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Thank you, Chair Kreuger, Chair Pretlow, and members of the Senate Finance and Assembly Ways and Means Committees, for the opportunity to testify. I am pleased to provide testimony on behalf of the New York Health Foundation (NYHealth), a private, independent, statewide foundation dedicated to improving the health of all New Yorkers, especially people of color and others who have been historically marginalized.

As we work to transform New York's health care system—enhancing accessibility, quality, and equity while controlling costs—we must expand and strengthen primary care. To achieve this, New York leaders need to:

- **Require health insurance companies to prioritize spending on primary care.**
- **Allow Medical Assistants to vaccinate patients, easing the burden on doctors and nurses.**

Primary care is the cornerstone of better health, but is woefully underfunded
Primary care is often a patient's first and most frequent point of contact with the health care system—and one of the strongest predictors of better health outcomes. Research proves beyond a doubt that accessible, high-quality primary care leads to:

- More preventive care, including cancer screenings, flu vaccinations, and nutrition counseling.[1]
- Better management of chronic diseases, such as diabetes and asthma, reducing complications and improving quality of life.[2]

However, one in three New Yorkers lives in a region with insufficient primary care access, and it's far worse for rural communities and communities of color.[3] In predominantly Black neighborhoods, residents are **28 times** more likely to live in census tracts with the most

[1] Levine DM, Landon BE, Linder JA. "Quality and Experience of Outpatient Care in the United States for Adults With or Without Primary Care," JAMA Internal Medicine 2019;179(3):363–372. https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2721037.
[2] Shi L, "The Impact of Primary Care: A Focused Review," Scientifica. 2012; 2012:432892. https://pmc.ncbi.nlm.nih.gov/articles/PMC3820521/.
[3] Kaiser Family Foundation, "Primary Care Health Professional Shortage Areas (HPSAs)", https://www.kff.org/state-category/providers-service-use/health-professional-shortage-areas/, accessed January 2024.

pronounced primary care shortages.[4,5] Across the state, New Yorkers have to wait weeks or months to see a primary care doctor or nurse.

When people can't see their doctor when they need to, they end up sicker. They are then forced to turn to hospitals or emergency rooms (ERs), where it's much more expensive and more traumatic. The average cost of an ER visit is more than $1,200 compared to $300 what it costs for a primary care visit.[6] Primary care saves lives and dollars.

Investing in primary care is key to a stronger, more effective health care system
Our health care system is out of balance. In the United States, less than 5 cents of every dollar we spend on health care goes to primary care doctors and nurses, even though they handle one in three health care visits.[7,8] In New York, primary care spending is even lower than the national average—and it has decreased over the past five years.[9]

At the same time, New York spends 20% more on health care than the national average—yet our health outcomes remain average or worse compared to other states.[10,11]

It's not about spending more. We need to spend smarter and better, and in ways that give us better value for our dollars.

The solution is to require health insurance companies to prioritize spending on primary care. This means rebalancing health care spending by allocating a greater percentage of what we spend to primary care.

New York State should set a specific and ambitious target for increasing investment in primary care. At least 17 other states have already adopted policies to do so.[12] Those that acted early—such as Rhode Island—have seen both a decrease in overall health care costs and an

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[4] Brown E, Polsky D, Barbu C, Seymour J, Grande D. "Racial Disparities in Geographic Access to Primary Care in Philadelphia," Health Affairs 2016; 35(8). https://www.healthaffairs.org/doi/10.1377/hlthaff.2015.1612.
[5] "Predominantly Black neighborhoods" are census tracts where 80 percent of residents or more identify as African American.
[6] Agency for Health Care Research and Quality. "Information on the health status of Americans, health insurance coverage, and access, use, and cost of health services: Medical Expenditure Panel Survey (MEPS) Household Component (HC)," n.d., https://datatools.ahrq.gov/meps-hc/?tab=use-expenditures-and-population&dash=12, accessed February 2025.
[7] Patient-Centered Primary Care Collaborative, "Investing in Primary Care: A State-Level Analysis," July 2019. https://www.pcpcc.org/sites/default/files/resources/pcmh_evidence_report_2019_0.pdf.
[8] National Academies of Sciences, Engineering, and Medicine, Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care, Washington, DC: The National Academies Press, May 2021. https://www.nationalacademies.org/our-work/implementing-high-quality-primary-care#sectionPublications.
[9] Milbank Memorial Fund, "The Health of US Primary Care Baseline Scorecard Data Dashboard," February 2023. https://www.milbank.org/primary-care-scorecard/, accessed January 2025.
[10] New York Health Foundation, "Health Care Spending Trends in New York State," October 2017, https://nyhealthfoundation.org/resource/health-care-spending-trends-in-new-york-state/, accessed February 2023.
[11] America's Health Rankings analysis of America's Health Rankings composite measure, United Health Foundation, State Findings: New York, 2021. https://www.americashealthrankings.org/explore/annual/state/NY.
[12] Primary Care Development Corporation, "State Trends: Primary Care Policy Update," January 2024, https://www.pcdc.org/wp-content/uploads/2023-State-Primary-Care-Legislation-Trends-FINAL_010423.pdf, accessed February 2025.

increase in the primary care workforce. By requiring commercial insurers to increase the share of primary care expenditures by 5% over five years, Rhode Island lowered total health care expenditures by 14% while growing its primary care provider workforce.[13]

Most recently, California's Office of Health Care Affordability set an ambitious target for primary care investment Research on California's commercial health care market revealed the transformative power of such a policy shift. It found that if organizations that spent the least on primary care matched those that spent the most on primary care, 25,000 acute hospital stays, and 89,000 emergency room visits would be avoided. And, $2.4 billion in health care spending would be saved in a single year.[14]

New York cannot afford to fall behind. The Legislature has already recognized the urgency of this issue, passing bills to establish a primary care reform study commission, only to see them vetoed by the Governor, who acknowledged that New York underspends on primary care. This session, Senator Rivera and Assemblymember Paulin have introduced bills (S1634/A1915A), that would require health insurers that spend less than 12.5% of their overall spending on primary care to gradually increase their spending (1% per year) until they do so. Just last week, the bill passed through the Senate Health Committee.

A common-sense policy to unlock the full potential of medical assistants

Investing in primary care is the fundamental—but not the only—way to enhance patients' access to primary care and strengthen providers' ability to provide quality care. Addressing workforce shortages and provider strain is also critical. One immediate, practical solution is to expand the role of Medical Assistants (MAs).

MAs are vital members of the primary care team, responsible for administrative tasks and certain clinical duties under the supervision of a physician or other clinician.[15] As one of the fastest-growing health care professions, the number of MAs in New York is expected to rise by 27% between 2022 and 2032, outpacing many other health occupations.[16] Care teams that use MAs beyond administrative and basic clinical duties often see improvements in patients' use of health services and health outcomes;[17,18] improved clinical quality metrics and operational

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[13] Koller C. & Khullar D. Primary Care Spending Rate - A Lever for Encouraging Investment in Primary Care. New Eng. J. Med. 2017. 377(18) 1709-1711. Doi:10.1056/NEJMp1709538.

[14] Yanagihara, D. *et al.* (2022) *Investing in Primary Care: Why It Matters for Californians with Commercial Coverage, Primary Care Matters: Commercial Study*, https://www.chcf.org/resource/primary-care-matters/commercial-study/, accessed February 2025.

[15] U.S. Bureau of Labor Statistics, "Occupational Employment and Wages, May 2022: 31-9092 Medical Assistants," https://www.bls.gov/oes/current/oes319092.htm, accessed March 2023.

[16] New York State Department of Labor, "Long-term Occupational Projections," https://dol.ny.gov/long-term-occupational-projections, accessed January 2025.

[17] Willard-Grace R, Chen EH, Hessler D, DeVore, Prado C, Bodenheimer T, Thom DH. (2015). Health Coaching by Medical Assistants to Improve Control of Diabetes, Hypertension, and Hyperlipidemia in Low-Income Patients: A Randomized Controlled Trial. The Annals of Family Medicine, 13 (2).

[18] Rodriguez HP, Friedberg MW, Vargas-Bustamante A, Chen X, Martinez AE, Roby DH. The impact of integrating medical assistants and community health workers on diabetes care management in community health centers. BMC Health Services Research. 2018, 18(875).

efficiencies;[19,20] and reductions in provider strain and burnout.[21] MAs are also predominantly people of color and often come from the communities they serve, making them uniquely positioned to build relationships with patients and earn their trust.[22] In short, MAs are capable of—but currently underutilized in—supporting equitable and high-quality patient care.

New York has lagged other states in making the most of MAs' potential. **We are the only state that does not allow clinicians to delegate the task of administering injections, like vaccinations, to Medical Assistants, with appropriate training and supervision.** [23,24] This gap was cast into relief during the COVID-19 pandemic, when New York's health system was strained by the massive task of immunizing New Yorkers. New York did *not* allow MAs to administer COVID vaccines, in contrast to neighboring states like New Jersey and Connecticut, along with many others.[25,26,27]

The Executive budget proposal includes a common-sense provision to bring New York in line with every other state by allowing trained MAs to administer vaccinations under the supervision of a physician or physician assistant. Permitting MAs to administer vaccinations will increase the number of health professionals available to vaccinate New Yorkers and free up clinicians to focus on more complex patient care needs.

NYHealth-supported research confirms this.[28] A survey of primary care practice administrators and nurse supervisors of MAs across New York State reveals that 2 out of 3 primary care providers would be likely to have their MAs perform vaccinations if permitted. Among Federally Qualified Health Centers, New York's safety net primary care providers, that proportion increases to 8 in 10 providers. And 85% of practice administrators said they would train their MAs to vaccinate in-house.

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[19] Shaw JG, Winget M, Brown-Johnson C, Seay-Morrison T, Garvet DW, Levine M, Safaeinili N, Mahoney MR. Primary Care 2.0: A Prospective Evaluation of a Novel Model of Advanced Team Care With Expanded Medical Assistant Support. Annals of Family Medicine. 2021, 19(5):411-418.
[20] Wagner EH, Flinter M, Hsu C, Cromp DA, Austin BT, Etz R, Crabtree BF, Ladden MJD. Effective team-based primary care: observations from innovative practices. *BMC Family Practice* 2017, 18(13).
[21] Sinsky CA, Willard Grace R, Schutzbank AM, Sinsky TA, Margolius D, Bodenheimer T. "In Search of Joy in Practice: A Report of 23 High-Functioning Primary Care Practices," Annals of Family Medicine 2013; 11(3):272—278. 10.1370/afm.1531.
[22] U.S. Census Bureau, "ACS 1-Year Estimates Public Use Microdata Sample," Race and ethnicity demographics available at https://data.census.gov/app/mdat/ACSPUMS1Y2021/table?cv=RAC1P&rv=ucgid,OCCP(3645)&wt=PWGTP&g=AwFm-BVBlBmA2IA, accessed February 2025.
[23]American Association of Medical Assistants, "State Scope of Practice Laws," https://www.aama-ntl.org/docs/default-source/state-sop-laws/new-york-state-opinion-utilization-of-medical-assistants-june-2023.pdf?sfvrsn=e7fe6ba1_1, accessed February 2025.
[24] Reference available upon request.
[25] Declaring a Disaster Emergency in the State of New York. NY Exec Order No. 202. (March 2020). https://www.governor.ny.gov/sites/default/files/atoms/files/EO_202.pdf.
[26] Authorization for Members of the Healthcare Provider Community to Conduct COVID-19 Vaccination Administration. NJ Exec Directive No. 20-037. (March 2020). https://www.state.nj.us/health/legal/covid19/ExecutiveDirectiveNo20-037_HCPVaccinationAuthorization.pdf.
[27] An Act Allowing Medical Assistants to Administer Vaccinations. CT Senate Bill No. 213. (March 2022). https://www.cga.ct.gov/2022/fc/pdf/2022SB-00213-R000217-FC.pdf.
[28] Summary of preliminary analysis available upon request.

There is no silver bullet to solve New York's workforce shortage, but enhancing the role of MAs is an immediate, common-sense, and widely supported step. This will also enable other clinicians to work at the top of their licenses.

Conclusion

Primary care is the backbone of a high-functioning health care system. Greater investment in primary care as a percentage of total health spending will lead to a healthier New York and a more cost-effective system. Supporting and strengthening the primary care workforce will address widespread shortage and strain. Together, these efforts will advance racial health equity. By prioritizing primary care, we can build stronger, healthier communities across New York State and make sure everyone gets the care they need, when they need it.

We stand ready to work with you on these shared goals.