



COMMUNITY HEALTH CARE ASSOCIATION of New York State

**Senate Finance and Assembly Ways and Means
Joint Legislative Hearing: Higher Education
State Fiscal Year 2022-23 Executive Budget Health and Medicaid
February 7, 2022**

The Community Health Care Association of New York State (CHCANYS) is grateful for the opportunity to provide testimony on the Governor's State Fiscal Year (SFY) 2022-23 Executive Budget. CHCANYS is the primary care association for New York's federally qualified health centers (FQHCs), also known as community health centers (CHCs), that serve approximately 2.1 million New Yorkers at over 800 sites each year.

Background

CHCANYS is the voice of more than 70 community health centers – the standard bearers of primary and preventive care for medically underserved communities across the state. CHCs are non-profit, community run clinics that provide high-quality, cost-effective primary care as well as behavioral health, dental care, and social support services, to everyone, regardless of their insurance status or ability to pay. Each CHC is governed by a consumer-majority board of directors who identify and prioritize the services most needed by their communities.

The majority of CHC patients are extremely low income; 90% live below 200% of the Federal poverty level. Our CHCs serve populations that have historically been failed by the traditional health care system: 68% are Black, Indigenous, or People of Color (BIPOC), 28% speak limited or no English, 13% are uninsured, and 4% are unhoused. Nearly 60% of our CHCs' patients are enrolled in Medicaid, CHIP, or are dually enrolled in Medicare and Medicaid. All CHCs provide robust enrollment assistance to patients and, although CHCs do not collect information on immigration status, it is likely that the vast majority of uninsured patients are not eligible for insurance coverage due to immigration status.

In short, CHCs are a crucial safety net for New York's residents of both rural and urban areas, working tirelessly to provide healthcare and social services for people who experience poverty, racism, and discrimination that inhibits their health, well-being, and ability to survive.

SFY 2022-23 Executive Budget Proposal

A. Allow certified medical assistants (MAs) to perform select clinical and administrative tasks -- including vaccinations -- pursuant to their education and training.

A more formal recognition of MAs is needed to expand the capabilities of existing and new healthcare workforce and address New York's health care provider workforce shortage.

MAs are cross trained to perform both administrative and clinical duties, and, in New York and across the country, many sit for national certifying exams. They are highly utilized by CHCs, hospitals, and private primary care practices as part of care teams to ensure whole person and comprehensive care for all patients. In 48 other states, certified MAs are recognized and permitted to perform tasks such as providing injections and administering vaccines under the supervision of physicians, nurse practitioners, or physician assistants.



Currently, the NYS Education Department (NYSED) does not have any formal recognition for MAs, even those that receive national certification. NYSED guidance¹ states that unlicensed persons, including MAs, can only perform limited tasks after appropriate training and under the supervision of a physician. These tasks include measuring vital signs, secretarial duties, and assisting with collection of laboratory specimens or carrying out tasks that do not require medical judgment.

Expansion and recognition of MA workforce has the potential to both ameliorate existing health workforce shortages and advance health equity, since MAs hired by clinics are often community members living alongside the patients they serve. Certification as an MA is often the initial exposure to the rewards of a career in health care and the first rung on a career ladder which can result in advancement in the medical field to other certifications or licensures. MA training programs are relatively short in length as compared to other entry level health professions programs and have fewer barriers to entry for individuals interested in applying. This results in a trained and certified workforce that can be employed in the field in under a year.

Certified MAs should be lawfully recognized in NYS so that they can be deployed in health care delivery and relieve the workforce shortage pressures being faced by many providers. Expanding MA capabilities to specified tasks, such as administering vaccinations, will enable nurses and other staff to operate at the top of their license. CHCANYS recommends the adoption of budget language that recognizes a certification for MAs and allows for the performance of specified tasks for which they are trained.

B. Support scope of practice reforms

CHCANYS applauds Governor Hochul's workforce initiatives and goal of increasing the health workforce by 20% over the next 5 years through investment and development of career opportunities. CHCANYS is supportive of the proposed scope of practice reforms, including establishing permanency of the Nurse Practitioner Modernization Act (NPMA) and allowing physicians and nurses to issue standing orders for COVID-19, flu, and other respiratory illness tests.

Establishing permanency of the NPMA will ensure that Nurse Practitioners (NPs) are afforded the flexibility to continue to serve New Yorkers in their current capacity. CHCs rely heavily on NPs to increase access to care, especially in areas where other provider types are difficult to recruit or retain. NPs in health centers conduct physical examinations, order tests, prescribe medications, and immunize all in compliance with current practice laws. NPs have always played an important role in the CHC workforce and especially so during the COVID-19 pandemic. The care that NPs provide in a primary care setting has allowed patients in those communities most adversely impacted by the pandemic to continue to have access to care. NPs are truly a cornerstone of high performing patient centered medical homes and primary care.

CHCANYS is also supportive of the Governor's proposal to join the interstate medical licensure compact and nurse licensure compact. CHCs have long experienced hurdles to employ out-of-state providers, leaving an untapped workforce that should be readily utilized to mitigate existing workforce shortages. Many CHCs have also highlighted that the same challenges exist for dental and behavioral health workforce who move to New York from other states. While there are not existing interstate licensure

¹ <http://www.op.nysed.gov/prof/med/medmedicalassistants.htm>



COMMUNITY HEALTH CARE ASSOCIATION of New York State

compacts for those professions, NYS should take the lead in streamlining requirements for out of state behavioral health and dental clinicians to receive licensure reciprocity in New York.

Finally, CHCANYS reiterates the importance of the Executive and Legislature redoubling efforts to expand access to health training programs in medically underserved and Black and Brown communities. To ensure equitable delivery of healthcare, we must also ensure that our trained healthcare staff – from physicians to the front desk – are representative of the communities they serve. CHCANYS supports the Governor’s full funding of the Diversity in Medicine program.

Conclusion

To support the primary care safety net and to ensure ongoing access to comprehensive community-based care for all New Yorkers, the Community Health Care Association of New York State respectfully urges the Legislature to insert language into the budget to recognize nationally certified MAs, advance scope of practice reform to streamline requirements for NPs, support the Diversity in Medicine program, and join the interstate medical licensure and nurse licensure compacts.