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Thank you, Chair Krueger, Chair Pretlow, and members of the Senate Finance and Assembly Ways and Means Committees, for the opportunity to testify. The New York Health Foundation (NYHealth) is 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.

As New York battles federal policy retrenchments, funding cuts, and data blackouts, leaders must invest in the core health care systems that safeguard New York's commitment to health. That means strengthening primary care, modernizing team-based care to meet workforce demands, and ensuring the State has reliable data to guide smart, targeted investments. New York leaders should:

- **Prioritize primary care and rebalance health care spending to save on overall health costs;**
- **Allow medical assistants to administer vaccinations, thus easing the growing burden on doctors and nurses;**
- **Establish regular, State-led collection and public reporting of food insecurity data to inform health and nutrition policies and investments**

Investing in Primary Care: The Smartest Way to Improve Health and Control Costs

Primary care is where most New Yorkers first seek care, manage chronic conditions, and receive preventive services. Despite its proven value, we underinvest in primary care. In the United States, less than five cents of every health care dollar goes to primary care, even though primary care doctors and nurses handle one out of every three health care visits.[1,2]

[1] Chang J, Silva Gordon B, Desouza C. 4% of Health Spending Goes to Primary Care. Health Care Cost Institute. 2025. Available at: https://healthcostinstitute.org/hcci-originals-dropdown/all-hcci-reports/4-of-health-spending-goes-to-primary-care

[2] Jabbarpour Y, Petterson S, Jetty A, Byun H. The Health of US Primary Care: A Baseline Scorecard Tracking Support for High-Quality Primary Care. 2023. Milbank Memorial Fund. Available at: https://www.milbank.org/wp-content/uploads/2023/02/Milbank-Baseline-Scorecard_final_V2.pdf.

The same imbalance is true in New York State. Several analyses of primary care spending data show that primary care receives only 3-5% of New York's total health spending, well below the 10–12% recommended by national experts and seen in other high-income countries.[3,4,5,6] And both nationally and in New York, primary care's share of total spending has declined in recent years.[7,8] The claim that New York lacks a baseline on primary care spending is incorrect and should no longer be used to delay action. This underinvestment leaves families without timely preventive care; increases health care costs; and strains a system that should be keeping New Yorkers healthy, not just treating them—at a higher cost—when they're sick.

This mismatch in where we devote our health dollars means that despite spending more than $300 billion annually on health care—well above the national average—New York's health outcomes are only average.[9,10] When New Yorkers, especially people of color and people living in rural areas, have to wait weeks or months to see their primary care doctor, they end up sicker and are forced to turn to hospitals or emergency rooms (ER), where care is more expensive.[11] The average cost of an ER visit is $1,200, which is four times what it costs for a primary care

[3] Chang J, Silva Gordon B, Desouza C. 4% of Health Spending Goes to Primary Care. Health Care Cost Institute. 2025. Available at: https://healthcostinstitute.org/hcci-originals-dropdown/all-hcci-reports/4-of-health-spending-goes-to-primary-care.
[4] Phillips RL Jr., Basemore AW. Primary Care And Why It Matters For U.S. Health System Reform. HealthAffairs. May 2010: 29(5). Available at: https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2010.0020
[5] Milbank Memorial Fund. (2025). *Primary Care Scorecard*. https://www.milbank.org/primary-care-scorecard/, accessed February 2026.
[6] Jabbarpour Y, Petterson S, Jetty A, Byun H. The Health of US Primary Care: A Baseline Scorecard Tracking Support for High-Quality Primary Care. 2023. Milbank Memorial Fund. Available at: https://www.milbank.org/wp-content/uploads/2023/02/Milbank-Baseline-Scorecard_final_V2.pdf.
[7] Chang J, Silva Gordon B, Desouza C. 4% of Health Spending Goes to Primary Care. Health Care Cost Institute. 2025. Available at: https://healthcostinstitute.org/hcci-originals-dropdown/all-hcci-reports/4-of-health-spending-goes-to-primary-care.
[8] Milbank Memorial Fund. (2025). *Primary Care Scorecard*. https://www.milbank.org/primary-care-scorecard/, accessed February 2026.
[9] New York State Division of Budget. Health Care Briefing Book FY2025. 2024. Available at: https://www.budget.ny.gov/pubs/archive/fy25/ex/book/healthcare.pdf.
[10] America's Health Ranking. Overall in New York. United Health Foundation. 2024. https://www.americashealthrankings.org/explore/measures/Overall/NY, accessed December 2025.
[11] Jabbar ABA, Talha KM, Nambi V, Abramov D, and Minhas AMK. Primary Care Physician Density and Mortality in the United States. Journal of the National Medical Association 116, no. 5 (2024): 600–606. https://doi.org/10.1016/j.jnma.2024.10.001.

visit ($300).[12] These avoidable emergency room visits and hospitalizations for chronic conditions cost the State billions of dollars each year. [13,14]

The solution is not to spend more; we should require health insurance companies to prioritize spending on primary care to rebalance health care spending. Allocating a greater percentage of what we spend to primary care is a more effective way to spend health care dollars and improve its value for people and return on investment.

The Legislature has already recognized the urgency of this issue. Last session, Senator Rivera and Assemblymember Paulin introduced the Primary Care Investment Act (S1634/A1915A) that would require health insurers that spend less than 12.5% of their overall spending on primary care to gradually increase their spending (1% per year) until they reach the 12.5% threshold. It also requires a standard definition of primary care, annual measurement, and public reporting. **Last year, S1634 passed the Senate. The same bill is currently pending in the Assembly Insurance Committee.**

New York cannot afford to fall further behind. **More than 20 states have adopted primary care investment policies that are already improving access and controlling costs. California's decision to set a 15% spending target further demonstrates that New York's goal of 12.5% is a pragmatic and practical step forward.**

- Oregon found that every additional $1 invested in primary care saved $13 in emergency, specialty, and hospital services.[15]
- Massachusetts reported that provider organizations investing more in primary care delivered higher-quality care while spending less on inpatient and outpatient hospital services.[16]

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[12] Ford, MM. Allard, A. Cobbs, E. Sandman, D. Cohen, L. 2026. "The State of Primary Care in New York: 2025 Data Update" New York Health Foundation and Primary Care Development Corporation. New York, New York

[13] Chang J, Silva Gordon B, Desouza C. 4% of Health Spending Goes to Primary Care. 2025. Health Care Cost Institute. Available at: https://healthcostinstitute.org/hcci-originals-dropdown/all-hcci-reports/4-of-health-spending-goes-to-primary-care.

[14] New York Health Foundation. Health Care Costs and Spending in New York State. 2014. New York. Available at: https://nyhealthfoundation.org/wp-content/uploads/2017/12/health-care-costs-in-NYS-chart-book.pdf.

[15] Gelmon S, Wallace N, Sandberg B, Petchel S, Bouranis N. Implementation of Oregon's PCPCH Program; Exemplary Practice and Program Findings. 2016. Portland State University. Available at: https://www.oregon.gov/oha/HPA/dsi-pcpch/Documents/PCPCH-Program-Implementation-Report-Final-Sept-2016.pdf.

[16] Shaffer S, Swan G. ANALYSIS OF MASSACHUSETTS Primary Care Investment and Quality. 2024. Freedman HealthCare and Primary Care Collaborative. https://thepcc.org/reports/analysis-of-massachusetts-primary-care-investment-and-quality/, accessed December 2025.

- Rhode Island demonstrated that increasing primary care investment expanded the number of practicing primary care providers, helping to address shortages and quality.[17]
- National evidence showed that a $10 increase in Medicaid provider reimbursement per primary care visit reduces reports of providers not taking new patients by 13%.[18]

New findings from a New York-specific analysis and simulation modeling of commercial insurance claims show that targeted primary care delivery could drive meaningful cost savings, especially for higher risk individuals. In one model scenario, if high and medium-high risk enrollees are given two additional primary care visits, total spending is projected to fall by $26 Per Member Per Year (PMPY) in the first year and $79 PMPY in the following year. **If similar targeted delivery is modeled statewide among commercially insured New Yorkers, total costs could be reduced by an estimated $248 million in the first year and $753 million in the second year.**[19]

New York should follow evidence demonstrating the value of primary care and require insurance companies to prioritize spending on primary care. That is how we will increase access, improve health outcomes, and save precious dollars.

Allowing Medical Assistants to Vaccinate: A Common-Sense Workforce Solution

Investing in primary care is a fundamental—but not the only—way to enhance patients' access to primary care and strengthen providers' ability to provide quality care. Addressing workforce shortages and provider strain is also critical. One immediate, practical solution is to expand the role of medical assistants (MAs).

MAs are vital members of the primary care team, responsible for a range of administrative tasks and certain clinical duties under the supervision of a doctor or other clinician.[20] 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, outpacing many other health occupations.[21] Care teams that use MAs beyond administrative and basic clinical duties often see improvements in patients' use of

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[17] Koller C. & Khullar D. Primary Care Spending Rate - A Lever for Encouraging Investment in Primary Care. New England Journal of Medicine. 2017. 377(18) 1709-1711. Doi:10.1056/NEJMp1709538.
[18] Alexander D, Schnell M. THE IMPACTS OF PHYSICIAN PAYMENTS ON PATIENT ACCESS, USE, AND HEALTH. 2019. National Bureau of Economic Research. Available at: http://www.nber.org/papers/w26095.
[19] Milliman, Inc. Association between primary care and total cost: A study on New York state's commercial health insurance market. Commissioned by the New York Health Foundation, January 2026. Available at: https://nyhealthfoundation.org/wp-content/uploads/2026/02/NYHealth_Primary-Care-and-Total-Cost-of-Care.pdf.
[20] U.S. Bureau of Labor Statistics, "Occupational Employment and Wages, May 2022: 31-9092 Medical Assistants," https://www.bls.gov/oes/current/oes319092.htm, accessed March 2023.
[21] New York State Department of Labor. Long-term Occupational Projections. https://dol.ny.gov/long-term-occupational-projections, accessed January 2026.

health services and health outcomes;[22,23] improved clinical quality metrics and operational efficiencies;[24,25] and reductions in provider strain and burnout.[26] MAs are also predominately people of color and often live in the communities they serve, making them uniquely positioned to build relationships with patients and earn their trust.[27] In short, MAs are capable of—but currently underutilized in—supporting equitable and high-quality patient care.

Yet New York is the only state that does not allow clinicians to delegate the task of administering injections, like vaccinations, to MAs, with appropriate training and supervision.[28,29] The COVID-19 pandemic made clear the effects of this limitation, as New York was strained to administer COVID vaccines.[30] New York will be feeling the effects of this limitation again now that federal changes to immunization guidelines put more strain on doctors to counsel parents and patients on vaccine decisions. Every minute counts in a short primary care visit, and MAs can and should take on the task of administering vaccines after the doctor and patient have discussed their need and safety. Permitting MAs to administer vaccinations will increase the number of health professionals available to vaccinate New Yorkers and save time for clinicians to focus on more complex patient care needs.

The Executive Budget proposal includes a common-sense provision for New York to join all other states by allowing trained MAs to administer vaccinations under the supervision of a physician, physician assistant, or nurse practitioner.

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[22] Willard-Grace R, Chen EH, Hessler D, DeVore, Prado C, Bodenheimer T, Thom DH. (2015). 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, 13 (2).

[23] 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).

[24] 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.

[25] 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).

[26] 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. 10.1370/afm.1531.

[27] U.S. Census Bureau. ACS 1-Year Estimates Public Use Microdata Sample. Race/ethnicity demographics available at: https://bit.ly/4bDx9x4, accessed January 2026.

[28] 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, accessed January 2026.

[29] Reference available upon request.

[30] Dan Krauth, 'Unacceptable': Elected leaders dropped ball on vaccine rollout in Tri-State, critic says. ABC 7 NY. https://abc7ny.com/post/7-on-your-side-investigates-vaccine-rollout-ny-covid/9598124/, accessed February 2026.

Evidence from NYHealth-supported research confirms support for this proposal among providers.[31] A recent survey of primary care practice administrators and nurse supervisors of MAs across New York reveals that 2 out of 3 primary care providers would likely have MAs perform vaccinations, if permitted. Among Federally Qualified Health Centers, New York's safety net primary care providers, that proportion increases to 8 out of 10 providers. And, 85% of practice administrators said they would train MAs to vaccinate in-house, suggesting this policy would largely not be burdensome to adopt.

There is no quick fix to solve New York's workforce shortage, but enhancing the role of MAs is an immediate, common-sense, and widely supported step.

Ensuring Data to Guide Health and Nutrition Investments in New York

As the Executive Budget seeks to strengthen primary care and improve health, it must also safeguard the data infrastructure that allows the State to track trends over time, assess how programs are performing, and target investments effectively. One urgent gap is the loss of reliable, New York-specific data on food insecurity, a core driver of health outcomes.

For decades, policymakers, researchers, and advocates have relied on federal data from the U.S. Department of Agriculture's (USDA) Household Food Security Survey to understand the scale of food insecurity across states. This year, the USDA announced it will no longer survey and publish state-level food insecurity estimates, leaving New York with a critical data gap.[32]

Consistent access to nutritious food is essential for optimal health and wellbeing.[33] Food insecurity has been on the rise in New York since the COVID-19 pandemic. Between 2022 and

[31] Fitzhugh Mullan Institute for Health Workforce Equity. Survey Results: The Medical Assistant Role in Primary Care. George Washington University. 2025. https://www.gwhwi.org/uploads/4/3/3/5/43358451/survey_on_use_of_mas_in_primary_care_april_2025__1_.pdf, accessed January 2026.
[32] U.S. Department of Agriculture. USDA Terminates Redundant Food Insecurity Survey. September 20, 2025. Available at: https://www.usda.gov/about-usda/news/press-releases/2025/09/20/usda-terminates-redundant-food-insecurity-survey.
[33] New York Health Foundation. NYHealth Survey of Food and Health. August 2022, https://nyhealthfoundation.org/resource/nyhealth-survey-of-food-and-health-2022/, accessed March 2025.

2024, 14% of households in New York State were food insecure compared with 10.3% from 2019–2021—a 36% increase and above the national average.[34,35,36]

At the same time, new federal changes to programs like the Supplemental Nutrition Assistance Program (SNAP) and Medicaid, including work requirements and more frequent recertifications, will likely lead to disruptions in enrollment and higher food insecurity. Data and evidence are essential to inform and drive State action in response.

In the face of federal retrenchment, New York can step in to fill this gap by directing the State Department of Health to regularly collect and publicly report on food insecurity data using existing data collection infrastructure.

One viable solution is to include a brief food security module in the annual Behavioral Risk Factor Surveillance Survey, leveraging the State Department of Health's existing data infrastructure at little or no cost. The module could mirror the USDA's six item U.S. Household Food Security Survey to ensure data continuity with federal data collection. To support this approach, two bills have been introduced (A9168/S8553) directing the Department of Health to report annually on food security trends across New York.

Establishing State-led food security data collection and a publication would allow for timely analysis and support evaluation of nutrition assistance programs. Annual reporting will equip policymakers with up-to-date data to understand the needs of New Yorkers, particularly for families with children and communities of color who experience disproportionately high rates of hunger.[37]

Conclusion: Opportunities to Improve New York's Health in the Face of Federal Threats

New York has an opportunity to make pragmatic, high-impact changes that strengthen the foundation of our health care system and prepare the State for the impending strain posed by federal policies. Investing in primary care, modernizing team-based care by allowing medical

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[34] Office of the New York State Comptroller. "DiNapoli: Number of New Yorkers Going Hungry Increases Despite Improving Economy" May 2024, https://www.osc.ny.gov/reports/food-insecurity-persists-post-pandemic, accessed January 2026.

[35] U.S. Department of Agriculture, Economic Research Service. Food Security in the United States: How Do States Compare? https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/interactive-chartsand-highlights#States. Accessed January 2026.

[36] U.S. Department of Agriculture, Economic Research Service. Household Food Security in the United States in 2024. December 2025. Available at: https://ers.usda.gov/sites/default/files/_laserfiche/publications/113623/ERR-358.pdf?v=91457.

[37] Okonkwo, C. Ford, M. McCarthy, J. Barrett, A. Havusha, A. Sandman, D. 2025. Hunger on the Rise: New York's Food Insufficiency Rates Hit New Highs and Exceed Pandemic Levels (2024 Update). New York Health Foundation. New York, NY.

assistants to administer vaccines, and safeguarding essential health and nutrition data are concrete actions that improve access and help control costs over time.

By prioritizing these changes, New York can build stronger, healthier communities and ensure that all New Yorkers get the care and support they need, when they need it. We appreciate your leadership on these issues and look forward to working together to advance these shared goals.

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