



Date: January 23, 2024

To: Members of the New York State Legislature

Re: Memo of Support for Workforce Provisions in the FY 2025 Executive Budget Proposals

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The Fiscal Year (FY) 2025 Executive Budget proposal includes several workforce-related provisions that would enhance patients' access to health care services, including cancer services. These provisions would better enable our health care professionals to practice efficiently and in the most appropriate setting. Given continued challenges with health care workforce recruitment and retention and an aging population that is expected to require an increased volume of health care services in the coming years, the provisions below are of key importance to Memorial Sloan Kettering Cancer Center (MSK). We urge you to support the following policies in the final budget:

**1. Improving Patients' Access to Telehealth Services and Enabling New York State's Health Care Providers to Compete on the National Stage**

*Section 1 of Part R of the Article VII Health and Mental Hygiene (HMH) budget bill* would enter New York State (NYS) into the **Interstate Medical Licensure Compact (IMLC)**. Critically, the IMLC is not licensure reciprocity – applicants must still obtain a license from each state in which they intend to practice medicine. Rather, this proposal would enable physicians to obtain licensure in any IMLC state via an expedited pathway, without needing to navigate different licensure processes in each state. This would facilitate physicians' ability to treat patients at clinical sites in neighboring states. More importantly, it would improve New York physicians' ability to provide telehealth services, because physicians must be licensed in the state where the patient is located during a telehealth visit.

In cancer care, the option to see patients via telehealth is particularly important. Patients in treatment for cancer are frequently immunocompromised, and telehealth reduces unnecessary potential exposures. Telehealth visits also allow patients undergoing cancer treatment to reduce unnecessary time away from school, work, family, and friends and to avoid the costs of transit, childcare, parking, and other related expenses. For the small, but significant number of patients who travel to MSK from outside the state, the time and financial savings that periodic telehealth visits offer are enormous.

The expiration of state licensure waivers that were issued during the public health emergency (PHE) has made conducting telehealth visits for out-of-state patients more challenging, and MSK has had to limit our telehealth offerings as a result. As MSK and other NYS-based providers attempt to navigate telehealth licensure requirements in 50 states, our peers in IMLC states have a significant competitive advantage in the telehealth space via due to the expedited licensure pathway offered by the IMLC. We

strongly urge the Legislature to protect patients' access to telehealth and to ensure New York State's health care providers can compete with our peers in the telehealth space.

## **2. Hospital at Home**

**MSK strongly supports the proposal in Section 2, Part V of the HMM Article VII budget bill to enable hospitals to provide services to established patients in their homes.** While physicians are already authorized to provide care in patients' homes, hospitals may not currently send a nurse into a patient's home without obtaining a home health license. This proposal would enable hospital-based nurses to provide services to established hospital patients within their homes under the hospital license, so long as the majority of patient care provided by the hospital continues to take place within the hospital.

In the context of cancer care, visits by MSK nurses could spare immunocompromised patients from hospital admissions and outpatient visits. Clinical scenarios where this could prove useful for patients meeting carefully established inclusion and exclusion criteria, include: 1) pain management employing oral and transdermal analgesics for patients wishing to avoid hospitalization for cancer-related pain; 2) management of fever, including patients with pneumonia, infection/pyelonephritis, and cellulitis with oral and intravenous antibiotics, laboratory diagnostics, and vital sign monitoring; and 3) management of nausea/vomiting with intravenous hydration, home monitoring of intake and outputs, urine concentration monitoring, laboratory diagnostics, and administration of electrolytes.

These hospital-level services in the home are more complex than traditional home health services and would be provided by hospital-employed registered nurses, physician assistants, physicians or other similarly qualified personnel.

## **3. Collaborative Drug Therapy Management**

*Section 2 of Part P of the HMM Executive Budget bill* would permanently authorize the practice of collaborative drug therapy management, which permits certain facility-based pharmacists to enter into written agreements with prescribing clinicians to adjust or manage a drug regimen of a patient, pursuant to a patient specific order or protocol made by the patient's physician, which may include adjusting drug strength, frequency of administration or route of administration. At MSK, this permits our pharmacists to work with our prescribing physicians to ensure optimal delivery of chemotherapeutic and other drug regimens. We urge the Legislature to support permanent reauthorization of the program.

## **4. Scope of Practice for Nurse Practitioners and Physician Assistants**

*Section 1 of Part P of the HMM Executive Budget bill* would extend the Nurse Practitioner Modernization Act through April 1, 2026. MSK supports this reauthorization, which reduces administrative requirements for hospital-based nurse practitioners with a minimum number of practice hours.

*Section 1 of Part Q of the HMM Executive Budget bill* would authorize qualifying physician assistants to independently practice in primary care and in hospitals, granting them the authority to prescribe, order, and perform other specific actions. Qualifying criteria include having a minimum number of practice hours and – for hospital-based providers – meeting the criteria in the medical staff bylaws of the hospital or health system. This proposal would enable physician assistants at MSK with the requisite experience to provide patient care in line with their training and expertise, while reducing administrative requirements. We encourage the Legislature to finalize this proposal.

*For additional information, please contact Julie Belelieu, Director of Federal Policy and State Government Relations at Memorial Sloan Kettering Cancer Center at [beleliej@mskcc.org](mailto:beleliej@mskcc.org) or (347) 638-4503.*