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## **Testimony on the Executive Proposed Health FY25 Budget**

**Provided by  
Nurse Practitioners of Metropolitan New York (NPNY)**

**January 23, 2024**

On behalf of Nurse Practitioners of Metropolitan New York (NPNY), I would like to thank the Chairpersons Krueger, Weinstein, Rivera, Paulin, and members of the Senate and Assembly health and finance committees for the opportunity to provide testimony.

NPNY is a grassroots not for profit organization founded in 2000 by a group of nurse practitioners and advocates for accessible, affordable, and quality health care. NPNY supports the contributions and importance of NPs to the delivery of health care, empowerment via continuing education and professional networking, policies and legislation that ensure quality health care for New Yorkers. NPNY is the New York Metro Area Group Member of American Association of Nurse Practitioners.

New York continues to recover from the epicenter of novel COVID-19 in 2020 within the healthcare workforce and as our patients continue to experience trauma and adversity needing careful attention to short term, intermediate and long term solutions. It is for that reason, we recommend investment in a workgroup supporting stakeholders, community and government organizations in addition to asking the workforce directly why people left, relocated, stayed, or are choosing different careers.

### **What We Support**

- **Support health care as a human right** regardless of income and immigration status.
- **Increased funding for the higher education workforce in the sciences and healthcare workforce including:** Nursing, Nurse Practitioners, Pharmacy, Midwifery, Physician Assistants, CRNA's, Social Workers, Occupational Therapists, and Speech Language Pathologists and female predominant professions, historically with unequal pay
- **Affordable Housing.** The lack of affordable housing in many areas of the state contribute to the healthcare workforce shortage and ability to not retain



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individuals, even prior to the start of COVID-19 March 2020 pandemic in NY. We would like to continue discussions regarding the cause and effect of locum tenens, travel staff, per diem, and compact licenses.

- **Telehealth coverage and payment parity including behavioral and mental health services.** Telehealth continues to be a vital way to deliver healthcare. It was an excellent tool for people to receive continuity of care with existing providers whom they had established trusting and high quality and therapeutic relationships with throughout the height of the pandemic. Numerous NPs and our patients experienced interruption of providing and receiving care with the nuance of living in the tri-state area and increased relocation. We request additional opportunities to discuss various solutions and stakeholders.
- **Adequate funding for School based health centers.** Children in NYS particularly have experienced interruptions in health care, dental care, behavioral and mental health, not to mention EI, and Special Education services.
- **Student Loan Forgiveness and Incentives** at the middle, junior and high school level of various healthcare workforce opportunities.
- **Payment parity for medical and surgical terminations of pregnancy.** The existing United States healthcare system incentivizes higher procedure and specialist reimbursement. Medication abortions should not be reimbursed less than surgical procedures solely on procedure alone.

To elaborate a bit on the above highlighted areas of advocacy of health care as a human right, **NPNY supports the NY Health Act.** In an ideal world, health care would be a human right. NPNY appreciates the nuances surrounding health care for all. **NPNY supports Essential Health Plan eligibility to include people regardless of their immigration status.**

I share again the story of a woman who saw me during a free outreach clinic for a breast mass. Once I examined her it was clear she had advanced breast cancer. She told me she delayed care because she could not afford health insurance and was ineligible for Medicaid. Upon diagnosis, under guidance from a social worker, she was placed on Emergency Medicaid and received care albeit too late. Diagnosis at later stages costs more money than screening and early detection. As was discussed during the hearing today, Emergency Medicaid costs could be repurposed for other budget priorities if we supported more people proactively who could get free screenings and preventive care.



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**School Based Health Centers** SBHC provide high quality care and are cost effective. SBHCs are staffed by RNs, NPs, PAs, MD, and social workers. SBHC reduce inappropriate emergency room use, reduce Medicaid expenditures, improvement in school attendance, more willingness by students to seek mental health counseling for depression and suicide attempts and to seek information on pregnancy prevention.

In addition, **NPNY strongly supports removing the sunset clause in 2024 for advanced practice nurses including Nurse Practitioners full practice authority (FPA) in New York State for all practicing NPs.** NPMA enacted in 2022 limited less experienced NPs under 3600 hours to have collaborative relationships solely with physicians, and not nurse practitioners. This omission is counter intuitive. We advise to include relationships be allowed to be with full practice nurse practitioners. The NPMA in 2014 and enacted in 2015, provided career long collaborative relationships attestations are required. The bill would have sunset on 6/2021, but was enacted in 2022.

The American Association of Nurse Practitioners, National Academy of Medicine, formerly called the Institute of Medicine, National Council of State Boards of Nursing, Federal Trade Commission and National Governors Association affirm **clear evidence** that nurse practitioners provide safe, high quality care with high patient satisfaction. <sup>1</sup>

In conclusion, Nurse Practitioners have been front lines of providing health services long before the novel COVID-19. The COVID-19 pandemic illuminates numerous health care needs while addressing workforce, access, and structural inequities. While the days of the Emergency Management Agency refrigerated trucks to serve as temporary morgues outside of Bellevue and NYU and many funeral homes are behind us, the trauma and need of a multi-pronged approach for recovery efforts of our workforce, increasing affordable and high quality healthcare access is imperative. NPNY looks

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<sup>1</sup> The IOM-established in 1970 as the health arm of the National Academy of Sciences-provides expert advice to policy makers and the public.

FED. TRADE COMMISSION STAFF, POLICY PERSPECTIVES: COMPETITION AND THE REGULATION OF ADVANCED PRACTICE NURSES (2014). [FTC STAFF POLICY PAPER]

National Governors Association, *The Role of Nurse Practitioners in Meeting Increasing Demand for Primary Care* (Dec. 20, 2012), <http://www.nga.org/cms/home/nga-center-for-best-practices/center-divisions/page-healthdivision/col2-content/1st---health-left/list-health-highlight/content-reference-2@/the-role-of-nurse-practitioners.html> [hereinafter NGA, *Role of Nurse Practitioners*].



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forward to working with the Legislature to ensure the top priorities in the State Budget for SFY 2025.

Please note, the Joint Health Committee Budget Hearing being in January compared with February of 2023, please accept this was prepared in a short amount of time. For any questions, please reach out to NPNY President, Rachael Lerner, MSN, WHNP-BC at [rachael.lerner@gmail.com](mailto:rachael.lerner@gmail.com) or NPNY Advocacy Chair and President Elect 2024 Audrey Hoover MSN, FNP [ahoov26@gmail.com](mailto:ahoov26@gmail.com).