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TESTIMONY OF
THE NURSE PRACTITIONER ASSOCIATION NEW YORK STATE
TO THE JOINT LEGISLATIVE BUDGET COMMITTEES ON HEALTH
February 10, 2026

The Nurse Practitioner Association New York State ("NPA") is the only statewide professional association representing nearly 30,000 nurse practitioners ("NPs") licensed to practice throughout New York State. NPs are on the frontlines of health care, frequently serving New York's most vulnerable and underserved populations. Our members regularly staff federally qualified health centers and other clinics in areas that would otherwise be healthcare deserts. NPs are committed to providing broad access to quality healthcare and are proud to partner with the State of New York to ensure all residents receive the care they deserve. The NPA and its members uphold the highest professional standards and are dedicated to delivering the best possible care for all healthcare consumers.

It is clear to the NPA that Governor Hochul, like many in this Legislature, recognizes the vital role NPs play in delivering health care and is committed to removing unnecessary burdens on NPs and the patients who rely on their high-quality care. The NPA respectfully urges the Legislature to embrace two proposals and ensure that both remain in the final enacted SFY 2027 budget, namely the Health and Mental Hygiene Article VII ("HMH"):

- Part B, section 17 – which is substantially similar to S.2360 (Rivera)/A.1220 (Paulin) – making permanent the full practice authority of NPs as adopted in 2022; and

- Part N, Subpart C, which is substantially similar to S.3822 (Rivera)/A.1942 (Paulin), which would make access simpler for healthcare consumers and lead to reduced healthcare expenses, by clarifying that a NP (and other professionals) may sign, verify, or certify forms or documents pertaining to any healthcare services that are authorized within their existing scope.

Background

NPs gained legal scope of practice in New York in 1988. NPs are licensed, certified, independent practitioners, regulated by the State Education Department ("SED"). NPs possess a license as a registered professional nurse ("RN") first, and then obtain additional certification as a NP, after completing an educational program approved by the State. NPs are highly skilled, trained, and experienced individuals who exercise independent judgment, and collaborate with specialists and healthcare practitioners through team-based care. While many NPs focus on primary care, every New York NP is certified in one or more specific practice areas, including: Adult Health, Women's Health, Family Health, Obstetrics/Gynecology, Oncology, Pediatrics, Palliative Care, Psychiatry, Acute Care, and more.

The New York Center for Health Workforce Studies ("CHWS") recently concluded that "NPs play a crucial role in expanding access to health services. As the state's population has become grows more diverse, an NP workforce that closely represents the racial and ethnic composition of the state's population not only ensures an adequate supply of health workers, but also supports the delivery of culturally competent health care."[1] It is a homegrown[2], woman dominated[3] profession, that generally reflects the communities they serve.[4] NPs are particularly prevalent in Health Professional Shortage Areas (HPSAs) and rural New York -- over 43% of NPs work in HPSAs and nearly 50% of NPs work in Primary Care HPSAs.[5] Significantly "[h]igher proportions of NPs (47%) . . . practice in [HPSAs] compared to Physicians (36%)."[6]

Legislative History

Since the enactment of the NP scope of practice more than three decades ago, NPs have been authorized to diagnose illness and physical conditions; perform therapeutic and corrective measures; order tests; prescribe medications and devices and immunizing agents; all without supervision. NPs possess full prescribing authority and are the primary care provider of choice for many New Yorkers. NPs are autonomous and, unlike other allied professions, NPs are not dependent upon a physician or any other professional. NPs are independent healthcare practitioners who are legally accountable for the care they provide.

Despite this independent professional status, prior to 2014, ***all*** NPs were required to maintain written collaborative agreements with a physician, as a condition to practice. This requirement proved to be a costly, artificial barrier to accessing healthcare services with no impact on patient outcomes. In practice, these agreements were administrative exercises, often involving fees paid to physicians, and did not affect patient care.

Recognizing the law was outdated, in 2011, the Medicaid Redesign Team called for the "remov[al of] the requirement that certified Nurse Practitioners enter into a written collaborative practice agreement with a licensed physician." Three years later, the Nurse Practitioner Modernization Act ("NPMA") was advanced by the Executive and enacted as part of the 2014 budget. The NPMA eliminated the written practice agreement for NPs who completed 3,600 hours of practice, but required those NPs to maintain "collaborative relationships" with qualified physicians or Article 28 facilities. Again, this was primarily an administrative function with limited benefit to healthcare consumers. SED has explained that "A collaborative relationship means that you communicate . . . with the qualified physician for the purposes of exchanging information, as

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[1] Report by CHWS, "A Profile of New York State's Patient Care Nurse Practitioners": https://www.chwsny.org/wp-content/uploads/2021/11/Profile-of-New-York-States-Patient-Care-Nurse-Practitioners-2021.pdf

[2] Nearly 90% of New York's NPs also received their training in New York. *Id.*

[3] 92% of New York NPs are female. *Id*. *See, also,* https://www.chwsny.org/wp-content/uploads/2021/01/NP-Diversity-Brief_2021.pdf

[4] The population of African American/Black, non-Hispanic NPs is representative of the comparable demographic statewide. *Id.*

[5] Presentation shared at United Hospital Fund's Annual Symposium on Health Care Services in New York (10/28/21); available at https://youtu.be/YjftaBZ0CUE. Of those NPs in primary care HPSAs, 48% work in health centers or clinics, 23% hospital inpatient settings, 10% in physician settings. *Id.*

[6] *See* Primary Care Development Corporation December 2021 report, "Characteristics of Primary Care Providers in New York State." "Counties with higher percentages of NPs are in Central New York, the Mohawk Valley, and the Southern Tier. Counties with lower percentages of NPs are more urban." *Id*.

needed, in order to provide comprehensive patient care and to make referrals as necessary." NPs inherently practice in team-based care every day, and that does not require a statutory directive. The NPMA also included a sunset date, a directive that SED collect data, and a requirement that SED issue a report in consultation with DOH.

The SED/DOH report issued in November 2018 recommended eliminating the requirement for NPs to file practice protocols, with DOH highlighting the difficulties created by the collaborative relationship standard, and stressing that the NPMA:

- "was enacted to address a barrier to practice that served as an impediment to the expansion of needed primary care services throughout the State,"
- was achieving its intended purpose without any "indication of adverse impact on quality of care," and
- should be made permanent.

The COVID-19 pandemic further demonstrated the need for reform. Executive Orders issued in March 2020 waived requirements for written practice agreements or collaborative relationships, allowing NPs to "provide medical services appropriate to their education, training and experience." This waiver continued through the pandemic and a later subsequent Executive Order regarding the overall healthcare workforce shortage.

In the 2022-2023 budget, the Executive and Legislature took further steps: (i) making the 2014 changes to the Education Law permanent; and (ii) eliminating the requirement that NPs with 3,600 hours of practice maintain a statutorily mandated collaborative relationship, with an April 2024 sunset. A year later, as part of the SFY 2025 budget, the elimination was extended until July 2026.

Last year's budget also recognized the role and competence of psychiatric NPs, authorizing them to sign medical certificates for involuntary commitment under the Mental Hygiene Law ("MHL"). This reflects the confidence being placed in the expertise and training of these NPs who are often on the front lines of mental health care. Moreover, the modernization of MHL helps ensure timely access to care for individuals experiencing behavioral health crises and reduces barriers to critical mental health services.

However, non-substantive, arbitrary administrative obligations or restrictions that remain, unnecessarily stifling patients' ability to rely on services delivered by NPs. If the 2022 law were to expire, all NPs with more than 3,600 hours of practice would be forced to immediately establish collaborative relationships or cease providing care – a disruptive event for NPs and hundreds of thousands of patients, especially amid the ongoing workforce shortage crisis. It is imperative that New York not go backwards by allowing the 2022 amendments to expire, which would also undermine the recent improvements to the MHL.

SFY 2027 HMH Article VII

Support Part B, sec. 17

NPs inherently work collaboratively with physicians, physician assistants, and other healthcare professionals to provide the best care to patients. New York law allows NPs to fully meet their patients' needs, and NPs are skilled in working with a full complement of providers who

appropriately consult and refer to other medical professionals as necessary. Recognizing this, in 2022 the legislature and the governor eliminated any statutory collaboration requirements for NPs with more than 3,600 hours of experience. This elimination was set to expire in 2024 and was extended through the end of this legislative session. The Governor has now proposed making the 2022 improvement permanent, consistent with Senator Rivera's bill S.2360 and Assemblywoman Paulin's bill A.1220, each of which has bipartisan support. Do not let this moment pass, and adopt Part B, section 17 in the budget.

Support Part N, Subpart C

NPs frequently encounter patients who need forms signed by the healthcare professional who conducted their exam, but outdated laws require a physician's signature—even when the NP is fully authorized to perform the service. This creates confusion and unnecessary barriers for patients. HMH Part N, Subpart C (much like S.3822(Rivera)/A.1942(Paulin)), addresses these issues in areas such as: student athletic participation, return to school after concussion, school bus driver physical examinations, temporary disability parking permits, and jury duty exemptions for breastfeeding mothers. NPs are already wholly permitted to diagnose, treat, and prescribe in these situations; the only barrier is the statutory reference to a physician's signature on the applicable form. Allowing NPs to sign these forms will streamline healthcare delivery, create efficiencies, and reduce costs. The NPA strongly supports this technical fix, which does not alter nurse practitioners' scope of practice but clarifies that NPs and physicians alike may lawfully complete necessary documentation.

Conclusion

Modernizing healthcare professional is a high-return, low-risk, no-cost, safe and immediate way to improve healthcare access and services, especially as New York continues to face healthcare workforce shortages. The NPA respectfully requests that the legislature ensure that the final enacted budget include the important NP proposals advanced by the Governor.

We very much thank the Senate and Assembly Joint Fiscal Committee for the opportunity to share these insights and welcome the opportunity to answer any questions that you may have.

Respectfully submitted,

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President