



COMMUNITY HEALTH CARE ASSOCIATION of New York State

**Senate Finance and Assembly Ways and Means  
Joint Legislative Hearing: Higher Education  
State Fiscal Year 2024-25 Executive Budget Health and Medicaid  
February 8, 2024**

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) 2024-25 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 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 a patient-led Board of Directors; over 50% of Board members are patients of the health center 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, 12% are uninsured, and 5% are unhoused. Nearly 60% of CHC 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 most uninsured patients are not eligible for insurance coverage due to immigration status, including many asylum seekers. Patients served by health centers regularly encounter longstanding and extensive structural inequities, putting them 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 2.3 million New Yorkers, providing high quality and affordable primary healthcare and social support services to people experiencing inequities including poverty, racism, discrimination, and food and housing instability that negatively effects their health and well-being.

**CHCANYS SFY 2024-54 Budget Priorities**

**1. Allow Medical Assistants (MAs) to Perform Vaccinations under Qualifying Supervision**

CHCANYS applauds Governor Hochul’s proposal to allow Medical Assistants (MAs) to perform vaccinations when supervised and trained by a licensed physician, nurse practitioner, or physician assistant. We believe this crucial step will not only help New York achieve its health equity goals but will also allow all members of the CHC care team to operate at the top of their training, increasing appointment availability, and enhancing health centers’ ability to meet the rising demand for vaccines. Specifically, some CHCs are finding many, if not most asylum seeker children require a comprehensive vaccination series before entrance into public school. Additionally, many other states already have



successfully allowed MAs to vaccinate under qualifying supervision. We encourage the legislature to adopt the Governor's proposal to allow MAs to vaccinate pursuant to training and supervision.

## **2. Join the Interstate Medical & Nurse Licensure Compacts**

CHCANYS has consistently supported New York's participation in both the interstate medical licensure compact and the interstate nurse licensure compact. The goal of these licensure compacts is to increase equitable access to care, a cornerstone of the CHC movement. The compacts streamline the process to practice for out-of-state licensed providers, allowing them portability of their licensure and a way to join the healthcare workforce in New York State in a more efficient and impactful manner. New York CHCs report that RNs, LPNs and primary care physicians are among the most difficult providers to recruit and account for most vacant positions unfilled for at least 6 months. The licensure compacts will allow CHCs to fill staff vacancies more readily with qualified out-of-state licensed providers.

Additionally, CHCs report that they would benefit from more streamlined requirements for the licensure of out-of-state behavioral and dental providers as there is no interstate licensure compact for these professions, yet the demand for these positions remains high.

## **3. Transform Healthcare Access through Scope of Practice Reforms**

CHCANYS supports Governor Hochul's proposed scope of practice initiatives which will help alleviate the healthcare workforce shortages across provider types. CHCs increase equitable access to primary, preventive, and specialty care by operating in health provider shortage areas (HPSAs). The COVID-19 pandemic exacerbated healthcare workforce burnout and attrition, straining existing health workforce shortages. Per data from the 2022 Health Resources & Services Administration (HRSA) Uniform Data System (UDS), there are 1,644 patients per physician and 5,444 patients per dentist at CHCs in New York State, illustrating the lack of a robust workforce in just these two professions alone. Expanding scope of practice for provider types across the care continuum will expand the ability of providers to meet patient needs amongst unprecedented demand and limited supply of providers. CHCANYS is supportive of the following scope of practice reforms:

### **a. Dentists**

CHCANYS supports Governor Hochul's proposal to expand the scope of practice for dentists to include administering vaccines related to a declared Public Health Emergency (PHE) and allowing dentists to perform HIV, Hepatitis C, and Hemoglobin A1C tests. This will allow dentists to maximize their licensure and participate in the comprehensive primary care medical home model that CHCs participate in throughout New York, enhancing the ability of dentists and providers to screen and detect early, initiating care and preventing further spread of communicable disease.

### **b. Dental Hygienists**

Dental care in both rural and urban New York State is facing extreme workforce pressure. CHCs are often the only affordable and accessible source of dental care for those covered by Medicaid or without insurance. According to 2022 UDS data, there are just 157 Dental Hygienists employed across all New York CHCs. This scarcity of dental providers exacerbates



health disparities, since it disproportionately impacts low-income individuals and people of color, who already utilize less dental care than the rest of the population in part due to the existing limited availability of dental services. Allowing dental hygienists to handle additional procedures within the scope of dentists by establishing collaborative practice will increase efficiency and availability of dental care at CHCs. This model of dental care will allow dentists to attend to more urgent and complicated cases while freeing up appointments for cleanings and routine dental hygiene care with dental hygienists.

**c. Nurse Practitioners**

CHCANYS appreciates Governor Hochul’s proposal to extend the Nurse Practitioner (NP) Modernization Act, authorizing NPs with more than 3,600 hours to practice independently without a collaborative agreement with a physician, but recommends that it be made permanent (see S.7842 Rivera/A.8619A Paulin). NPs are care multipliers and a critical asset to CHCs providing complex care in a safety net setting while focusing on treatment, disease management and prevention, and health promotion. According to 2022 UDS data, there are over 750 NPs across all New York State CHCs.

**d. Registered Nurses**

CHCANYS supports Governor Hochul’s proposal to permanently authorize physicians and certified NPs to order non-patient specific regimen to registered nurses (RNs) for tests to determine the presence of COVID-19 or influenza virus or antibodies. As COVID-19 has become endemic like influenza, testing is an important surveillance tool that will lead to healthier outcomes due to early screening and detection.

**e. Physician Assistants**

CHCANYS supports Governor Hochul’s proposal to allow physician assistants (PAs) to practice independently in primary care and hospital settings and grant them authority to prescribe, order, and perform other specific actions. PAs are integral in supplementing the limited number of physicians at CHCs by expanding the number of care teams, allowing more patients to be seen daily.

**f. Pharmacists**

CHCANYS supports Governor Hochul’s proposal to permanently authorize pharmacists to perform COVID-19 and Influenza tests to bolster communicable pathogen surveillance and allow for early detection by an already trusted health care professional in the community.

**Conclusion**

CHCANYS is committed to advancing efforts that bolster the healthcare workforce in underserved communities. We are available to answer any questions about these and other healthcare workforce related issues. Thank you for the opportunity to submit this testimony. With questions, please contact Marie Mongeon, Vice President of Policy, at [mmongeon@chcanys.org](mailto:mmongeon@chcanys.org).