



February 12, 2026

The Honorable Andrea Stewart-Cousins
Majority Leader, New York State Senate
Legislative Office Building, Room 907
Albany, NY 12247

Honorable Carl E. Heastie
Speaker, New York State Assembly
Legislative Office Building, Room 932
Albany, NY 12248

Dear Senate Majority Leader Stewart-Cousins and Speaker Heastie,

The undersigned strongly believe that primary care is the backbone of our health care system, and that meaningful access to quality primary care saves lives and creates stronger communities. Primary care is unequivocally central to improving health access and improving individual and community health outcomes — yet we continue to undervalue and underfund it, and the effects are felt most acutely by marginalized communities. Given economic uncertainties and decreased federal investment, it is critical that the State does all it can to protect the health of New Yorkers. Therefore, we urge you to include the Primary Care Investment Act, A1915A (Paulin)/S1634 (Rivera) in the FY27 final budget, to save lives and improve individual and community health. A healthy New York starts with primary care.

When it is available, accessible, and affordable, primary care is a cornerstone of vibrant, thriving communities and helps keep families healthy, children ready to learn, and adults able to pursue education and participate in the workforce. Regular access to primary care is consistently associated with positive health outcomes.¹ An increase of just one primary care physician per 10,000 people can generate 5.5% fewer hospital visits, 11% fewer emergency department visits, and 7% fewer surgeries.² Access to primary care is also a key social determinant of health and is pivotal to the educational and economic success of struggling families.³ Further, primary care is the only part of the health system that has been proven to lengthen life expectancy and reduce inequities at the population level, while reducing overall health care costs.⁴ Ultimately, primary care is critical to keeping people healthy and preventing them from needing more expensive and acute care.

But primary care has been underfunded for years. The lack of investment in primary care is one of the core problems affecting access to quality primary care in the United States.⁵ The lack of adequate funding for primary care impacts both patients and providers, and leads to inadequate access, low-quality care, poor health outcomes, and an overburdened and burnt-out workforce that loses experienced professionals and has trouble attracting new ones.⁶

In the United States, primary care accounts for approximately 35% of all health care visits each year – yet only about five to seven percent of all health care expenditures are for primary care services. In contrast, other similarly situated countries spend as much as 12-14% on primary care as a proportion of their total health care spending and have overall better health outcomes. The harms of underinvestment in primary care are not felt equally across populations but instead hit hardest in communities already suffering from other health and social inequities.⁷

More than 4.8 million New Yorkers live in a Health Resources Services Agency (HRSA)-designated primary care Health Professional Shortage Area.⁸ Primary care workforce shortages are also being felt across multiple types of providers and are anticipated to get worse. Projection analysis predicts a shortage of physicians of any specialty by 2030 in New York State, including in primary care.⁹ More than one-third of New York’s primary care physicians are over age 60, indicating an impending wave of retirement that will reduce capacity.¹⁰ Fewer medical graduates choose primary care in comparison to other specialties, in part because of disparate levels of anticipated income.¹¹ Nationally, HRSA has found that there is already a shortage of 13,075 primary care physicians and “[a]s for the future, HRSA projects a national shortage of 87,150 full-time equivalent (FTE) primary care physicians by the year 2037.”¹² This is reflected especially in rural counties across New York State, where there is less than half the supply of pediatricians than in urban counties.¹³

The American Association of Colleges of Nursing has also found that shortages in nurses and qualified nurse educators are leading to shortages in certified nurse practitioners who provide primary care.¹⁴ In addition, a 2022 survey of Federally Qualified Health Centers (FQHCs) by the National Association of Community Health Centers found that “68% of health centers report losing 5-25% of their workforce in the last six months[,] 15% of health centers report losing 25-50%” and that nurses were the most likely to have left.¹⁵

At least 17 states have already adopted policies with the goal of increasing spending on primary care over time. A number of those states have specifically set increased spending targets, including California, Colorado, Connecticut, Delaware, Oregon, Rhode Island, and Washington.¹⁶

In 2009, Rhode Island (RI) became the first state to mandate increased health care spending on primary care, requiring commercial insurers to increase primary care spending by 1% per year for the next five years, with the goal of reaching 10% of the total cost of care. As a result, primary care spending in RI grew 37% from 2008 to 2012 and total medical spending fell 14% during the same period.¹⁷

More recently, in October 2024, California’s Office of Health Care Accountability announced its intention to increase the amount the state spends on primary care, from the current 7% to 15% over the next ten years.¹⁸ These increasingly common changes in primary care investment across a diverse set of states underscore the need for New York to catch up through the Primary Care Investment Act.

New York primary care providers are dedicated to their communities and consistently do their best with the limited resources they have available. In New York State, primary care is provided

in a wide range of settings, from FQHCs that provide care to the most underserved communities, to small, rural independent practices managing large numbers of patients across a large geographic area, to health systems that include primary care practices, specialists, hospitals and other services.¹⁹ While the settings are different, the challenges are very similar: Providers are burned out, many are retiring, and too few medical students and other medical professionals are entering the primary care field.²⁰ To bring more health care providers into primary care, keep existing primary care providers in the field, support team-based comprehensive care for patients, and create new primary care access points in communities that need them, New York State's health system must invest more in primary care.

To ensure that New Yorkers can access the high-quality primary care they need to keep them healthy and thriving, New York State's health system must invest more in primary care. Assembly Bill 1915A/Senate Bill 1634 would start New York on a path towards better, more equitable health outcomes for all New Yorkers. The New York State Senate passed and included this bill in its one-house budget during the 2025 session. Our organizations strongly support this legislation and urge its passage in this year's FY27 final budget.

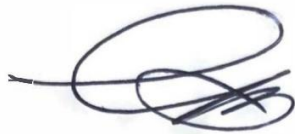
Sincerely,



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Primary Care Development Corporation



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- ¹ Leiyu Shi, The Impact of Primary Care: A Focused Review, *Scientifica* (Cairo), December 31, 2012, available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3820521/>.
- ² Steven J. Kravet et al., Health Care Utilization and the Proportion of Primary Care Physicians, 121 *Am. J. Med.* 142 (2007), abstract available at [https://www.amjmed.com/article/S0002-9343\(07\)01088-1/fulltext](https://www.amjmed.com/article/S0002-9343(07)01088-1/fulltext).
- ³ Office of Disease Prevention and Health Promotion, Access to Primary Care, <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/access-to-primary>.
- ⁴ Sanjay Basu, et al., Association of Primary Care Physician Supply With Population Mortality in the United States, 2005–2015, 179 *JAMA Intern.Med.* 506 (2019), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6450307/>; Barbara Starfield, Leiyu Shi, & James Macinko, Contribution of Primary Care to Health Systems and Health, 83 *Milbank Q.* 457 (2005), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2690145/>; Barbara Starfield, Primary care: an increasingly important contributor to effectiveness, equity, and efficiency of health services. SESPAS report 2012, 26 *INFORME SESPAS 20* (2012), available at <https://www.gacetasanitaria.org/en-primary-care-an-increasingly-important-articulo-S0213911111003876>; Dartmouth Atlas Project, The Care of Patients With Severe Chronic Disease: An Online Report on the Medicare Program, 2006, available at https://data.dartmouthatlas.org/downloads/atlas/2006_Chronic_Care_Atlas.pdf; Robert M. Politzer, Jean Yoon, Leiyu Shi, et al., Inequality in America: The Contribution of Health.
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- ⁶ See Kriti Prasad et al., Prevalence and correlates of stress and burnout among U.S. healthcare workers during the COVID-19 pandemic: A national cross-sectional survey study, 35 *E. Clinical Med.* 100879 (2021), available at [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(21\)00159-0/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(21)00159-0/fulltext).
- ⁷ See Primary Care Development Corporation, The intersection of COVID-19 and chronic disease in New York City: underscores the immediate need to strengthen primary care systems to avoid deepening health disparities, *Points On Care Series*, May 2020, <https://www.pcdc.org/wp-content/uploads/Points-on-Care--Issue-3-COVID--FINAL.pdf>.
- ⁸ Bureau of Health Workforce, Health Resources and Services Administration (HRSA), U.S. Department of Health & Human Services, Designated Health Professional Shortage Areas Statistics, as of December 31, 2025, <https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport>.
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- ¹⁰ KFF. Primary Care Health Professional Shortage Areas (HPSAs). KFF State Health Facts. Updated December 31, 2024. Available at: <https://www.kff.org/other-health/state-indicator/primary-care-healthprofessional-shortage-areas-hpsas/>.
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¹⁵ National Association of Community Health Centers, Current State of the Healthcare Workforce (2022), available at <https://s3.documentcloud.org/documents/24100271/nachc-2022-workforce-survey-full-report-1.pdf>.

¹⁶ Primary Care Collaborative, State Initiatives Database, <https://thepcc.org/policy/state-investment-hub/state-initiatives/>.

¹⁷ 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

¹⁸ California Department of Health Care Access and Information, California Sets Benchmarks for Primary Care Investment to Promote High-Quality, Equitable Health Care, available at: <https://hcai.ca.gov/california-sets-benchmarks-for-primary-care-investment-to-promote-high-quality-equitable-health-care/>.

¹⁹ See Primary Care Development Corporation, What's the State of Primary Care in New York? (2018), available at <https://www.pcdc.org/wp-content/uploads/Resources/Report-Primary-Care-Access-2.pdf>; see also Center for Health Workforce Studies, Research Brief, The Primary Care Workforce In New York State (2015), available at https://www.chwsny.org/wp-content/uploads/2015/07/Primary_Care_Brief_July_2015.pdf.

²⁰ Bureau of Health Workforce, Health Resources and Services Administration (HRSA), U.S. Department of Health & Human Services, Designated Health Professional Shortage Areas Statistics, as of December 31, 2025, <https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport>.