



COMMUNITY HEALTH CARE ASSOCIATION of New York State

**Senate Finance and Assembly Ways and Means  
Joint Legislative Hearing: Higher Education  
State Fiscal Year 2025-26 Executive Budget  
February 25, 2025**

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) 2025-26 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 2.4 million New Yorkers at more than 800 sites each year.

CHCs are non-profit, community-run clinics located in medically underserved communities. They provide services to everyone, including behavioral health, dental care, and social supports, regardless of insurance status or ability to pay. The majority of New York’s 2.4 million CHC patients are extremely low-income: 71% live at or below the Federal poverty line (\$15,000 for a single adult and \$31,200 for a family of four) and over 104,000 are unhoused. Most CHC patients rely on Medicaid, with 62% enrolled in Medicaid, CHIP, or dually enrolled in Medicare and Medicaid — accounting for 1 in 5 Medicaid beneficiaries statewide. Furthermore, 12% of CHC patients are uninsured — a rate nearly three times the NYS average. As such, CHCs have a unique interest in ensuring there is a robust health care workforce to serve safety net communities statewide.

**I. Support Governor Hochul’s proposed scope of practice reforms.**

*a) Allow Medical Assistants (MAs) to administer immunizations*

CHCANYS greatly appreciates Governor Hochul’s proposal to authorize licensed physicians and physician assistants to delegate the preparation and administration of the Advisory Committee on Immunization Practices (ACIP) recommended immunizations to Medical Assistants (MAs), pursuant to regulations defining MA training and supervision requirements. This proposal will be instrumental in helping to mitigate the ongoing healthcare workforce shortage in New York, and we highly recommend it be enacted as part of the FY25-26 budget.

MAs already play an essential role in the CHC care team as they are trained in both administrative and clinical roles to assist healthcare practitioners in outpatient or ambulatory care facilities. Many MAs also enroll in credentialed programs and sit for national certifying exams that provide them with the necessary training and education. However, MAs are currently underutilized in NYS because per current State Education Department guidance, MAs are unlicensed persons and therefore cannot administer immunizations. In contrast, neighboring states, such as Connecticut and Massachusetts, recognize MAs and authorize them to provide a variety of health-related services, including administering vaccines.

**CHCANYS strongly supports the Governor’s proposal to recognize and allow MAs to administer immunizations pursuant to training and supervision and urges the Legislature to adopt this proposal to help alleviate the state’s healthcare workforce crisis.** This proposal could be further bolstered by harmonizing its language with A.5541 (Hyndman) which seeks to achieve the same goal.



*b) Expand the role of dental hygienists*

**CHCANYS is supportive of the Governor’s proposed dental workforce expansion initiatives in Part X of the health budget bill**, which aim to address the shortage of dental professionals. These include scope of practice expansions for dental hygienists, allowing them to perform more tasks under the supervision of a dentist pursuant to State Education Department regulations. CHCANYS is also supportive of the proposal to establish the practice of collaborative practice dental hygiene. This model would allow dental hygienists to perform designated procedures, currently within the exclusive scope of dentists, without direct supervision in collaboration with a licensed dentist. This innovative model, applicable in settings like health centers, would help improve access to dental care in underserved communities.

*c) Support an enhanced role for Physician Assistants (PAs)*

CHCANYS strongly supports the Governor’s proposed scope of practice reforms for PAs. Allowing PAs to independently practice in primary care settings will increase access to care for health center patients in a cost effective and efficient manner. Studies have shown that PAs employed at CHCs demonstrate performance on par with physicians and provide a greater extent of health education and counseling services focusing on preventive care.<sup>1</sup> 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%).<sup>2</sup> Removing supervision requirements may allow underserved populations to access PAs more readily and efficiently. A recent bipartisan committee report tasked to study PA Scope of Practice in New Hampshire found that modernizing practice laws and removing supervision requirements to ensure PAs can practice to the fullest extent of their training, education, and experience improves access to high-quality healthcare, with no decline in safety or quality of care.<sup>3</sup>

*d) Promote better access to vaccines and necessary medications through pharmacists*

Permitting licensed pharmacists to administer COVID-19 vaccines to patients 2 years old+, supervise registered pharmacy technicians in vaccine administration, and allowing pharmacists to prescribe and order medications to treat nicotine dependence will allow New Yorkers to receive these healthcare services from a trusted community pharmacist who is part of their care delivery team. These reforms will streamline care delivery, improve efficiency, and ultimately lead to improved health outcomes.

## **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 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, to enhance these efforts,

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

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

<sup>3</sup> <https://www.aapa.org/wp-content/uploads/2024/11/HB-1222-2024-Report.pdf>



CHCANYS recommends the Legislature to expand the DANY program to include dentists, offering an incentive for more dental professionals to practice in underserved communities.

### III. Expand the pool of providers eligible to work in NYS.

#### *a) Provide foreign trained dentists a streamlined pathway to licensure*

New York continues to face critical dental workforce shortages amid rising demand for services, especially amongst those insured by Medicaid. CHCs often serve as the only providers in their communities that accept dental patients with Medicaid, and some health centers have reported waitlists for new appointments in the thousands. Many foreign-trained dentists are already working in New York in other roles where their skills are not being utilized to their maximum potential and training. We ask the Legislature to adopt language from A.3244 (Woerner)/S.3966 (Stavisky) to establish a streamlined pathway to licensure for foreign-trained dentists.

#### *b) Join the Interstate Physician and Nurse Licensure Compacts*

CHCANYS supports the Governor's proposal for New York to join the Interstate Nurse Licensure Compact. Joining this compact is a significant step towards addressing New York's workforce shortage issues by unlocking access to a ready-to-work, experienced pool of nurses to recruit from. Nurses hired from other states would still have to follow NYS practice law and be held accountable to NYS standards of care, ensuring high quality care continues. In addition to this proposal, CHCANYS encourages NYS to join the Interstate Medical Licensure Compact (IMLC) along with 42 other states and one territory by adopting language from S.1505 (O'Mara). This legislation enacts the interstate medical licensure compact and provides a streamlined process that allows physicians to become licensed in multiple participating states, thereby enhancing the portability of medical licenses and ensures the safety of patients by allowing the New York State Medical Board to retain control over licensure and the right to refuse recognition of licenses issued by other states. According to the IMLC, approximately 80% of U.S. physicians meet the criteria for licensure through the Compact.<sup>4</sup> The compact helps expand the reach of telehealth and availability of physicians that may be specialized in areas such as oncology, cardiovascular care, and behavioral health care due to cross state locations of specialized institutions.

### **Conclusion**

Advancements in workforce development through strategic investments in workforce career programs and allowing licensed healthcare professionals to work at the top of their training within their scope of practice can bring stability and growth to New York State's healthcare system while bolstering the safety net care that CHCs provide to 2.4 million New Yorkers. We applaud Governor Hochul's commitment to these programs in her FY25-26 Executive Budget and appreciate the opportunity to highlight additional workforce investment initiatives and scope of practice reforms that can amplify the reach of healthcare providers and improve the health and well-being of all New Yorkers. CHCANYS is grateful for the opportunity to submit this testimony. For any questions, please contact Marie Mongeon, Vice President of Policy, at [mmongeon@chcanys.org](mailto:mmongeon@chcanys.org).

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<sup>4</sup> <https://imlcc.com/information-for-physicians/>