

A.8232 (Paulin)

AN ACT to amend the public health law, in relation to expanding eligibility for appointment to county boards of health and health services advisory boards.

The New York State Association of County Health Officials supports the above-referenced legislation, which would expand the pool of available medical professionals to be appointed to serve on county boards of health or health services advisory boards.

This legislation would address current challenges in filling county board of health and/or health services advisory board medical professional seats by allowing the appointment of nurse practitioners or physician assistants who reside in a county to these bodies and would allow non-resident health care practitioners from contiguous counties who perform substantial work within the health district to also meet the statutory requirements. Current law requires the appointment of three (3) physicians who reside within the county to serve on county boards of health, or the appointment of two (2) physicians who reside within the county to serve on health services advisory boards in counties where the legislative body serves as the board of health.

As New York State continues to grapple with healthcare workforce shortages, counties, particularly in rural areas, are finding it increasingly challenging to find physicians available and willing to serve on these county boards as their own professional demands increase. Fifty-one (51) of the fifty-seven (57) counties in New York State have US Health Resources Services Administration (HRSA) designated Health Professional Shortage Areas (HPSAs), with 107 designated HPSAs statewide.

Primary and other health care services are increasingly provided by nurse practitioners or physician assistants. These professionals bring similar scope of practice and training, as well as knowledge of the health needs of their communities and can provide valuable insight into the population health matters addressed by local boards of health. Trends in healthcare, such as physicians' practices working under larger healthcare system umbrellas, mean that more and more health care practitioners may conduct a substantial amount of their practice in a neighboring county, rather than just in the county in which they reside. In fact, county residence does not assure that a physician also practices in the county in which they live. The current statute leaves these non-resident practitioners as an untapped and unavailable resource of physicians and related professionals with the necessary experience to serve the community boards in the counties where they work.

The legislation would continue to require the appointment of at least one physician to the medical professional seats on either board, to maintain the standard that every board is served by at least one individual with that high level of medical education and licensure. NYSACHO believes that this legislation provides the flexibility to assure that boards of health have a broader pool of individuals with the knowledge, expertise, and willingness to serve their communities in these critical public health roles, while still assuring physician representation on these boards. NYSACHO strongly recommends that this legislation be passed and enacted into law.

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