



NEW YORK HEALTH FOUNDATION: *Improving the state of New York's health*

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2025 Executive Budget Proposal: Higher Education  
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Thank you, Chair Kreuger, Chair Pretlow, and members of the Senate Finance and Assembly Ways and Means Committees. I am pleased to provide testimony on behalf of the New York Health Foundation (NYHealth), a private, independent, statewide foundation dedicated to improving the health of all New Yorkers, especially people of color and others who have been historically marginalized.

Across the state, many New Yorkers must wait weeks or months to see a primary care clinician. By the time they do, they are sicker and harder to treat. Our health care system is out of balance and hobbled by chronic underinvestment in primary care. In the United States, less than 5 cents of every dollar we spend on health care goes to primary care clinicians, despite handling one in three health care visits.<sup>1,2</sup> The same troubling pattern holds true in New York.<sup>3</sup>

New York's underinvestment in primary care has contributed to a shortage of health care workers. While New York had a shortage of primary care clinicians prior to COVID-19, the pandemic resulted in an exodus of overburdened, burnt-out health care workers, further straining our health care system.

Solving the workforce shortage is no small feat. But there are practical steps we can take now to alleviate the problem. **One simple and immediate solution is to allow MAs to vaccinate patients, easing the burden on clinicians.**

**MAs Are Trusted Bridges Between Patients and Clinicians**

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<sup>1</sup> Patient-Centered Primary Care Collaborative, "Investing in Primary Care: A State-Level Analysis," July 2019. [https://www.pcpc.org/sites/default/files/resources/pcmh\\_evidence\\_report\\_2019\\_0.pdf](https://www.pcpc.org/sites/default/files/resources/pcmh_evidence_report_2019_0.pdf).

<sup>2</sup> National Academies of Sciences, Engineering, and Medicine, *Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care*, Washington, DC: The National Academies Press, May 2021. <https://www.nationalacademies.org/our-work/implementing-high-quality-primary-care#sectionPublications>.

<sup>3</sup> Milbank Memorial Fund, "The Health of US Primary Care Baseline Scorecard Data Dashboard," February 2023. <https://www.milbank.org/primary-care-scorecard/>, accessed January 2025.

New York employs approximately 40,000 MAs, the fourth-highest number of any state.<sup>4</sup> As one of the fastest-growing health care professions, **the number of MAs in New York is expected to rise by 27%** between 2022 and 2032.<sup>5</sup> Due to this anticipated growth, it is particularly important that policies enable MAs to practice in ways that most effectively support care delivery and alleviate workforce shortages.

MAs are vital members of the primary care team, responsible for administrative tasks and certain clinical duties under the supervision of a physician or other clinician.<sup>6</sup> Their jobs may include tasks like taking medical histories, measuring vital signs, preparing patients for exams, and drawing blood.<sup>7</sup>

MAs are a **trusted bridge between clinicians and patients**, particularly in underserved and marginalized communities. MAs are also predominantly people of color and often come from the communities they serve, making them uniquely positioned to build relationships with patients and earn their trust.<sup>8</sup> Primary care teams that fully integrate MAs see measurable improvements in patient care, better health outcomes, and reductions in clinician strain and burnout.<sup>9,10,11,12,13</sup>

### **New York Is Falling Behind Other States at a Time We Can't Afford To**

New York lags other states in making the most of MAs' potential. **We are the *only* state that does not allow clinicians to delegate the task of administering injections, like vaccinations,**

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<sup>4</sup> U.S. Bureau of Labor Statistics, "Occupational Employment and Wages, May 2023: 31-9092 Medical Assistants," <https://www.bls.gov/oes/current/oes319092.htm>, accessed February 2025.

<sup>5</sup> New York State Department of Labor, "Long-term Occupational Projections," <https://dol.ny.gov/long-term-occupational-projections>, accessed January 2025.

<sup>6</sup> U.S. Bureau of Labor Statistics, "Occupational Employment and Wages, May 2023: 31-9092 Medical Assistants," <https://www.bls.gov/oes/current/oes319092.htm>, accessed February 2025.

<sup>7</sup> New York State Education Department, "Medical Assisting," <https://www.nysed.gov/career-technical-education/medical-assisting>, accessed February 2025.

<sup>8</sup> U.S. Census Bureau, "ACS 1-Year Estimates Public Use Microdata Sample," Race demographics available at [https://data.census.gov/app/mdat/ACSPUMS1Y2021/table?cv=RAC1P&rv=ucgid,OCCP\(3645\)&wt=PWGTP&g=AwFm-BVBIBmA2IA](https://data.census.gov/app/mdat/ACSPUMS1Y2021/table?cv=RAC1P&rv=ucgid,OCCP(3645)&wt=PWGTP&g=AwFm-BVBIBmA2IA), ethnicity demographics available at [https://data.census.gov/app/mdat/ACSPUMS1Y2021/table?rv=SOCP\(319092\),HISP,ucgid&wt=PWGTP&g=AwFm-BVBIBmA2IA](https://data.census.gov/app/mdat/ACSPUMS1Y2021/table?rv=SOCP(319092),HISP,ucgid&wt=PWGTP&g=AwFm-BVBIBmA2IA), accessed February 2025.

<sup>9</sup> Willard-Grace R, Chen EH, Hessler D, DeVore, Prado C, Bodenheimer T, Thom DH. Health Coaching by Medical Assistants to Improve Control of Diabetes, Hypertension, and Hyperlipidemia in Low-Income Patients: A Randomized Controlled Trial. *The Annals of Family Medicine*. 2015, 13 (2).

<sup>10</sup> Rodriguez HP, Friedberg MW, Vargas-Bustamante A, Chen X, Martinez AE, Roby DH. The impact of integrating medical assistants and community health workers on diabetes care management in community health centers. *BMC Health Services Research*. 2018, 18(875).

<sup>11</sup> Shaw JG, Winget M, Brown-Johnson C, Seay-Morrison T, Garvet DW, Levine M, Safaeinili N, Mahoney MR. Primary Care 2.0: A Prospective Evaluation of a Novel Model of Advanced Team Care with Expanded Medical Assistant Support. *Annals of Family Medicine*. 2021, 19(5):411-418.

<sup>12</sup> Wagner EH, Flinter M, Hsu C, Cromp DA, Austin BT, Etz R, Crabtree BF, Ladden MJD. Effective team-based primary care: observations from innovative practices. *BMC Family Practice*. 2017, 18(13).

<sup>13</sup> Sinsky CA, Willard Grace R, Schutzbank AM, Sinsky TA, Margolius D, Bodenheimer T. In Search of Joy in Practice: A Report of 23 High-Functioning Primary Care Practices, *Annals of Family Medicine*. 2013, 11(3):272—278.

**to Medical Assistants, with appropriate training and supervision.**<sup>14,15</sup> This gap was cast into relief during the COVID-19 pandemic, when New York’s health system was strained by the massive task of immunizing New Yorkers. During this public health emergency, New York did *not* allow MAs to administer COVID vaccines, while neighboring states New Jersey and Connecticut, used this emergency as impetus to more fully utilize MAs.<sup>16,17,18</sup>

The Executive Budget proposal includes a common-sense provision to align New York with every other state by allowing trained Medical Assistants to administer vaccinations under the supervision of a physician or physician assistant. Affirming the importance of this issue, the New York State Legislature has introduced a bill (A5460-A/S05340) to formally authorize MAs to administer vaccines under the appropriate supervision of a physician, physician assistant, or nurse practitioner. This policy change would expand the pool of health professionals available to vaccinate New Yorkers, alleviating strain on clinicians and allowing them to focus on more complex patient care needs.

### **Allowing MAs to Vaccinate is Common Sense and Widely Supported**

New York health care providers are ready to support MAs and implement this proposed policy change. A recent NYHealth-supported survey of primary care practice administrators and MA supervisors across New York State found that:

- **Two out of three** primary care providers would likely have their MAs perform vaccinations if permitted.
- That proportion increases to **8 in 10 providers** among Federally Qualified Health Centers, New York’s safety net primary care providers.
- **85%** of practice administrators said they would train their MAs to vaccinate in-house, supporting the feasibility of implementing this policy change.<sup>19</sup>

These findings align with direct feedback from primary care teams across the state. One practice administrator noted, “The ability for our MAs to do injections would **really take extra stress off our nursing staff**, who [are] expected to work with one provider in addition to needing to be available for the MAs to request injections.” Similarly, a MA shared their frustration: “**We can draw blood. We can do everything else** but the vaccine administration. We cannot do

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<sup>14</sup>American Association of Medical Assistants, “State Scope of Practice Laws,” [https://www.aama-ntl.org/docs/default-source/state-sop-laws/new-york-state-opinion-utilization-of-medical-assistants-june-2023.pdf?sfvrsn=e7fe6ba1\\_1](https://www.aama-ntl.org/docs/default-source/state-sop-laws/new-york-state-opinion-utilization-of-medical-assistants-june-2023.pdf?sfvrsn=e7fe6ba1_1), accessed February 2025.

<sup>15</sup> Reference available upon request.

<sup>16</sup> Declaring a Disaster Emergency in the State of New York. NY Exec Order No. 202. (March 2020). [https://www.governor.ny.gov/sites/default/files/atoms/files/EO\\_202.pdf](https://www.governor.ny.gov/sites/default/files/atoms/files/EO_202.pdf).

<sup>17</sup> Authorization for Members of the Healthcare Provider Community to Conduct COVID-19 Vaccination Administration. NJ Exec Directive No. 20-037. (March 2020). [https://www.state.nj.us/health/legal/covid19/ExecutiveDirectiveNo20-037\\_HCPVaccinationAuthorization.pdf](https://www.state.nj.us/health/legal/covid19/ExecutiveDirectiveNo20-037_HCPVaccinationAuthorization.pdf).

<sup>18</sup> An Act Allowing Medical Assistants to Administer Vaccinations. CT Senate Bill No. 213. (March 2022). <https://www.cga.ct.gov/2022/fc/pdf/2022SB-00213-R000217-FC.pdf>.

<sup>19</sup> Summary of preliminary analysis available upon request.

[vaccines], but 15 minutes away [in Pennsylvania], those MAs are able to, and they have had the exact same training as us.”<sup>20</sup>

## **Conclusion**

A robust primary care workforce is essential to a high-performing health care system. MAs can contribute even more, but outdated policies prevent them from practicing to their full potential. Expanding the role of MAs and authorizing them to administer vaccines under supervision will help New Yorkers get the care they need, when they need it.

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<sup>20</sup> Fitzhugh Mullan Institute for Health Workforce Equity at the George Washington University. (2025). *Medical Assistants in New York: Focus Group Findings*. Available upon request.