



**Senate Finance and Assembly Ways and Means
Joint Legislative Hearing: Higher Education
State Fiscal Year 2026-27 Executive Budget
February 24, 2026**

The Community Health Care Association of New York State (CHCANYS) is grateful for the opportunity to provide written testimony to the Senate Finance and Assembly Ways and Means Committees on the Governor's State Fiscal Year (SFY) 2026-27 Executive Budget.

The Community Health Care Association of New York State (CHCANYS) serves as the primary care association for more than 70 federally qualified health centers (FQHCs) across New York. Also known as community health centers (CHCs), these organizations form the foundation of the state's health care safety net. Our member health centers serve more than 2.5 million New Yorkers—one in eight residents—at nearly 900 sites statewide. CHCs provide comprehensive, high-quality primary and preventive care, behavioral health services, dental services, and vital social supports to all patients, regardless of their insurance coverage or ability to pay.

CHCs serve New Yorkers with the greatest health and economic needs and the most significant barriers to accessing care. Our consumer demographics highlight CHCs' indispensable role as the anchor of the primary care safety net:

- 70% of CHC patients live at or below the federal poverty level.
- More than 117,000 of our members' patients experience homelessness.
- Nearly 60% of CHC patients are enrolled in Medicaid, CHIP, or dually enrolled in Medicare and Medicaid—one in five Medicaid beneficiaries statewide.
- 12.6% of patients are uninsured, making CHCs the source of care for one-third of uninsured New Yorkers.
- Two out of every three rural communities in New York rely on CHCs for essential care. In many of those communities, but for CHCs, there would be no access to primary care.

I. Scope of Practice Reforms Will Strengthen New York's Healthcare Workforce

1. Allow Medical Assistants (MAs) to administer immunizations

CHCANYS strongly supports Governor Hochul's proposal to authorize licensed physicians, nurse practitioners (NPs), and physician assistants (PAs) to delegate the preparation and administration of immunizations to MAs in outpatient settings, pursuant to regulations defining MA training and supervision requirements. This proposal recognizes the essential role MAs play on care teams and is a practical, immediate step towards addressing New York's healthcare workforce shortage.

MAs are trained in both administrative and clinical roles to assist healthcare practitioners in outpatient or ambulatory care facilities. Many MAs also complete credentialed programs and sit for national certifying exams that provide them with the necessary training and education to administer immunizations. Despite this, MAs are currently underutilized. The lack of statutory recognition of MAs creates unnecessary bottlenecks, strains already limited provider capacity, and diverts nurses, physicians, and PAs from more complex care. Allowing properly trained and supervised MAs to administer immunizations would improve CHC efficiency, expand vaccination access, and free



physicians, NPs, and PAs to focus on higher-acuity patient needs—benefiting patients and strengthening the healthcare system during a critical workforce shortage.

CHCANYS urges the New York State Legislature to adopt the Governor’s Health and Mental Hygiene (HMH) Budget Art. VII language in Part N, Subpart A which allows MAs to administer immunizations pursuant to training and supervision.

2. *Make the New York Nurse Practitioner Modernization Act permanent*

CHCANYS strongly supports the Governor’s Budget HMH Article VII, Part B, to make permanent the New York Nurse Practitioner Modernization Act (NPMA). Although currently in effect, the NPMA is scheduled to sunset on April 1, 2026, requiring renewal every two years and creating unnecessary uncertainty for providers and health systems. The NPMA is essential to increasing access to care, as it removes outdated supervision requirements and eliminates written collaborative agreements for experienced Nurse Practitioners (NPs). Nurse Practitioners are advanced practice registered nurses (APRNs) who are educated and clinically trained to diagnose and treat patient conditions, perform comprehensive health assessments, and prescribe medications. NPs are integral members of CHC care teams and play a critical role in delivering high-quality, patient-centered care, particularly amid ongoing healthcare workforce shortages. Requiring collaborative agreements creates administrative burdens without improving patient outcomes and can limit practice in rural and underserved communities. Making the NPMA permanent will provide stability, strengthen workforce capacity, and ensure NPs can practice to the full extent of their training while maintaining high-quality care.

3. *Allow Physician Assistants to independently practice pursuant to practice (PAs)*

CHCANYS strongly supports the Governor’s HMH Budget Art. VII Part N, Subpart E, proposal to allow PAs to independently practice in primary care settings within rural emergency hospitals, general hospitals, and diagnostic and treatment centers (D&TCs). PAs are highly trained, licensed clinicians who diagnose and treat patients, conduct examinations, order and interpret diagnostic tests, and prescribe medications. Studies have shown that PAs employed at CHCs not only provided care comparable to that of physicians but also provided a greater extent of health education and counseling services focusing on preventive care.¹ In New York, PAs deliver care in 96% of counties with a Health Provider Shortage Area (HPSA) designation and in rural New York, PAs make up a greater proportion of total practitioners (13.5%) compared to metropolitan areas (5.6%).² Allowing PAs to practice to the full extent of their education and training in these settings will strengthen workforce capacity, reduce delays in care, and improve access for patients in rural and underserved communities, which face persistent provider shortages.

4. *Expand Pharmacist scope to improve access to care*

CHCANYS supports Governor Hochul’s proposed pharmacist scope of practice reforms included in HMH Budget Article VII, Parts B and N. Specifically, CHCANYS supports:

- Making permanent pharmacists’ authority to order and administer COVID-19 and influenza tests (HMH Part B, sec. 17), expanding access to timely testing.

¹ <https://pubmed.ncbi.nlm.nih.gov/28234756/>

² <https://www.pcdc.org/wp-content/uploads/Points-on-Care--Issue-8- January-2022-1.pdf>



- Allowing pharmacists to administer insulin, hormonal contraceptives, immunizations, and post-exposure prophylaxis (PEP) (HMH Part N, Subpart D), enabling New Yorkers to receive these preventive services from trusted community pharmacists.
- Making permanent pharmacists' ability to perform collaborative drug therapy management with physicians (HMH Part B), helping New York continue leading in public health reforms that streamline care delivery, improve efficiency, and strengthen health outcomes.

These reforms will allow New Yorkers to access preventive care, testing, and time-sensitive treatment directly from community pharmacists, reducing delays and easing pressure on other parts of the healthcare system.

II. Protect Strategic Workforce Investments

CHCANYS commends Governor Hochul for her continued commitment to workforce development through strategic investments in workforce career programs. The proposed funding for initiatives such as the Doctors Across New York program (DANY), Nurses Across New York Program (NANY), and the Scholarships Program (previously called the Diversity in Medicine program) will benefit both rural and urban communities served by CHCs. In addition to supporting the Governor's continued investments in workforce programs, CHCANYS recommends the Legislature to expand the DANY program to include dentists, offering an incentive for more dental professionals to practice in underserved communities.

CHCANYS is encouraged by the first-year award of more than \$212 million from the Centers for Medicare & Medicaid Services under the federal Rural Health Transformation Program to improve health care access and delivery in rural communities. A key goal of the program is to support states in clinical workforce training, residencies, recruitment and retention incentives, and the creation of new pathways that allow students to begin health care careers in their own communities. CHCANYS stands ready to partner with the Department of Health to strengthen and sustain rural health access statewide. However, CHCANYS urges the state to authorize CHCs to be eligible for direct funding under the program, rather than requiring them to rely on hospital partners to access programmatic resources.

III. Expand New York's Health Care Workforce

CHCANYS encourages New York State to join the Interstate Medical Licensure Compact (IMLC), currently adopted by 42 states and one territory, by enacting language from A.6362 (Palmesano)/S.1505 (O'Mara). The IMLC provides a streamlined process that allows physicians to become licensed in multiple participating states, enhancing the portability of medical licenses while maintaining patient safety. Under the Compact, the New York State Medical Board retains authority over licensure and can refuse recognition of out-of-state licensees if necessary. According to the IMLC, approximately 80% of U.S. physicians meet the criteria for licensure through the Compact.

Similarly, adopting A.4524 (Miller)/S.3916 (Ortt) to join the Interstate Nurse Licensure Compact (INLC) would help address New York's persistent nursing workforce shortages by enabling the recruitment of experienced nurses licensed in other states. Nurses joining from other states would continue to follow New York practice laws and be held accountable to New York standards of care, ensuring high-quality care for patients while broadening the available workforce.

Conclusion

Strengthening and expanding the healthcare workforce is critical to increasing access to care. In a time when health centers are facing persistent workforce shortages, these reforms are essential to ensuring



COMMUNITY HEALTH CARE ASSOCIATION of New York State

that all communities can receive timely, high-quality, patient-centered care. CHCANYS urges the Legislature to support these measures, making strategic workforce investments and scope of practice reforms a permanent part of New York's healthcare system. With any questions, please contact Marie Mongeon, Chief External Affairs Officer, at mmongeon@chcanys.org.