



**Senate Finance and Assembly Ways and Means
Joint Legislative Hearing: Higher Education
State Fiscal Year 2022-23 Executive Budget Health and Medicaid
February 27, 2023**

The Community Health Care Association of New York State (CHCANYS) is grateful for the opportunity to provide testimony on the Governor's State Fiscal Year (SFY) 2023-24 Executive Budget. CHCANYS is the primary care association for New York's federally qualified health centers (FQHCs), also known as community health centers (CHCs), that serve more than 2.3 million New Yorkers at over 800 sites each year.

Background

CHCANYS is the voice of the more than 70 community health centers – the standard bearers of primary and preventive care for medically underserved communities across the state. CHCs are non-profit, community-run clinics – providing high-quality, cost-effective primary care as well as behavioral health, dental care, and social support services, to everyone, regardless of their insurance status, immigration status, or ability to pay. Each CHC is governed by over 50% of Board members comprised of CHC patients who identify and prioritize the services most needed by their communities.

The majority of CHC patients are extremely low income; 89% live below 200% of the Federal poverty level. Our CHCs serve populations that the traditional healthcare system has historically failed: 68% are Black, Indigenous, or People of Color (BIPOC), 28% speak limited or no English, 13% are uninsured, and 4% are unhoused. Nearly 60% of our CHCs' patients are enrolled in Medicaid, CHIP, or are dually enrolled in Medicare and Medicaid. All CHCs provide robust enrollment assistance to patients and, although CHCs do not collect information on immigration status, it is likely that the vast majority of uninsured patients are not eligible for insurance coverage due to immigration status. CHCs know that because their patients regularly encounter longstanding and pervasive structural inequities, they are at the highest risk for severe negative health consequences resulting from a lack of access to health care and social services.

In sum, community health centers are a crucial safety net for millions of New Yorkers – working tirelessly to provide high quality and affordable healthcare and social services for people who experience poverty, racism, and discrimination that inhibits their health, well-being, and ability to survive.

CHCANYS SFY 2023-24 Budget Priorities

- A. Allow certified medical assistants (MAs) to perform select clinical and administrative tasks -- including vaccinations -- pursuant to their education and training.**

New York State is still facing unprecedented healthcare workforce challenges that continue to threaten sustainability of healthcare delivery. Expansion and recognition of a certified Medical Assistant workforce is a solution that can be implemented immediately and has the potential to both ameliorate existing health workforce shortages and advance health equity. In New York, Medical Assistants (MAs) in outpatient settings such as CHCs and private primary care practices are part of care teams to ensure



whole person, patient-centered care for all patients. Despite MAs' participation in the care team, they are underutilized in comparison to other states due to a lack of formal recognition.

In 49 other states, certified MAs are recognized and permitted to perform tasks such as providing injections and administering vaccines under the supervision of physicians, nurse practitioners, or physician assistants. In striking contrast, there is no statutory recognition of MAs in New York. Existing NYS Education Department (NYSED) guidance¹ restricts unlicensed persons, including MAs, to low-level tasks including measuring vital signs, secretarial duties, and assisting with collection of laboratory specimens.

Certified MAs should be lawfully recognized in NYS so that they can be deployed in health care delivery settings and relieve the workforce shortage pressures being faced by many providers. Expanding MA capabilities to specified tasks, such as administering vaccinations, will enable nurses and other staff to operate at the top of their license. Moreover, certification as an MA is often the initial exposure to the rewards of a career in healthcare as the first rung on a career ladder which can result in advancement in the medical field to other certifications or licensures. Medical Assistant programs are relatively short in length as compared to other entry level health professions programs and have fewer barriers to entry for individuals interested in applying. There are various programs across NYS that already train Medical Assistants, provide connections to apprenticeship programs, and prepare individuals to sit for the national certification exams. CHCANYS recommends the adoption of legislation that recognizes MA certification and allows for the performance of specified tasks for which MAs are trained and certified, including providing immunizations.

B. Support elimination of barriers to practicing at the top of licensure

CHCANYS applauds Governor Hochul's proposed scope of practice initiatives which will help to alleviate the healthcare workforce shortages. CHCs operate in health provider shortage areas (HPSAs) where primary care workforce capacity is stretched to its limits. Workforce shortages have been further impacted by increased stress and high levels of provider burnout. Expanding scope of practice will greatly mitigate some of the workforce shortages that CHCs are facing.

CHCANYS is supportive of the budget proposal to allow Physician Assistants ("PAs") with more than 8,000 practicing hours to operate in primary care without supervision of a physician. We are also supportive of lifting limits on the number of PAs one physician may supervise. In addition, CHCANYS is supportive of authorizing physicians, PAs, and NPs authority to prescribe patient and non-patient specific standing orders and regimens.

Furthermore, CHCANYS is supportive of the Governor's proposal to allow Dentists to screen for HIV and Hepatitis C. Currently, regulatory barriers prevent oral health practitioners from realizing their full potential under the comprehensive primary care medical home model. HIV and Hepatitis C screening should be permitted in the dental setting, especially given the successful pilot of screening for HIV in dental settings between 2016 and 2018. Screening for HIV and Hepatitis is crucial for patients who present in the dental setting but have not received a primary care visit in over a year. Allowing Dentists

¹ <https://www.op.nysed.gov/professions/specialist-assistants/professional-practice/utilization-of-medical-assistants>



to screen for HIV and Hepatitis C will advance New York's goal to end the HIV/AIDS epidemic and advance New York's Hepatitis C Elimination Plan.

C. Support Interstate Licensure Compact

CHCANYS supports the Governor's proposals to join the interstate medical licensure compact, nurse licensure compact, and provide temporary permits for out-of-state licensed providers who meet NYS licensure requirements. CHCs have long experienced hurdles to employ out-of-state providers, leaving an untapped workforce that should be readily utilized to mitigate existing workforce shortages. Many CHCs have also highlighted that the same challenges exist for dental and behavioral health workforce who move to New York from other states. While there are not existing interstate licensure compacts for those professions, NYS should take the lead in streamlining requirements for out of state behavioral health and dental clinicians to receive licensure reciprocity in New York.

Conclusion

A strong healthcare workforce is vital to a strong primary care safety net and to ensure ongoing access to comprehensive community-based care for all New Yorkers. Therefore, the Community Health Care Association of New York State respectfully urges the Legislature to support initiatives to alleviate the healthcare workforce shortages, including recognizing nationally certified Medical Assistants; New York State joining the Interstate Medical and Nurse Licensure Compacts; temporary permits for out-of-state licensed providers who meet NYS licensure requirements; allowing Dentists to screen for HIV and Hepatitis C; and enhancing the role of Physician Assistants in primary care.

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