Low Medicaid reimbursement rates can significantly limit income for those doctors who lack sufficient number of better insured patients to improve their earnings.

Rural doctors have a lower volume of patients, while costs for things like practice overhead remain the same.²¹

Rural doctors report that they are overworked.²²

¹⁶ COGME at p. 11.

¹⁷ Ricketts at p. 210.

¹⁸ Gamm L., Huchison L., Dabney B., and Dorsey A., eds. (2003). *Rural Healthy People 2010: A Companion Document to Healthy People 2010, Volume 2*, at 17, available at www.srph.tamushsc.edu/rhp2010/litreview/Volume2.pdf.

¹⁹ Gamm L., Huchison L., Dabney B., and Dorsey A., eds. (2003). *Rural Healthy People 2010: A Companion Document to Healthy People 2010, Volume 1*, at 19, available at www.srph.tamushsc.edu/rhp2010/litreview/Volume1.pdf.

²⁰ Fondren, L. and Ricketts, T., “The North Carolina Obstetrics Access and Professional Liability Study: A Rural-Urban Analysis,” *The Journal of Rural Health*, Spring 1993, at 135.

²¹ Kramer, A., “Rural Areas a Hard Sell for Doctors; Practicing Medicine in the Country is Becoming More of a Money-Losing Proposition. Fewer Hours and Lower Costs Lure Many to Cities,” *Los Angeles Times*, October 12, 2003.

²² Ricketts at p. 210.

Rural doctors are more likely to report that they receive inadequate assistance and coverage from other health professionals. One study of obstetricians and gynecologists in North Carolina investigated doctors' perceptions of adequacy of consultation and coverage and found that 13 percent of rural physicians in North Carolina indicated that assistance (opportunities for colleagues to see patients and review charts) in high-risk delivery situations was "inadequate" or "very inadequate." This compares to only 1.5 percent of urban physicians who have the same complaint. In terms of coverage (opportunities for colleagues to assist in the primary doctor's absence), 16.7 percent of rural physicians and only 2.5 percent of urban physicians indicated that coverage was "inadequate" or "very inadequate."²³

Studies indicate that women physicians are less likely to settle in rural areas than are men. As the percentage of doctors who are women increases, it has been suggested that female doctors' preferences for urban practice may be contributing to the problem of recruiting and retaining rural doctors.²⁴

- **Numerous additional factors explain the limited number of rural doctors.** According to the Association of Maternal and Child Health Programs, the health departments in Alaska, Idaho and Washington, cite the following barriers to attracting doctors to rural areas of their states.²⁵
 1. "**Burnout** is one reason it is so difficult to retain qualified primary care providers. Physicians note that as the only doctor in a small, isolated community they are on-duty 24-7 and can expect to be asked for medical opinions at the post office, grocery store or a 2:00 a.m. call at home from a worried family member. Taking time off for vacation or professional training means complicated arrangements for a substitute doctor."
 2. "**Isolation** is a factor in rural practice, not only for the physician but also for their families. Physicians note that while they may find rural practice challenging and engaging, their families may be less enthusiastic. Rural areas offer limited employment opportunities for spouses and limited educational, recreational and social opportunities for children. Physicians are also isolated from colleagues. Rural physicians are not able to enjoy the day-to-day personal contact with peers for consultations, quality assurance and feedback."

²³ Fondren and Ricketts.

²⁴ COGME at p. 17.

²⁵ The Association of Maternal Child Health Programs, *From Rural to Remote: Family Health Care in Alaska, Idaho, Oregon and Washington* (March 2004) at 11, available at: www.amchp.org/aboutamchp/Rural%20Health.pdf.

3. “**Wages** are generally lower for non-urban practitioners. Higher rates of unemployment and poverty, uninsured residents and fewer patients mean rural communities are less able to match the financial incentives and job benefits offered in urban areas.”
4. “**Community and cultural connections** are important for both physicians and the patients they serve, but are not easily made. Physicians and health care providers are usually recruited from larger urban areas or from out-of-state and usually have limited knowledge of the health needs, culture or history of the people in their care. At the same time the physician is feeling disconnected, community members are reluctant to accept or support a new physician unless they have proven their commitment to the community over time.”
5. “**The health care infrastructure** – such as a hospital, clinic and laboratory facilities – is essential support for primary health care providers. Physicians are reluctant to locate in a community without a hospital or other supporting facilities.”

An Agenda To Protect Patients

Policymakers need to ensure that patients receive both high quality care as well as have adequate access to such health care. At a minimum, New York should:

- **Examine the public's access to health care providers in New York State, particularly in those areas that have demonstrated shortages.** Policymakers should review the successes and failures of past and current federal and state governments' programs intended to remedy doctor shortages in rural areas to understand what has worked and what has not. In addition, policymakers should examine whether other health care professionals could fill gaps in these areas (e.g. increased availability of supervised nurse practitioners or physician assistants). Moreover, the state should examine carefully expanding the use of telemedicine to enhance access in areas with shortages to specialty services.
- **Mandate periodic, routine recertification of physicians as a condition of licensure.** Both the Institute of Medicine²⁶ and the State Department of Health²⁷ have recommended that physicians be recertified on the basis of periodic assessment of their competency. Physician evaluations should focus on the content of their current clinical practice and not just their historical training or board specialty.

²⁶ National Academy of Sciences' Institute of Medicine, "To Err is Human: Building A Better Health Care System," November 1999, p. 10.

²⁷ New York State Department of Health, 'Report of the New York State Advisory Committee on Physician Recredentialing: Phase One General Principles, Proposed Process, Recommendations,' January 1988.

**Appendix 1: Comparison Of The Numbers Of New York Doctors By County,
As Of 12/31/2004 And 12/31/2012²⁸**

<i>County</i>	<i>2012</i>	<i>2004</i>	<i>%Ch²⁹</i>	<i>County</i>	<i>2012</i>	<i>2004</i>	<i>%Ch</i>	<i>County</i>	<i>2012</i>	<i>2004</i>	<i>%Ch</i>
Albany	1,941	1,696	14%	Jefferson	232	240	-3%	Saratoga	527	403	31%
Allegany	43	55	-22%	Kings	8,475	7,336	16%	Schenectady	518	549	-6%
Bronx	4,108	3,522	17%	Lewis	29	28	4%	Schoharie	24	22	9%
Broome	645	645	0%	Livingston	66	66	0%	Schuyler	28	20	40%
Cattaraugus	136	130	5%	Madison	126	110	15%	Seneca	21	22	-5%
Cayuga	96	107	-10%	Monroe	4,021	3,629	11%	Steuben	173	163	6%
Chautauqua	197	223	-12%	Montgomery	91	91	0%	St. Lawrence	191	179	7%
Chemung	269	261	3%	Nassau	9,782	8,908	10%	Suffolk	5,388	4,758	13%
Chenango	58	66	-12%	New York	22,052	19,849	11%	Sullivan	118	118	0%
Clinton	232	209	11%	Niagara	306	318	-4%	Tioga	40	38	5%
Columbia	128	123	4%	Oneida	623	611	2%	Tompkins	310	265	17%
Cortland	65	67	-3%	Onondaga	2,599	2,297	13%	Ulster	374	384	-3%
Delaware	40	58	-31%	Ontario	336	278	21%	Warren	271	247	10%
Dutchess	972	841	16%	Orange	949	807	18%	Washington	49	39	26%
Erie	3,985	3,802	5%	Orleans	32	35	-9%	Wayne	81	88	-8%
Essex	50	49	2%	Oswego	111	119	-7%	Westchester	7,449	7,244	3%
Franklin	101	105	-4%	Otsego	380	319	19%	Wyoming	50	49	2%
Fulton	67	79	-15%	Putnam	222	216	3%	Yates	33	35	-6%
Genesee	83	90	-8%	Queens	6,780	6,224	9%	NYS TOTAL	89,947	81,716	10.1%
Greene	45	45	0%	Rensselaer	301	293	3%				
Hamilton	4	4	0%	Richmond	2,108	1,791	18%				
Herkimer	53	54	-2%	Rockland	1,363	1,297	5%				

²⁸ American Medical Association, "Physician Characteristics and Distribution in the US," 2014 Edition and 2006 Edition.

²⁹ Rounded to the nearest whole number, except for the statewide total which is rounded to the nearest tenth.

Appendix 2 – States' Per Capita Number Of Doctors, 2012³⁰		
State	Physicians Per 100,000	Physicians Involved in Patient Care Per 100,000
Alabama	250	202
Alaska	262	211
Arizona	273	206
Arkansas	239	193
California	325	245
Colorado	321	242
Connecticut	445	339
Delaware	295	225
Florida	314	229
Georgia	260	204
Hawaii	366	269
Idaho	204	159
Illinois	335	258
Indiana	252	204
Iowa	226	171
Kansas	271	210
Kentucky	268	213
Louisiana	311	255
Maine	344	253
Maryland	484	344
Massachusetts	550	402
Michigan	308	241
Minnesota	353	278
Mississippi	212	168
Missouri	289	228
Montana	275	202
Nebraska	287	227
Nevada	223	169
New Hampshire	358	271
New Jersey	362	279
New Mexico	289	216
New York	460	345
North Carolina	299	232
North Dakota	284	232
Ohio	324	249

³⁰ American Medical Association, "Physician Characteristics and Distribution in the US," 2014 Edition, see Table 6.17. For the purposes of these rankings, we did not include the District of Columbia or other non-states included in the AMA report.

Oklahoma	208	166
Oregon	350	259
Pennsylvania	362	270
Rhode Island	451	342
South Carolina	271	214
South Dakota	267	212
Tennessee	307	246
Texas	248	200
Utah	249	196
Vermont	456	329
Virginia	324	247
Washington	329	244
West Virginia	272	212
Wisconsin	311	246
Wyoming	223	170
United States	323	247

Growth in overall per capita number of doctors, New York State 1980-2012³¹

Year	Per capita of doctors, overall
1980	280
1990	342
2000	413
2012	460

³¹ American Medical Association, "Physician Characteristics and Distribution in the US," 2014 Edition, see Table 6.15.

Appendix 3 – States' Per Capita Number Of OB/GYNs, 2012³²						
State	Population, 7/1/13	Specialty	Total Physicians	Per capita	Total Patient Care	Per capita
Alabama	4833722	OB/GYN	595	12	576	12
Alaska	735132	OB/GYN	84	11	84	11
Arizona	6626624	OB/GYN	745	11	713	11
Arkansas	2959373	OB/GYN	277	9	273	9
California	38332521	OB/GYN	5,158	13	5,003	13
Colorado	5268367	OB/GYN	733	14	714	14
Connecticut	3596080	OB/GYN	766	21	742	21
Delaware	925749	OB/GYN	101	11	98	11
Florida	19552860	OB/GYN	2,339	12	2,276	12
Georgia	9992167	OB/GYN	1,369	14	1,333	13
Hawaii	1404054	OB/GYN	246	18	235	17
Idaho	1612136	OB/GYN	144	9	143	9
Illinois	12882135	OB/GYN	1,871	15	1,826	14
Indiana	6570902	OB/GYN	693	11	667	10
Iowa	3090416	OB/GYN	226	7	217	7
Kansas	2893957	OB/GYN	321	11	317	11
Kentucky	4395295	OB/GYN	496	11	486	11
Louisiana	4625470	OB/GYN	743	16	723	16
Maine	1328302	OB/GYN	158	12	152	11
Maryland	5928814	OB/GYN	1,184	20	1,127	19
Massachusetts	6692824	OB/GYN	1,132	17	1,095	16
Michigan	9895622	OB/GYN	1,328	13	1,283	13
Minnesota	5420380	OB/GYN	659	12	650	12
Mississippi	2991207	OB/GYN	335	11	329	11
Missouri	6044171	OB/GYN	734	12	713	12
Montana	1015165	OB/GYN	93	9	93	9
Nebraska	1868516	OB/GYN	222	12	217	12
Nevada	2790136	OB/GYN	272	10	267	10
New Hampshire	1323459	OB/GYN	199	15	194	15
New Jersey	8899339	OB/GYN	1,497	17	1,445	16
New Mexico	2085287	OB/GYN	246	12	240	12
New York	19651127	OB/GYN	3,647	19	3,536	18
North Carolina	9848060	OB/GYN	1,342	14	1,305	13
North Dakota	723393	OB/GYN	65	9	65	9
Ohio	11570808	OB/GYN	1,521	13	1,488	13
Oklahoma	3850568	OB/GYN	349	9	337	9

³² American Medical Association, "Physician Characteristics and Distribution in the US," 2014 Edition, see table 3.17. Calculations of per capita number of doctors by authors. Non-states not included in analysis.

Oregon	3930065	OB/GYN	570	15	555	14
Pennsylvania	12773801	OB/GYN	1,731	14	1,668	13
Rhode Island	1051511	OB/GYN	214	20	206	20
South Carolina	4774839	OB/GYN	619	13	607	13
South Dakota	844877	OB/GYN	77	9	76	9
Tennessee	6495978	OB/GYN	914	14	887	14
Texas	26448193	OB/GYN	3,278	12	3,178	12
Utah	2900872	OB/GYN	328	11	320	11
Vermont	626630	OB/GYN	118	19	117	19
Virginia	8260405	OB/GYN	1,252	15	1,225	15
Washington	6971406	OB/GYN	823	12	796	11
West Virginia	1854304	OB/GYN	205	11	197	11
Wisconsin	5742713	OB/GYN	656	11	643	11
Wyoming	582658	OB/GYN	62	11	60	10
United States	315,482,390	OB/GYN	42,737	14	41,496	13

Appendix 4 – States’ Per Capita Number Of General Surgeons, 2012³³						
State	Population, 7/1/13	Specialty	Total Physicians	Per capita	Total Patient Care	Per capita
Alabama	4833722	General Surgery	525	11	516	11
Alaska	735132	General Surgery	73	10	70	10
Arizona	6626624	General Surgery	699	11	680	10
Arkansas	2959373	General Surgery	273	9	266	9
California	38332521	General Surgery	4,022	10	3,925	10
Colorado	5268367	General Surgery	573	11	563	11
Connecticut	3596080	General Surgery	559	16	535	15
Delaware	925749	General Surgery	103	11	99	11
Florida	19552860	General Surgery	2,008	10	1,964	10
Georgia	9992167	General Surgery	1,089	11	1,060	11
Hawaii	1404054	General Surgery	177	13	170	12
Idaho	1612136	General Surgery	135	8	134	8
Illinois	12882135	General Surgery	1,387	11	1,348	10
Indiana	6570902	General Surgery	582	9	571	9
Iowa	3090416	General Surgery	290	9	284	9
Kansas	2893957	General Surgery	290	10	281	10
Kentucky	4395295	General Surgery	549	12	531	12
Louisiana	4625470	General Surgery	638	14	623	13
Maine	1328302	General Surgery	197	15	193	15
Maryland	5928814	General Surgery	940	16	893	15
Massachusetts	6692824	General Surgery	1,169	17	1,122	17
Michigan	9895622	General Surgery	1,247	13	1,217	12
Minnesota	5420380	General Surgery	649	12	639	12
Mississippi	2991207	General Surgery	267	9	260	9
Missouri	6044171	General Surgery	689	11	669	11
Montana	1015165	General Surgery	98	10	97	10
Nebraska	1868516	General Surgery	215	12	207	11
Nevada	2790136	General Surgery	227	8	225	8
New Hampshire	1323459	General Surgery	206	16	200	15
New Jersey	8899339	General Surgery	1,136	13	1,111	12
New Mexico	2085287	General Surgery	221	11	216	10
New York	19651127	General Surgery	3,087	16	2,994	15
North Carolina	9848060	General Surgery	1,123	11	1,089	11
North Dakota	723393	General Surgery	110	15	106	15
Ohio	11570808	General Surgery	1,509	13	1,468	13
Oklahoma	3850568	General Surgery	309	8	304	8

³³ American Medical Association, “Physician Characteristics and Distribution in the US,” 2014 Edition.

Oregon	3930065	General Surgery	521	13	509	13
Pennsylvania	12773801	General Surgery	1,990	16	1,925	15
Rhode Island	1051511	General Surgery	176	17	172	16
South Carolina	4774839	General Surgery	527	11	511	11
South Dakota	844877	General Surgery	94	11	94	11
Tennessee	6495978	General Surgery	901	14	879	14
Texas	26448193	General Surgery	2,493	9	2,432	9
Utah	2900872	General Surgery	237	8	229	8
Vermont	626630	General Surgery	112	18	110	18
Virginia	8260405	General Surgery	936	11	915	11
Washington	6971406	General Surgery	744	11	724	10
West Virginia	1854304	General Surgery	246	13	241	13
Wisconsin	5742713	General Surgery	663	12	636	11
Wyoming	582658	General Surgery	62	11	61	10
United States	315,482,390	General Surgery	37,073	12	36,068	11

Appendix 5 – States’ Per Capita Number Of Internal Medicine Specialists, 2012³⁴						
State	Population, 7/1/13	Specialty	Total Physicians	Per capita	Total Patient Care	Per capita
Alabama	4833722	Internal Medicine	1,969	41	1,880	39
Alaska	735132	Internal Medicine	179	24	172	23
Arizona	6626624	Internal Medicine	2,783	42	2,657	40
Arkansas	2959373	Internal Medicine	840	28	806	27
California	38332521	Internal Medicine	20,144	53	18,882	49
Colorado	5268367	Internal Medicine	2,258	43	2,125	40
Connecticut	3596080	Internal Medicine	3,362	93	3,114	87
Delaware	925749	Internal Medicine	391	42	372	40
Florida	19552860	Internal Medicine	9,578	49	9,185	47
Georgia	9992167	Internal Medicine	4,336	43	4,094	41
Hawaii	1404054	Internal Medicine	853	61	815	58
Idaho	1612136	Internal Medicine	344	21	331	21
Illinois	12882135	Internal Medicine	7,927	62	7,517	58
Indiana	6570902	Internal Medicine	2,392	36	2,251	34
Iowa	3090416	Internal Medicine	802	26	743	24
Kansas	2893957	Internal Medicine	1,026	35	982	34
Kentucky	4395295	Internal Medicine	1,704	39	1,635	37
Louisiana	4625470	Internal Medicine	2,245	49	2,136	46
Maine	1328302	Internal Medicine	671	51	637	48
Maryland	5928814	Internal Medicine	5,578	94	4,901	83
Massachusetts	6692824	Internal Medicine	7,764	116	6,988	104
Michigan	9895622	Internal Medicine	5,402	55	5,113	52
Minnesota	5420380	Internal Medicine	2,850	53	2,657	49
Mississippi	2991207	Internal Medicine	898	30	874	29
Missouri	6044171	Internal Medicine	2,977	49	2,801	46
Montana	1015165	Internal Medicine	316	31	300	30
Nebraska	1868516	Internal Medicine	725	39	682	36
Nevada	2790136	Internal Medicine	1,097	39	1,055	38
New Hampshire	1323459	Internal Medicine	768	58	722	55
New Jersey	8899339	Internal Medicine	6,573	74	6,158	69
New Mexico	2085287	Internal Medicine	878	42	819	39
New York	19651127	Internal Medicine	17,852	91	16,663	85
North Carolina	9848060	Internal Medicine	4,634	47	4,319	44
North Dakota	723393	Internal Medicine	310	43	300	41
Ohio	11570808	Internal Medicine	6,030	52	5,752	50
Oklahoma	3850568	Internal Medicine	1,120	29	1,058	27
Oregon	3930065	Internal Medicine	2,184	56	2,068	53

³⁴ American Medical Association, “Physician Characteristics and Distribution in the US,” 2014 Edition.

Pennsylvania	12773801	Internal Medicine	7,838	61	7,241	57
Rhode Island	1051511	Internal Medicine	970	92	915	87
South Carolina	4774839	Internal Medicine	1,774	37	1,687	35
South Dakota	844877	Internal Medicine	345	41	321	38
Tennessee	6495978	Internal Medicine	3,315	51	3,155	49
Texas	26448193	Internal Medicine	9,775	37	9,317	35
Utah	2900872	Internal Medicine	820	28	773	27
Vermont	626630	Internal Medicine	425	68	389	62
Virginia	8260405	Internal Medicine	4,065	49	3,844	47
Washington	6971406	Internal Medicine	3,277	47	3,043	44
West Virginia	1854304	Internal Medicine	734	40	702	38
Wisconsin	5742713	Internal Medicine	2,657	46	2,514	44
Wyoming	582658	Internal Medicine	139	24	135	23
United States	315,482,390	Internal Medicine	167,894	53	157,600	50

Appendix 6 - New York State Counties' Estimated Population Changes, 2004-2013³⁵

County	July 1, 2013	July 1, 2004	% Ch
New York State	19,651,127	19,227,088	2.21%
Albany County, New York	306,945	298,432	2.85%
Allegany County, New York	48,109	50,575	-4.88%
Bronx County, New York	1,418,733	1,365,536	3.90%
Broome County, New York	197,534	197,696	-0.08%
Cattaraugus County, New York	78,892	83,179	-5.15%
Cayuga County, New York	79,477	81,916	-2.98%
Chautauqua County, New York	133,080	137,267	-3.05%
Chemung County, New York	88,506	89,984	-1.64%
Chenango County, New York	49,503	51,861	-4.55%
Clinton County, New York	81,591	81,875	-0.35%
Columbia County, New York	62,243	63,668	-2.24%
Cortland County, New York	48,976	49,006	-0.06%
Delaware County, New York	46,722	47,328	-1.28%
Dutchess County, New York	296,916	293,395	1.20%
Erie County, New York	919,866	936,318	-1.76%
Essex County, New York	38,762	38,901	-0.36%
Franklin County, New York	51,688	51,009	1.33%
Fulton County, New York	54,586	55,463	-1.58%
Genesee County, New York	59,454	59,689	-0.39%
Greene County, New York	48,455	49,195	-1.50%
Hamilton County, New York	4,773	5,227	-8.69%
Herkimer County, New York	64,181	63,858	0.51%
Jefferson County, New York	119,504	111,467	7.21%
Kings County, New York	2,592,149	2,475,290	4.72%
Lewis County, New York	27,149	26,564	2.20%
Livingston County, New York	64,705	64,819	-0.18%
Madison County, New York	72,382	70,407	2.81%
Monroe County, New York	749,606	735,177	1.96%
Montgomery County, New York	49,897	49,283	1.25%
Nassau County, New York	1,352,146	1,339,641	0.93%
New York County, New York	1,626,159	1,562,723	4.06%
Niagara County, New York	214,249	218,060	-1.75%
Oneida County, New York	233,585	234,962	-0.59%
Onondaga County, New York	468,387	459,805	1.87%
Ontario County, New York	109,103	103,504	5.41%

³⁵ Sources: Annual Estimates of the Population for Counties of New York: April 1, 2000 to July 1, 2004, Population Division, U.S. Census Bureau, Release Date: April 14, 2005, see: <https://www.census.gov/popest/data/counties/totals/2004/CO-EST2004-01.html>. Annual Estimates of the Population for Counties of New York: April 1, 2010 to July 1, 2013, Population Division, U.S. Census Bureau, Release Date: March, 2014, see: <http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>. Counties listed in bold face are those in which the estimated population increase exceeded the state average.

Orange County, New York	375,592	370,352	1.41%
Orleans County, New York	42,235	44,138	-4.31%
Oswego County, New York	121,165	123,776	-2.11%
Otsego County, New York	61,683	62,518	-1.34%
Putnam County, New York	99,645	100,570	-0.92%
Queens County, New York	2,296,175	2,237,216	2.64%
Rensselaer County, New York	159,918	154,077	3.79%
Richmond County, New York	472,621	463,314	2.01%
Rockland County, New York	320,903	293,626	9.29%
St. Lawrence County, New York	111,963	111,306	0.59%
Saratoga County, New York	223,865	212,706	5.25%
Schenectady County, New York	155,333	148,042	4.92%
Schoharie County, New York	31,844	32,012	-0.52%
Schuyler County, New York	18,460	19,505	-5.36%
Seneca County, New York	35,409	35,075	0.95%
Steuben County, New York	98,650	98,814	-0.17%
Suffolk County, New York	1,499,738	1,475,488	1.64%
Sullivan County, New York	76,665	76,110	0.73%
Tioga County, New York	50,243	51,535	-2.51%
Tompkins County, New York	103,617	100,135	3.48%
Ulster County, New York	180,998	181,779	-0.43%
Warren County, New York	65,337	65,147	0.29%
Washington County, New York	63,093	62,807	0.46%
Wayne County, New York	92,473	93,861	-1.48%
Westchester County, New York	968,802	942,444	2.80%
Wyoming County, New York	41,531	42,986	-3.38%
Yates County, New York	25,156	24,669	1.97%