



**The Nurse Practitioner Association** New York State

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**TESTIMONY OF  
THE NURSE PRACTITIONER ASSOCIATION NEW YORK STATE  
TO THE JOINT LEGISLATIVE BUDGET COMMITTEES ON HEALTH  
January 23, 2024**

The Nurse Practitioner Association New York State (“NPA”) is the only statewide professional association of nurse practitioners (“NPs”) in New York, nearly 30,000 of whom are licensed to practice throughout New York State. NPs are on the frontlines of health care; frequently the professionals caring for New York’s most vulnerable and underserved populations. Our membership regularly staff federally qualified health centers and other clinics found in what may otherwise be healthcare deserts. NPs are committed to providing the broadest access to healthcare and are proud to partner with the State of New York to ensure quality care is available to all residents. The NPA and its members are committed to maintaining the highest professional standards for NPs and ensuring the greatest quality care for health care consumers.

The NPA appreciates that Governor Hochul has made clear that she, much like this legislature, is committed to ensuring the continued role of NPs in the healthcare system. The Health and Mental Hygiene Article VII, Part P recognizes that important provisions included in the enacted SFY 2023 budget pertaining to obligations imposed on experienced NPs cannot sunset. The Governor’s language, however, fails to wholly address the issue. Rather, the NPA respectfully requests, for the reasons detailed in this testimony, that the Senate and Assembly adopt the language in *S.7872 (Rivera)* and *A.8619 (Paulin)*, which makes permanent the 2022 amendments to the Nurse Practitioner Modernization Act, in lieu of the Governor’s two year extension language in section 1 of Part P. Additionally, if the state is committed to addressing the healthcare workforce shortage and mental health crisis, there are additional legislative changes that should be included in Part Q.

***Background***

NPs gained legal scope of practice in New York State in 1988. NPs are licensed, certified, independent practitioners, regulated by the State Education Department (“SED”). NPs possess a license as a registered professional nurse (“RN”) first, and then obtain additional certification as a NP, after completing an educational program approved by the State. NPs are highly skilled, trained, and experienced individuals who exercise independent judgment, and collaborate with specialists and healthcare practitioners through team-based care. Although many NPs focus on primary care health issues generally, every New York NP

must be certified in one or more specific practice areas: Adult Health, Women's Health, Community Health, Family Health, Gerontology, Holistic Care, Neonatology, Obstetrics/Gynecology, Oncology, Pediatrics, Palliative Care, Perinatology, Psychiatry, School Health, Acute Care, or College Health.

“NPs play a crucial role in expanding access to health services. As the state’s population grows and becomes more diverse, an NP workforce that closely represents the racial and ethnic composition of the state’s population not only ensures an adequate supply of health workers, but also supports the delivery of culturally competent health care.”<sup>1</sup> It is a homegrown<sup>2</sup>, woman dominated<sup>3</sup> profession, that generally reflects the communities they serve.<sup>4</sup> NPs are particularly prevalent in Health Professional Shortage Areas (HPSAs) and rural New York -- over 43% of NPs work in HPSAs and nearly 50% of NPs work in Primary Care HPSAs.<sup>5</sup> Significantly “[h]igher proportions of NPs (47%) . . . practice in [HPSAs] compared to Physicians (36%).”<sup>6</sup>

### ***Legislative History***

Since the enactment of the NP scope of practice more than three decades ago, NPs have been authorized to diagnose illness and physical conditions; perform therapeutic and corrective measures; order tests; prescribe medications and devices and immunizing agents; all without supervision. NPs possess full prescribing authority and are the primary care provider of choice for many New Yorkers. NPs are autonomous and, unlike other allied professions, NPs are not dependent upon any other professional. As SED has stated, “New York State Education Law holds [NPs] *NPs independently responsible* for the diagnosis and treatment of their patients and does not require an NP to practice under physician supervision.”<sup>7</sup>

In 2014, the legislature and executive adopted modernizations to the NP’s authorizing statute, eliminating a requirement for a written practice agreement for NPs who have completed 3,600 hours of practice, but

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<sup>1</sup> New York Center for Health Workforce Studies (“CHWS”), “A Profile of New York State’s Patient Care Nurse Practitioners”: <https://www.chwsny.org/wp-content/uploads/2021/11/Profile-of-New-York-States-Patient-Care-Nurse-Practitioners-2021.pdf>

<sup>2</sup> Nearly 90% of New York’s NPs also received their training in New York. *Id.*

<sup>3</sup> 92% of New York NPs are female. *Id.* See, also, [https://www.chwsny.org/wp-content/uploads/2021/01/NP-Diversity-Brief\\_2021.pdf](https://www.chwsny.org/wp-content/uploads/2021/01/NP-Diversity-Brief_2021.pdf)

<sup>4</sup> The population of African American/Black, non-Hispanic NPs is representative of the comparable demographic statewide. *Id.*

<sup>5</sup> Presentation shared at United Hospital Fund’s Annual Symposium on Health Care Services in New York (10/28/21); available at <https://youtu.be/YjftaBZ0CUE>. Of those NPs in primary care HPSAs, 48% work in health centers or clinics, 23% hospital inpatient settings, 10% in physician settings. *Id.*

<sup>6</sup> See Primary Care Development Corporation December 2021 report, “Characteristics of Primary Care Providers in New York State.” “Counties with higher percentages of NPs are in Central New York, the Mohawk Valley, and the Southern Tier. Counties with lower percentages of NPs are more urban.” *Id.*

<sup>7</sup> SED Practice Requirements for NPs: <https://www.op.nysed.gov/professions/nurse-practitioners/professional-practice/practice-requirements>.

continued to require senior NPs to maintain “collaborative relationships” with qualified physicians or Article 28 facilities that employ those individuals. This was an administrative function, with limited healthcare consumer justification. As SED notes, “A collaborative relationship means that you communicate . . . with the qualified physician for the purposes of exchanging information, as needed, in order to provide comprehensive patient care and to make referrals as necessary.”<sup>8</sup> Eight years later, the Executive and Legislature took further important steps as part of the enacted 2022 budget by making the 2014 changes to the Education Law permanent; and eliminating the requirement that NPs with 3,600 hours of practice maintain a statutorily mandated collaborative relationship.

The 2022 change eliminating the unnecessary hurdle for patients to access care by senior NPs, included a sunset set for April 2024. If the law were to expire, all NPs with more than 3,600 hours of practice would be forced to immediately establish collaborative relationships or cease to provide patient care. This would be a wholly disruptive event for NPs and hundreds of thousands of patients. This catastrophe is only exacerbated by the existing workforce shortage crisis. It is imperative that New York not go backwards by allowing the 2022 amendments expire or to continue the uncertainty of two-year extensions.

### ***SFY 2025 HMH Art. VII***

The Governor’s budget bill acknowledges that letting this law sunset is not acceptable. The NPA commends the Executive for realizing that we cannot let this occur. However, the proposal in Part P doesn’t fully solve the issue. It kicks the proverbial can down the road by only extending the current stature for another two years, letting the issue fester for no reason. Instead, we respectfully request that the Legislature make the 2022 NPMA amendments (detailed above) *permanent*, consistent with Senator Rivera’s bill S.7872 -- which was reported out of the Higher Education Committee this week -- and Assemblywoman Paulin’s bill A.8619.

Part Q of the HMH Art. VII also contain several important healthcare workforce proposals that deserve thoughtful discussion. Many of those proposals continue to recognize the important roles that NPs play. Additionally, the Governor notes that other aspects of her budget intend to address the ongoing mental health crisis. However, the bills fail to include a straightforward legislative change that can alleviate the pressures of the continued healthcare professional workforce shortage, particularly in the area of psychiatry. The demand for mental healthcare services cannot be met without fully utilizing the cadre of professionals who are trained and capable of providing the needed care to support individuals needing mental health care. Unnecessary administrative barriers should be removed so that those NPs certified in psychiatry can efficiently provide access to safe environments, especially for those patients requiring inpatient psychiatric

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<sup>8</sup> <http://www.op.nysed.gov/prof/nurse/np-npcr.pdf>

care. The law should be modernized to allow psychiatric NPs to complete voluntary and non-voluntary mental health admissions.

NPs who have specialized education and training in the assessment and treatment of mental illness may obtain a specialty of psychiatry as part of their SED certification. These psychiatric NPs are uniquely qualified to diagnose and treat patients with mental health issues. These NPs have specialized expertise in the full spectrum of behavioral health disorders, including trauma treatment, individual/ group/ family therapies, substance use disorders, as well as possessing full prescribing authority. However, outdated laws require that if a NP determines that an individual with a mental illness is at an increased risk of being or becoming a danger to themselves or others, such that they need to be admitted to licensed mental health facility, the NP is not permitted to complete certificates or orders that result in the patient being admitted. To address this, New York should pass A.6934 (Gunther) and we recommend inclusion of this legislative language in this year's budget.

### ***Conclusion***

Modernizing licensure has high return and is low risk. It is a no-cost, no-delay, safe way to improve health care access and health care services as we continue to deal with, not only the pandemic that continues, but the healthcare workforce shortage pressures that the state continues to face. Accordingly, the NPA respectfully requests that the legislature advance the policies enunciated in the above-described bills. We very much thank the Assembly for the opportunity to share these insights and welcome the opportunity to answer any questions that you may have.

Respectfully submitted,

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*President*

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*Governmental Affairs Chair*