



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

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Thank you, Chair Krueger, 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). 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.

Across the State, many New Yorkers wait weeks or months to see a primary care clinician. By the time they do, they are often sicker and harder to treat. This reflects a health care system that is out of balance, shaped by chronic underinvestment in primary care. Nationally, less than 5 cents of every health care dollar goes to primary care clinicians, even though they handle 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. Clinician shortages and strain, combined with the fast growth of the Medical Assistant (MA) workforce, have meant that MAs sometimes take on enhanced roles in patient care. In this time of impending federal cuts, providers are looking to MAs to contribute even more, but barriers stand in the way of unlocking their full potential. In New York, MAs are neither licensed nor defined by a scope of practice. New York State provides little guidance beyond a memo outlining what MAs *cannot* do.<sup>4</sup> Notably, New York is the only state that does not permit MAs to administer vaccines, even with appropriate training and supervision.<sup>5,6</sup>

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<sup>1</sup> 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>.

<sup>2</sup> 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](https://www.milbank.org/wp-content/uploads/2023/02/Milbank-Baseline-Scorecard_final_V2.pdf).

<sup>3</sup> Milbank Memorial Fund. Primary Care Scorecard. 2025. <https://www.milbank.org/primary-care-scorecard/>, accessed February 2026.

<sup>4</sup> New York State Education Department. Medical Assisting. <https://www.nysed.gov/career-technical-education/medical-assisting>, accessed February 2026.

<sup>5</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 2026.

<sup>6</sup> Balasa DA. State Injection Laws for Medical Assistants. 2023. Available upon request.

Solving the workforce shortage will not be easy, but there are practical steps we can take now. **One immediate, common-sense solution is to allow medical assistants (MAs) to vaccinate patients, easing the burden on clinicians.**

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

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>7</sup> MAs bring important skills to primary care teams, including collecting essential health information, supporting preventive care, reinforcing patient education, and ensuring care is culturally and linguistically accessible.<sup>8</sup>

New York employs approximately 40,000 MAs, the fourth-highest number of any state.<sup>9</sup> **The number of MAs in New York is expected to rise by 27%** between 2022 and 2032, outpacing many other health occupations.<sup>10</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 a **trusted bridge between clinicians and patients**, particularly in underserved and marginalized communities. They are often among the first and most consistent points of contact for patients, helping to improve access, communication, and quality of care.<sup>11</sup> MAs are also predominantly people of color and part of the communities they serve, making them uniquely positioned to build relationships with patients and earn their trust.<sup>12</sup> For instance, four out of five MAs in New York provide language translation services to patients, according to NYHealth-supported research.<sup>13</sup> Care teams that use MAs beyond administrative and basic clinical duties

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<sup>7</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>8</sup> Foti A, Okonkwo C, Ford MM, Cobbs E, Havusha A., Sandman, D. 2025. Profile of Medical Assistants Across Primary Care Practice Settings. New York Health Foundation. New York, NY.

<sup>9</sup> U.S. Bureau of Labor Statistics, “Occupational Employment and Wages, May 2023: 31-9092 Medical Assistants,” <https://www.bls.gov/oes/2023/may/oes319092.htm>, accessed February 2025.

<sup>10</sup> New York State Department of Labor. Long-term Occupational Projections. <https://dol.ny.gov/long-term-occupational-projections>, accessed January 2025.

<sup>11</sup> Foti A, Okonkwo, C. Ford, MM., Cobbs, E. Havusha A, Sandman D. 2025. Profile of Medical Assistants Across Primary Care Practice Settings. New York Health Foundation. New York, NY.

<sup>12</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,OCCEP\(3645\)&wt=PWGTP&g=AwFm-BVBIBmA2IA](https://data.census.gov/app/mdat/ACSPUMS1Y2021/table?cv=RAC1P&rv=ucgid,OCCEP(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 2026.

<sup>13</sup> Fitzhugh Mullan Institute for Health Workforce Equity. Survey Results: The Medical Assistant Role in Primary Care. George Washington University. 2025. Available at: <https://publuu.com/flip-book/319048/2330798>.

often see improvements in patients' use of health services and health outcomes;<sup>14,15</sup> improved clinical quality metrics and operational efficiencies;<sup>16,17</sup> and reductions in provider strain and burnout.<sup>18</sup> In short, MAs are capable of—but currently underutilized in—supporting equitable and high-quality patient care.

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

New York lags other states in making the most of MAs' potential. **At present, 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.**<sup>19,20</sup> The COVID-19 pandemic made clear the effects of this limitation when New York's resources were strained in the face of a massive effort to administer COVID vaccines.<sup>21</sup> New York will be feeling the effects again, as federal changes to immunization guidelines put more burden 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 supervising clinician and patient have discussed need and safety.

**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, nurse practitioner, or physician assistant.**

Further affirming the importance of this issue, the New York State Legislature introduced a bill (A5460C/S5340B) to formally authorize MAs to administer vaccines with the appropriate training and supervision from a physician, nurse practitioner, or physician assistant. The bill was passed in the Senate in June 2025. 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.

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<sup>14</sup> 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).

<sup>15</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>16</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>17</sup> Wagner EH, Flinter M, Hsu C, Crompton 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>18</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. [10.1370/afm.1531](https://doi.org/10.1370/afm.1531).

<sup>19</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 2026.

<sup>20</sup> Balasa, DA. State Injection Laws for Medical Assistants. 2023. Available upon request. Accessed January 2026.

<sup>21</sup> 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.

## **Providers are Ready to Put This Policy Into Practice**

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

- **2 out of 3** primary care providers surveyed would likely have their MAs perform vaccinations if permitted.
- That proportion increases to **8 in 10** providers surveyed among Federally Qualified Health Centers, New York's safety net primary care providers.
- **85%** of practice administrators surveyed said they would train their MAs to vaccinate in-house, supporting the feasibility of implementing this policy change.<sup>22</sup>

These findings align with direct feedback from primary care teams across New York. 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."<sup>23</sup> Nurses engaged in statewide focus groups largely echoed the opportunity for efficiency and reduced nursing strain by allowing MAs to administer certain vaccines, especially flu shots, if adequately trained and supervised. One nurse said: "If I can wave my magic wand and have one of my MAs who was trained to administer flu vaccines, **that will help eliminate half of the back[log]** of patients that are coming in and scheduling just for a flu vaccine. I mean, that would just be a huge check."<sup>24</sup> Similarly, an MA shared their frustration with the status quo: "**We can draw blood. We can do everything else** but the vaccine administration. We cannot do [vaccines], but 15 minutes away [in Pennsylvania], those MAs are able to, and they have had the exact same training as us."<sup>25</sup>

There is no single, quick solution to New York's workforce shortage. However, expanding the role of MAs is an immediate, common sense, and widely supported step.

## **Conclusion**

A high-performing health system depends on a strong primary care workforce. MAs are ready to do more, but outdated restrictions prevent them from taking on more. Expanding the role of MAs, including authorizing supervised vaccine administration, will expand access and get care to New Yorkers faster.

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<sup>22</sup> Fitzhugh Mullan Institute for Health Workforce Equity. Survey Results: The Medical Assistant Role in Primary Care. George Washington University. 2025. Available at: <https://publuu.com/flip-book/319048/2330798>.

<sup>23</sup> Reference available upon request.

<sup>24</sup> Reference available upon request.

<sup>25</sup> Fitzhugh Mullan Institute for Health Workforce Equity. 2025. Medical Assistants in New York: Focus Group Findings. George Washington University. 2025. Available at: <https://publuu.com/flip-book/319048/2330794>.