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Testimony on the Executive Proposed Health / Medicaid 2023 -24 Budget

Provided by
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February 28, 2023

On behalf of Nurse Practitioners of Metropolitan New York (NPNY), I would like to thank the Honorable Finance Chair Senator Krueger, Honorable Ways & Means Chair Assembly Member Weinstein, Health Chair Senator Rivera, Health Chair Assemblywoman Paulin, and distinguished members, for the opportunity to provide testimony.

NPNY is a grassroots not for profit organization founded in 2000 by a group of nurse practitioners and advocates for accessible, affordable, and quality health care. NPNY supports the contributions and importance of NPs to the delivery of health care, empowerment via continuing education and professional networking, policies and legislation that ensure quality health care for New Yorkers. NPNY is the New York Metro Area Group Member of American Association of Nurse Practitioners.

We appreciate sharing thoughts about the New York State's Proposed Executive Budget Proposal and our recommendations. The experiences of our members and patients experiences we have witnessed through the years inform our recommendations below related to the State Budget and legislative agenda. As New York recovers from the epicenter of novel COVID-19 in 2020, the healthcare workforce and our patients continue to experience trauma and adversity needing careful attention to short term, intermediate and long term solutions. It is for that reason, we recommend investment in a workgroup supporting stakeholders, community and government organizations in addition to asking the workforce directly why people left, relocated, stayed, or are choosing different careers.



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What We Support

- **Support health care as a human right** regardless of income and immigration status.
- **Increased funding for the higher education workforce in the sciences and healthcare workforce including:** Nursing, Nurse Practitioners, Pharmacy, Midwifery, Physician Assistants, CRNA's, Social Workers, Occupational Therapists, and Speech Language Pathologists and female predominant professions, historically with unequal pay
- **Affordable Housing.** The lack of affordable housing in many areas of the state contribute to the healthcare workforce shortage and ability to not retain individuals, even prior to the start of COVID-19 March 2020 pandemic in NY. We would like to continue discussions regarding the cause and effect of locum tenens, travel staff, per diem, and compact licenses.
- **Telehealth coverage and payment parity including behavioral and mental health services.** Telehealth is a way to deliver care. It was an excellent tool for people to receive continuity of care with existing providers whom they had established trusting and high quality and therapeutic relationships with throughout the height of the pandemic. Numerous NPs and our patients experienced interruption of providing and receiving care with the nuance of living in the tri-state area and increased relocation. We request additional opportunities to discuss various solutions and stakeholders.
- **Adequate funding for School based health centers.** Children in NYS particularly have experienced interruptions in health care, dental care, behavioral and mental health, not to mention EI, and Special Education services. In 2018, A2660 (Ortiz/S Montgomery) the Governor signed off on creating a personal income tax check-off box for donations to the school-based health centers fund. It is clear state funding needs to increase to support our children.
- **Student Loan Forgiveness and Incentives** at the middle, junior and high school level of various healthcare workforce opportunities.
- **Payment parity for medical and surgical terminations of pregnancy.** The existing United States healthcare system incentivizes higher procedure and



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specialist reimbursement. Medication abortions should not be reimbursed less than surgical procedures solely on procedure alone.

To elaborate a bit on the above highlighted areas of advocacy of health care as a human right, **NPNY supports the NY Health Act**. In an ideal world, health care would be a human right. NPNY appreciates the nuances surrounding health care for all. **NPNY supports Essential Health Plan eligibility to include people regardless of their immigration status.**

A woman saw me during a free outreach clinic for a breast mass. Once I examined her it was clear she had advanced breast cancer. She told me she delayed care because she could not afford health insurance and was ineligible for Medicaid. Upon diagnosis, under guidance from a social worker, she was placed on Emergency Medicaid and received care albeit too late. Diagnosis at later stages costs more money than screening and early detection. As was discussed during the hearing today, Emergency Medicaid costs could be repurposed for other budget priorities if we supported more people proactively who could get free screenings and preventive care.

School Based Health Centers SBHC provide high quality care and are cost effective. SBHCs are staffed by RNs, NPs, PAs, MD, and social workers. SBHC reduce inappropriate emergency room use, reduce Medicaid expenditures, improvement in school attendance, more willingness by students to seek mental health counseling for depression and suicide attempts and to seek information on pregnancy prevention.

Incentivizing preceptors. NPNY advocates for a personal income tax credit for health care professionals who provide preceptor instruction to students Gunther/Stavisky. A taxpayer who is a preceptor clinician shall be allowed a credit of \$1,000 for each 100 hours of preceptor instruction. The credit allowed shall not exceed \$3,000. While this would be a temporary incentive as we support an already short staffed workforce.

In addition, **NPNY strongly supports removing the sunset clause in 2024 for advanced practice nurses including Nurse Practitioners full practice authority (FPA) in New York State for all practicing NPs.** NPMA enacted in 2022 limited less experienced NPs under 3600 hours to have collaborative relationships solely with physicians, and not nurse practitioners. This omission is counter intuitive. The NPMA in



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2014 and enacted in 2015, provided career long collaborative relationships attestations are required. The bill would sunset on 6/2021, but was enacted in 2022.

The American Association of Nurse Practitioners, National Academy of Medicine, formerly called the Institute of Medicine, National Council of State Boards of Nursing, Federal Trade Commission and National Governors Association affirm **clear evidence** that nurse practitioners provide safe, high quality care with high patient satisfaction. ¹

What We OPPOSE

NPNY continues to OPPOSE the transfer of licensing authority from the SED for health professionals to the NYSDOH originally under the proposed FY2023 Executive Budget.

- The NYSDOH is a public health organization and has no history of providing licensure
- The NYSED OOP has a well established structure and mechanism for licensing over 50 professions since 1891.

In conclusion, Nurse Practitioners have been front lines of providing health services long before the novel COVID-19. The COVID-19 pandemic illuminates numerous health care needs while addressing workforce, access, and structural inequities. While the days of the Emergency Management Agency refrigerated trucks to serve as temporary morgues outside of Bellevue and NYU and many funeral homes are behind us, the trauma and need of a multi-pronged approach for recovery efforts of our workforce, increasing affordable and high quality healthcare access is imperative. NPNY looks forward to working with the Legislature to ensure the top priorities in the State Budget for SFY 2023-24. Please don't hesitate to reach out to me rachael.lerner@gmail.com.

¹ The IOM-established in 1970 as the health arm of the National Academy of Sciences-provides expert advice to policy makers and the public.

FED. TRADE COMMISSION STAFF, POLICY PERSPECTIVES: COMPETITION AND THE REGULATION OF ADVANCED PRACTICE NURSES (2014). [FTC STAFF POLICY PAPER]

National Governors Association, *The Role of Nurse Practitioners in Meeting Increasing Demand for Primary Care* (Dec. 20, 2012), <http://www.nga.org/cms/home/nga-center-for-best-practices/center-divisions/page-healthdivision/col2-content/1list---health-left/list-health-highlight/content-reference-2@/the-role-of-nurse-practitioners.html> [hereinafter NGA, *Role of Nurse Practitioners*].