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Medical Assistant Training in New York: *Landscape, Challenges, and Opportunities for Enhancement*



Fitzhugh Mullan
Institute for Health
Workforce Equity

THE GEORGE WASHINGTON UNIVERSITY

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WASHINGTON, DC

This report was prepared for the NY Health Foundation
by the Fitzhugh Mullan Institute for Health Workforce
Equity at the George Washington University.

For questions regarding this report, please contact
Margaret Ziemann at mziemann@gwu.edu.

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Medical Assistant Training in New York: Landscape, Challenges, and Opportunities for Enhancement

I. Purpose and Overview of Report

In this report, we present an overview of medical assistant (MA) training in New York by describing the general landscape, the roles of NY state and other fiscal sponsors in supporting MA training, promising program examples, and key challenges to MA workforce development in the state. We help identify opportunities to maximize use of existing programs and funding mechanisms to better support MA workforce development and practice optimization

Approach

To understand the education and training landscape for medical assistants in New York, we employed two strategies: 1) a desk review of online resources based on targeted internet searches, and 2) interviews with content experts. For the desk review, we conducted internet searches using relevant key terms and also examined content on targeted websites for agencies and organizations including the NY Departments of: Education; Health; and Labor, The City (CUNY) and State (SUNY) Universities of New York, and multiple others that were brought to our attention through our interviews with content experts. In total, we conducted 6 of these interviews to gather more in-depth information and on-the-ground perspectives on MA training opportunities, promising practices, and barriers (Table 1).

Table 1. New York Medical Assistant Training Landscape: Key Informants

Content Expert Organization	Organization Description	Role in MA Training
Community Health Care Association of New York State (CHCNYS)	NY's primary care association representing the state's community health centers (CHCs)	Hosts a medical assistant apprenticeship program and has developed an MA training curriculum
Finger Lakes Performing Provider System (FLPPS)	Network of clinical and community providers working to improve health care for the	Workforce Investment Organization (WIO) for Region 3 for the NYS 1115 Health Equity Reform (NYHER)

	region’s Medicaid beneficiaries	Waiver, Career Pathway Training Program
1199SEIU Training and Employment Funds (TEF)	Training, education, and financial support provider for eligible 1199SEIU member, including MAs	Workforce Investment Organization (WIO) for Region 1 for the NYS 1115 Health Equity Reform (NYHER) Waiver, Career Pathway Training Program
Boards of Cooperative Educational Services of NY State (BOCES) – Otsego Northern Catskills (ONC)	High school and adult education and training provider for 19 NY school districts	Health occupations training provider
Boards of Cooperative Educational Services of NY State (BOCES) – Greater Southern Tier (GST)	High school and adult education and training provider for 21 NY school districts	Health occupations training provider
LaGuardia Community College, The City University of New York (CUNY)	CUNY Institution providing post-secondary and continuing education academic programs to a diverse student body in NYC.	Home of a “gold standard” MA training and internship program
SUNY Schenectady County Community College	Community college serving Schenectady County as part of the State University of New York (SUNY) system	Health care lead for the SUNY Apprenticeship Program
Northwell School of Health Sciences	New high school offering 4 health sciences tracks in partnership with NYC public schools and Northwell Health	Offers a medical assisting track leading to certification

Limitations

Although interviews with content experts yielded valuable insights, we recognize that they represent only a small sample of organizations involved in the broader system of NY’s MA education and training landscape. Organizations that may have provided additional perspectives, but that we were unable to conduct interviews with by the time of this report include BOCES with active MA programs, Caring Gene Healthcare Career Pathways (WIO for Region 2 of the Career Pathways Training Program), and NY’s Area Health Education Centers (AHECs), which were mentioned in interviews as promising training partners.

II. The MA Training Landscape in New York

Key Takeaways

- ❖ NY's MA training programs span post-secondary institutions, vocational programs for high school and adult learners, and on-the-job training models across education, healthcare, and workforce sectors.
- ❖ MA training programs in New York are supported through a mix of state investments such as funding for **community colleges**, **BOCES**, the SUNY **apprenticeship program**, and the **Career Pathways Training Program**; philanthropic investments have provided more direct support for pilot training programs and curriculum development, while employers and labor unions have contributed to training with “**earn while you learn**” programs and **tuition assistance**.
- ❖ Myriad challenges pose significant barriers to the sustainability, wider uptake, and expansion of medical assistant (MA) workforce development efforts in New York:
 - **Program Accessibility:** Training program availability and costs vary widely across New York, creating barriers to affordable and equitable access.
 - **Declining Graduates:** Evidence suggests a decline in program graduates in recent years, worsening existing MA workforce shortages.
 - **Training Gaps:** Lack of standardized MA competencies and unclear role definitions result in inconsistent training and practice, stymieing the workforce's professionalism and limiting their potential contributions to team-based care.
 - **Supplemental Training Needs:** Gaps in training require additional efforts to prepare MAs for working with special populations, particularly in community health centers.
 - **Funding Challenges:** Insufficient and fragmented funding often forces reliance on private grants, which are unsustainable and lead to program discontinuation when grants expire.
 - **Regulatory provisions:** The state's Career Pathways Training program offers promise but raises equity concerns and lacks clear implementation guidance.
 - **Limited Stakeholder Coordination:** Siloed efforts among key stakeholders hinder program collaboration and effectiveness.

- **Systemic Barriers:** Low wages, the absence of certification requirements, and high training costs relative to workforce demographics reduce the perceived return on investment for MA training.
- ❖ **Strategies to address these challenges** include fostering cross-sector partnerships, promoting promising program models, defining a clear scope of practice, establishing sustainable funding mechanisms, and enhancing coordination efforts. Additionally, making a clear case for the return-on-investment (ROI) of formal MA training and certification to potential workforce entrants, employers, and policymakers is critical to strengthening the workforce development and career mobility infrastructure. These actions are essential to standardize and scale effective training programs, support MA career pathways and advancement, centralize best practices, and professionalize the MA role.
- ❖ Despite the challenges the profession faces, medical assisting remains a **professional calling** and **entryway to health careers** for many, as well as critical profession to optimize team-based care.
- ❖ **Philanthropy can play a pivotal role** by funding the development and dissemination of best practices, supporting cross-sector coordination efforts, offsetting the costs of training for underserved populations, advocating for equity-focused policies, and making the case for the return-on-investment (ROI) of formal MA training and certification to employers, policymakers, and potential workforce entrants.

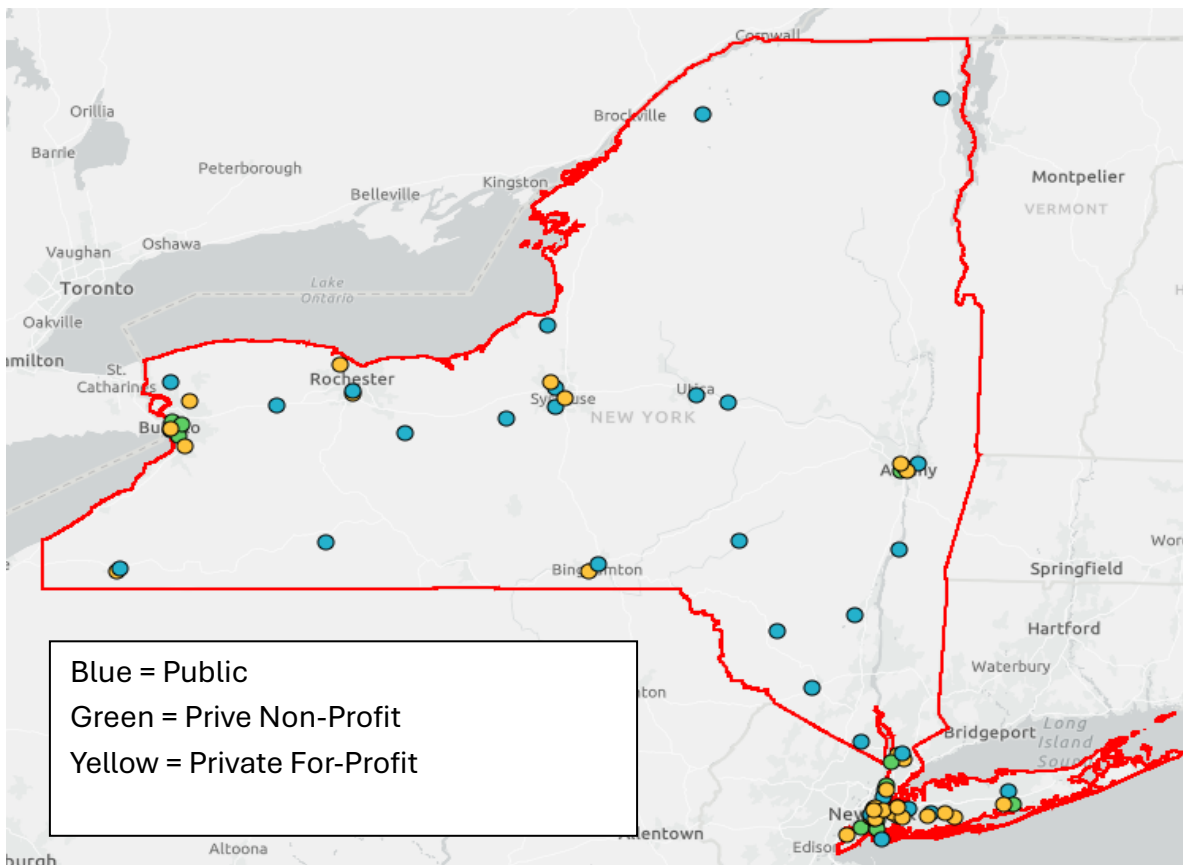
Program characteristics and supply

Medical assistant training is provided in New York through the education and health care sectors. We identified four types of educational institutions offering MA training: public - postsecondary; private, for-profit - postsecondary; private, non-profit - postsecondary; and public - vocational. Program offerings at public postsecondary institutions are predominantly offered through the state's community colleges through the CUNY and SUNY systems, while Bryant & Stratton College is a highly visible player in MA training among private, non-profit postsecondary institutions. Private, for-profit postsecondary institutions offer MA training across NY. While they add a substantial number of training options to the landscape, they also come with hefty tuitions and

pose a risk of being “predatory”, as one key informant described – a concern supported by evidence.¹

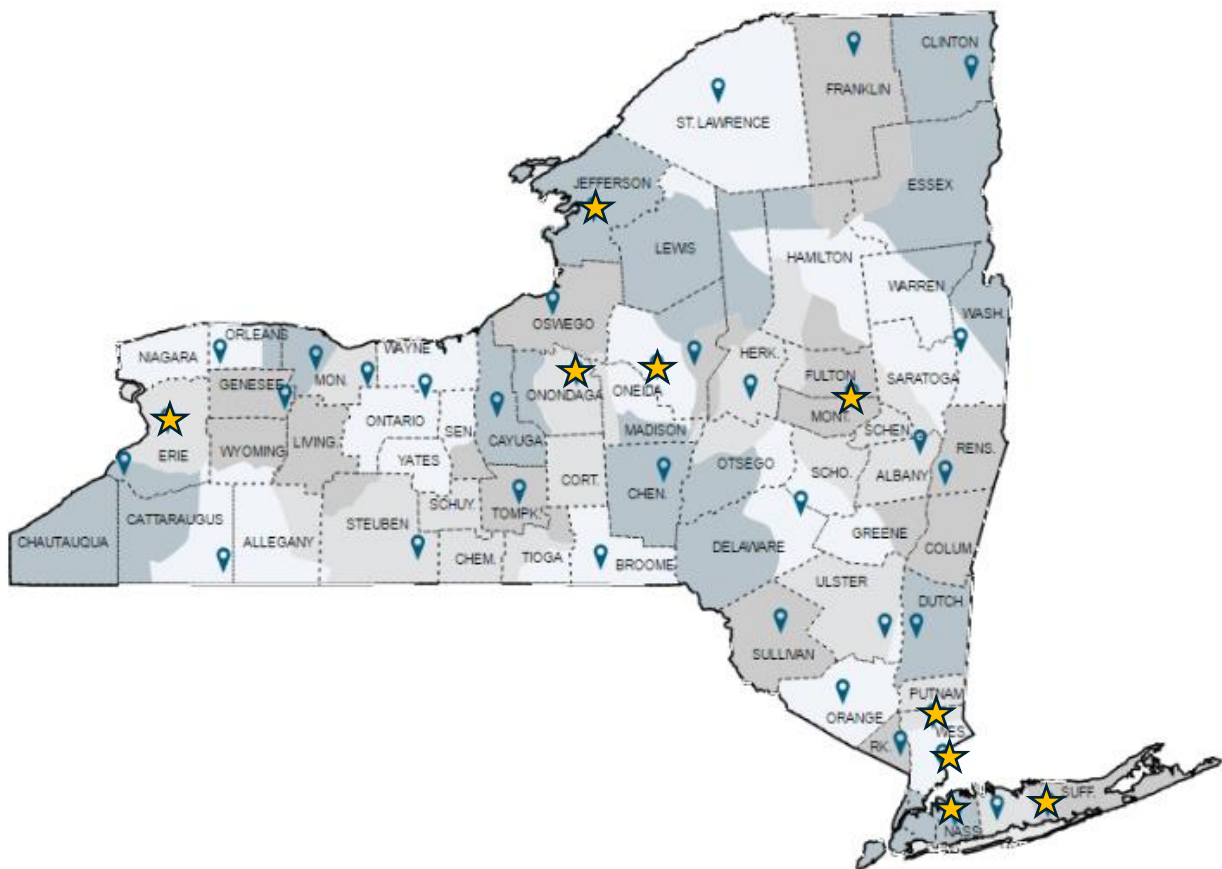
The Integrated Postsecondary Education Data System (IPEDS) identifies 41 postsecondary training programs based on a program major search of “Allied health and medical assisting services” (see Exhibit 1. and Appendix A for a detailed list and institutional characteristics).² This estimate is in line with a [list of NY medical assistant programs](#) curated by a health care staffing agency. While there is overlap between these data sources, the lack of consistency between them demonstrates the challenge of documenting the number and distribution of MA training programs. Based on the IPEDS list of postsecondary institutions offering medical assistant programs: 22 are public, 14 are private, for-profit, and 5 are private, non-profit.

Exhibit 1: Map of NY Post-secondary Institutions* offering “Allied health and medical assisting services” Programs (n=41; Data Source: IPEDS)



Public – vocational training is provided through the NY State BOCES program, select health sciences high schools (largely concentrated in NYC), as well as the federal [Job Corps training program](#), the latter of which provides clinical MA training at 4 Job Corps Centers across the state. We have identified at least 9 BOCES that offer MA training in NY, usually as part of their career and technical education programs for adult learners (Exhibit 2). More information on BOCES is provided on p. 17.

Exhibit 2. Map of New York BOCES Regions and MA Training Programs



Star = BOCES offering a medical assistant training program (n=9)

There is a high concentration of program offerings in the NY metropolitan area, but MA training sites are located in all of the state’s 10 regions (Exhibits 1 and 2). Of note, BOCES programs – some of which provide MA training - are intentionally unavailable in the NYC, Buffalo, Rochester, Yonkers, and Syracuse school districts to expand educational opportunities in rural or less

resourced areas of the state. Nonetheless, MA training infrastructure in upstate regions is extremely limited, with only two programs identified in the North Country (Exhibits 1 and 2).

Large health systems are also taking an active role in MA training infrastructure, with Northwell Health System partnering with New York City Public Schools to launch a new [health sciences school high school](#) in 2025 as well as offering an [“earn & learn”](#) MA training program in partnership with Nassau Community College.

In addition to traditional post-secondary and vocational training institutions, MA training opportunities are available through registered apprenticeship programs, such as those with CHCNYS and SUNY (discussed later in this report). On the job MA training – which may or may not confer eligibility for a nationally recognized certification – is anecdotally occurring but difficult to quantify. While health systems like [Mt. Sinai](#) provide some vague information about their training programs, the informal training that takes place in private practices, health centers, and hospitals is likely not reflected in public-facing resources.

Program of study

Medical assistant trainees wishing to obtain certification (CCMA, CMA, RMA, CMAA, or NCMA) through one of the various [certification bodies](#) must meet education or work-based eligibility criteria and pass a national certification exam. While certification is not required to practice as a medical assistant in the state of NY, employers may require it as a precondition of hiring, and it may influence salary.

Medical assistant educational programs of study comprise classroom instruction and supervised clinical experience. Program components vary by training institution but often include medical terminology, first aid, administrative procedures, infection control, patient communication, laws and regulations, and health sciences subjects.³ Minimum standards for program accreditation are set forth by [national accrediting bodies](#), including at least 160 clinical hours. Accreditation standards and training curricula reflect a de facto MA scope of practice, though it’s important to note that NY practice regulations for MAs address what they *cannot do*, rather than what they can.⁴ At the time of this report, MAs are explicitly prohibited from drawing up or administering vaccinations or immunizations in the state, for example.⁵

Some of the content experts we spoke with for this study identified the lack of a clearly defined MA scope of practice in NY as a barrier to expanding and optimizing the profession. There is some confusion, for example, about what distinguishes MA roles from those of certified nursing assistants (CNAs) or front desk and clerical staff. Efforts to codify an MA scope of practice and then allow MAs to practice to the top of their training and certification could improve efficiencies by allowing employers to better map out their health systems and care teams, noted one interviewee from the Finger Lakes Performing Provider System (FLPPS):

“Do you need to go to a 3-month, 6-month program? Or do you need to have 2 years of training? What is actually needed for this to be successful, and then I think I think that would help employers map out their health systems a little bit better to say ‘we have this workforce that is allowed to do this level of work, and that frees up our LPNs to do this level of work, our RNs to do that level of work.’ Getting everyone to the top of their license is obviously the most efficient piece you can ever get to. But when the top of your license is just defined by ‘don’t do this’, it’s backwards to me.”

Program length and cost

Most of the educational programs we reviewed for this landscape assessment take 1-2 years to complete, with some offering flexible hybrid formats. The cost of MA training programs, however, is highly variable – largely based on the type of institution where training is received (see Appendix A). Generally speaking, MA training programs at public community colleges are significantly less than those at private institutions. For example, tuition at CUNY community colleges is roughly \$3,000, while that at the private Bryant & Stratton College may cost [closer to \\$10,000](#). Continuing education for adult learners through BOCES vocational training (discussed later) tends to fall right in the middle of this tuition spectrum.

There are, however, cost-free training opportunities available for some who qualify. For example, MA apprenticeships and earn-while-you-learn programs allow for on-the-job training at no cost to participants, though our review didn’t find that these are widely available. Further, MA training programs offered to high schoolers through BOCES are free for students, though school districts pay an up-front cost, and most MA BOCES programs are for adult learners. Training program funding mechanisms are discussed later in this report.

In the interviews we conducted, content experts noted that even lower-cost MA training programs may be cost prohibitive for prospective trainees who are socioeconomically disadvantaged or balancing competing priorities like caregiving. Additionally, they posited that the profession's low wages (the median salary for MAs in NY in 2022 was \$45,816)⁶ may not yield a perceived return on investment for completing an accredited MA training program.

"...and then on top of it like when you get to the role you can make as much being a barista at Starbucks. So, I think that that is also definitely a challenge of just, like as you've seen some of these more formal training programs, obviously, they cost money. And what is like the cost benefit analysis for someone to obtain that training when they might not need it to get a job?" – Key Informant, CHCNYS

However, content experts countered these observations by noting that financial aid is widely available and completing postsecondary training and earning their certificate contributes to a sense of pride and professional fulfillment for MAs.

Program graduates

An analysis conducted by the Center for Health Workforce Studies found that in 2022 there were 2,840 graduates of MA postsecondary education programs in NY (these do not include vocational programs, such as those offered through BOCES). This represents a sharp decline of 26% from 2018 during a period when jobs for MAs increased by 37%.⁶ When asked to comment on the downward trend in MA graduations, none of the content experts we interviewed had perceived a recent decline in MA training enrollment. However, they offered two theories to explain observations in the data. First, prospective trainees may be determining that the benefit of training programs does not outweigh the costs, given that some employers will hire without postsecondary education credentials or certification. Thus, prospective MA's may be able to arrive at the same professional end point without incurring the cost of formal training. However, the most likely factor offered by content experts for the drop-off in graduation rates is the COVID-19 pandemic, which disrupted the broader education sector and may have deterred individuals from pursuing a career in health care given the risk and demands the pandemic brought to light. We

note, for example, that graduation rates for other allied health professions in NY also dropped precipitously during the same time period.⁶

III. Funding for MA Training Programs

Medical assistant (MA) training programs in New York are supported by a mix of public, private, and industry investments (Table 2). These funding mechanisms influence the accessibility, quality, and sustainability of MA training across the state. The following section explores the various ways state agencies, philanthropic organizations, and healthcare industry partners contribute to building and maintaining this critical workforce.

Table 2. Funding for Medical Assistant Training Programs in New York

Stakeholder Group	Mechanism	Funding Examples
PUBLIC		
Federal	Tuition assistance; Vocational training	Educational loans; Job Corps
State of New York	Medicaid 1115 Waiver	Career Pathways Training (CPT) Program
	State budgeted training subsidies (Dept. of Ed.)	BOCES aid
	Registered Apprenticeships (Dept. of Labor)	Registered Apprenticeship Program; SUNY Apprenticeship Program
PRIVATE		
Health Care Industry	Tuition assistance; corporate seed funding	Basset tuition assistance for BOCES-ONC trainees, support for curriculum development; Northwell “Earn and Learn” Program, Health Sciences High School
Philanthropy	Grant funding for training innovations and workforce development infrastructure	CUNY internship program; CUNY ELL program; CHCNYS apprenticeship program; NYC Accelerated Workforce Recovery Hub; Northwell Health Sciences High School
UNIONS		
1199SEIU Training and Employment Funds (TEF)	Tuition assistance; Training	Continuing education reimbursement for those who qualify
INDIVIDUAL		
Trainee	Self-pay	BOCES adult education programs; Most accredited MA training programs

Public

The state of NY supports MA training programs by investing in the infrastructure that delivers it, using a variety of mechanisms. This includes funding for the state’s network of community colleges through CUNY and SUNY, many of which offer programs in medical assisting. However, state funds do not provide direct financing for non-degree programs like medical assisting, which a CUNY key informant identifies as a barrier to sustainable, high-quality programming:

“Other states just fund non-degree training at community colleges, and our system doesn’t. Like CUNY requires adult non-degree programs to be self-funding, which means they’re funded by tuition and grants, not by like city tax, levy dollars, state tax levy dollars. So, I would say a sustainable funding source would allow us to provide this kind of robust quality training in a sustainable way, and spend less time chasing money to try to keep the services up and more time continuing to hone the curriculum, continuing to raise the quality of the services and continuing to work with employers as the field changes.”

Additionally, the NY Department of Education subsidizes the per-pupil cost of the BOCES vocational training program for high schoolers, although adult learners are required to pay out of pocket. State appropriations also fund registered apprenticeships, including the SUNY Apprenticeship program. The Career Pathways Training (CPT) program, authorized under New York’s 1115 Demonstration Waiver, as part of the New York Health Equity Reform (NYHER) waiver, infuses \$650 million dollars into infrastructure and direct financial support for high demand health professions in the state, including MAs. This one-time funding presents a potential watershed moment for expanding high-quality MA training in the state, though implementation challenges were noted by key informants. The publicly funded training initiatives noted here are described in more detail in the next section of this report.

Federal student aid is available for those who qualify to help cover tuition and fees for accredited MA training programs, and the Federal Job Corps Program has a partnership with BOCES, though we don’t have evidence it has been leveraged for MA training tracks.

Philanthropy

Private philanthropy plays a major role in the direct financing of MA training programs in NY, particularly those with an equity orientation. Grant funding from the NY Health Foundation supports a statewide MA apprenticeship program at 10 community health centers, led by the Community Health Care Association of New York State (CHCANYS). While the NY Community Trust provides vital support to be able to provide financial assistance and wraparound services for students at CUNY’s MA training program at LaGuardia College. A CUNY key informant described how philanthropic funding is needed to fill gaps in public financing and self-pay for community college MA programs:

“So, we do have some grant funding right now, that’s being used not to run a separate grant funded program, but to kind of supplement our tuition-based program with a combination of tuition scholarships for some of the students that that qualify and then supportive services for all of the students. One of the big funders for that is New York Community Trust. But we also have funding from a couple other funders as sort of braided funding for that project.”

Other

Healthcare industry partners are also investing in New York’s training infrastructure. For example, Bassett Healthcare Network, which operates in the state’s central region, provides tuition assistance and program funding for the Otsego Northern Catskills (ONC) BOCES program. While this BOCES does not currently offer a medical assistant (MA) training program, its partnership with Bassett highlights a mutually beneficial relationship: BOCES gains financial support to assist its students, and Bassett helps develop a workforce to address identified staffing needs. Northwell Health System provides scholarships to MA trainees who participate in their [“Earn & Learn” program](#) in partnership with Nassau Community College. Northwell is also a founding partner of a [new health sciences high school](#), which includes an MA training track. The school is due to open in fall 2025.

The 1199SEIU Training and Employment Funds (TEF) also provide tuition assistance for qualifying health workers in member health systems, which could be used to offset the cost of MA training.

IV. Training Innovations

Through our desk review and interviews with content experts in health care education and training in NY, we identified several innovative training models that provide lessons and opportunities for expanding or strengthening MA training in the state.

Apprenticeships

Apprenticeships are part of the “earn while you learn” training model that [have been adopted](#) across sectors in NY, including in health care. Key informants noted that potential MAs face barriers to completing training and need to earn a paycheck. Further, family obligations and other responsibilities prevent them from going to school at night. Apprentice programs address those barriers by allowing students to earn a salary while advancing their careers.

*“The way we see the apprenticeship program or apprenticeship program model is like, it's access to a higher education. But you're getting paid to access that education.” -
CHCNYS Key Informant*

We identified two apprenticeship programs as part of this study: one developed for medical assistants and another that could be leveraged for the profession.

The [Medical Assistant Apprenticeship Pipeline Program](#) (MAAP) was developed by CHCANYS as NY’s first registered apprenticeship program to provide paid, on the job training dedicated to preparing medical assistants for work in community health centers (CHCs). The apprenticeship serves as a career ladder and valuable retention tool for trainees, most of whom are already employed by the health centers in administrative roles (e.g., front desk or call center worker). The MAAP’s architects worked closely with an advisory group and the Washington state primary care association to develop what they consider to be a “primary care medical assistant curriculum” that is based on national standards and rooted in equity – an important training lens in the CHC setting. For example, apprentices learn about working with special populations, providing trauma-informed care, using the correct language and terminology, and ensuring MAs were familiar with the types of specialty care patients might be referred to (e.g. nephrology). In total, the curriculum comprises 143 hours of didactic instruction and a 1200 practicum led by an

experienced MA “journey worker”, with at least two years of experience in the role, who receives a preceptorship stipend of \$2,000. The role of “journey worker” is envisioned as another opportunity for career advancement for apprenticeships, further incentivizing MA retention in CHCs. The grant funding to develop this program explicitly included support for journey workers receive training on soft skills related to supervising employees, such as how to provide feedback, access to the prep-course modules, and to cover associated fees for them to have up to 2 years to apply for national MA certification themselves. Now in its third year, CHCANYS aims to graduate 36 MAPP apprentices by the end of 2025. Apprentices (7 as of time of the interview), are paid employees of the CHC, must be 18 years of age or older and have a high school diploma or GED. Upon apprenticeship completion, MAs are required to stay with the CHC for two years. The CHC receives \$10,000 to cover costs but must pick up the balance of the MA’s salary. The program is currently funded through a grant from the NY Health Foundation, and CHCANYS plans to apply for State funding after 2025.

The program is not without its challenges, however. For one, the CHCANYS staff we spoke with described curriculum development for MAAP as time consuming, expensive and “harder than anything else”. This was in part due to the complexity of tailoring training 1) to the appropriate academic level for the target population, and 2) to reflect equity principles and the nuances of providing care in a safety net, primary care setting. Staff note that traditional experts in curriculum development are not well suited to incorporate these considerations and are prohibitively expensive for non-profits to work with. MAAP also lacks a sustainable funding stream. Philanthropic grant funding covered development and initial implementation costs, but program maintenance and expansion moving forward will necessitate additional support which CHCANYS staff hope to secure through the NY Department of Labor in 2025.

The [SUNY Apprenticeship Programs](#) provide additional infrastructure for valuable on-the-job training for MAs. The program supports industry employers in establishing and maintaining registered apprenticeships in a multitude of [eligible occupations](#), including MAs. Employer sponsors must first register an apprenticeship program with the NY State Department of Labor. They are then eligible to receive hiring and retention incentives and tax credits for participating in the SUNY apprenticeship program (a program that reimbursed employers for up to 50% of their

wages has been paused since August of 2024). Apprentices train under the supervision of an employer mentor based on [minimum standards](#) for “Work Process and Related Instruction” set by the Department of Labor. They receive \$6,000 in tuition support through an approved educational program, preferably with a SUNY community college. The program is touted as a workforce development strategy that benefits employers by enabling them to obtain a highly skilled workforce, improve training efficiencies, and increase employee retention and job satisfaction.

“So I think the benefits apprentice of apprenticeship are much more long term and systemic than, Hey, you know, I'm getting fifty percent of this person's wage covered. That's only going to be a temporary fix, anyway. It's a true investment. And a change in the way that we look at the workforce.” - SUNY Apprenticeship Program Personnel

SUNY Schenectady serves as the health care lead for the SUNY Apprenticeship Program, a sector that has been slower to build apprenticeship momentum than the trades (e.g., electrician) that the program was originally designed for, according to program personnel interviewed for this report. Nonetheless, two hospital systems recently applied to be employer sponsors with the program, and newly implemented “apprenticeship business developers” are being leveraged to raise program awareness and provide support to prospective employers.

The program is funded through NY State budget appropriation and administered by the SUNY Office of Community Colleges and the Education Pipeline in partnership with the [Empire State Development Office of Strategic Workforce Development](#) and lead SUNY community colleges. At the time of this report, there was no limit on the number of apprentices the program could support financially. From July 2021 through June 2024, the SUNY Apprenticeship Program supported 112 NY employers in serving over 2,000 apprentices⁷.

Despite the promise of apprenticeships as a sustainable “grow your own” MA workforce development model, the return on investment has been nominal (as measured by graduate program uptake and output). Although it is an eligible occupation, there are currently [no](#)

[registered medical assistant apprenticeships](#) with the SUNY program, and none of its current or former apprentices have been medical assistants (though medical assistant was only offered as an eligible occupation in 2024). We find only one active program sponsor (CHCANYS) for a medical assistant registered apprenticeship on the [NY Department of Labor website](#). The MAAP apprenticeship program provides high quality training targeted to address the unique needs of populations served by NY's CHCs, yet as of the fall of 2024 had yielded only 6 program graduates since it started in 2022.

The informants we spoke with described several factors that present barriers to increasing apprenticeship uptake and optimizing the model for health care and medical assisting in NY. These include significant time, effort and cost associated with administrative requirements to stand up programs and develop the curriculum, intensity of required training supports for MA apprentices, and [preceptorship vacancies](#). There is also high turnover in health care, which diminishes awareness of and continuity of organizational buy-in for apprenticeship programs in the sector. The SUNY apprenticeship program also lacks a strong group health care sponsor to champion the program and offset some of the heavy lifting of apprenticeship startup on behalf of employer sponsors.

“So what a group sponsor does is act as like the in between for the Department of labor and the employer. So they take up a bulk of that administrative work, which is a lift, you know. Once you get through it, it's fairly, you know, easy is probably not the best word, but it's kind of getting the program set up...But we don't have that that strong group sponsor [in health care] that can really take on that lift and allow employers to really become engaged with [the apprenticeship program].”- SUNY Apprenticeship Program Personnel

Having a strong group sponsor “would be the piece to really get folks in the medical fields on board”, according to the SUNY representative interviewed for this report, who suggested a hospital or primary care association, the state Department of Health, or the Iroquois Workforce Investment Organization (WIO) as potential candidates for the role.

Lastly, two of the key informants for this report noted that alternative earn-while-you learn funding models, such as co-work programs that provide training subsidies and mentorship, may be a more viable approach than registered apprenticeships to expand MA workforce training. For example, SEIU1199 TEF provides tuition subsidies for eligible workers, and Northwell Health System has an earn-while-you-learn program for medical assisting in partnership with a local community college. Lastly, the state's new Career Pathways Training program (discussed later in this report) provides an opportunity for coordination with the SUNY apprenticeship program, a potential relationship which has been discussed.

Boards of Cooperative Educational Services (BOCES)

Established through NY Education Law Section 1950 "for the purpose of carrying out a program of shared educational services in the schools of the supervisory district...", BOCES provides regionally targeted education and vocational training services for school districts across the state. The program is considered an extension of the component school districts and is predicated on the sharing of services between BOCES districts. Training programs are offered for high schoolers and/or as continuing education for adult learners and determined based on district-identified areas of need. Service needs are informed by a community-engaged advisory process with local industry input and undergo an administrative approval process by the state. There are currently 37 BOCES in NY with a combined budget of nearly \$5 billion.⁸ Financing for BOCES is provided by participating school districts to cover up-front costs, NY Department of Education funding to reimburse districts for up to 70% of costs based on district wealth, and tuition self-pay (in the case of adult learners seeking continuing education).

We have identified at least 9 BOCES that offer MA training in NY, usually as part of their career and technical education programs for adult learners (Exhibit 2). We spoke with representatives from BOCES Otsego Northern Catskills (ONC) and Greater Southern Tier (GST) for this study. Neither region currently offers an MA program as part of their services, instead providing CNA training as their entry-level health profession program offering. They emphasized that, while MA training could be a beneficial addition to their regions' service offerings, there must first be a demonstrated demand from local employers and students to justify a programming need. In the case of BOCES-ONC, for example, this necessitates at least 5 business voicing demand for a

program. This feedback is gathered, in part, through annual advisory sessions with the community, including business and students.

The BOCES program innovation lies in its ability to expand educational infrastructure and service capacity – through shared services and state funding – to stand up training programs most responsive to local workforce needs.

“As a board, we have a goal right now to be able to see if we can bring some of (regional employers) into our regular board meetings, as well as to be able to discern not just sort of what you need right now, but what are you thinking you’re going to need as the evolution of the tools that are out there continues to move at lightning pace? Because another strength of BOCES is we don’t have to take too many years to be able to adapt.”
– BOCES key informant

Although many BOCES do not offer MA training, replicable curricula do exist in NY, as well as courses that could be adapted to include medical assisting such as the [New Visions Health Careers Exploration Program](#) for college-bound seniors.

When describing the BOCES of today, one person we interviewed made a point of differentiating it from “your grandfather’s BOCES”, thought of as only for kids who won’t go to college, instead describing it as a career stepping stone and viable path to employability for individuals across professions and educational paths. Further, they explained that BOCES is a valuable mechanism for assessing and communicating state workforce and training needs between state policy makers and school district administrators. “The notion of BOCES in my mind is a unique opportunity for communication across a particular region as well as the state...I always look at it as one of the little convening places that’s very helpful if you’re trying to reach across the state.” – BOCES Key Informant

Health sciences high schools

The path to medical assisting and other careers in health care is also being paved in the NY secondary education system. The [Northwell School of Health Sciences](#) is one of several specialized high schools in the NY metro region designed to prepare students for a “future-

ready” health care career. The new school, which will welcome its inaugural class in the fall of 2025, is part of the New York City Public Schools (NYCPS) system, in partnership with Northwell Health System. This partnership provides students with access to traditional high school academics, augmented by real-world career readiness opportunities provided by Northwell, including mentorship, internships, and access to clinical facilities and simulation labs. The school’s founding was made possible by a \$25 million award from Bloomberg Philanthropies to cover capital and start-up costs (e.g., staffing, student supports, curriculum development) for five years, after which point funding will need to shift to the school and/or health care system.

Northwell School of Health Sciences offers 4 training tracks: pre-nursing (LPN); behavioral and mental health; healthcare management; and medical assisting. According to the school’s program director, the MA track was selected because it was perceived as a “fantastic jumping off point” for health care careers for young people, due to covering a lot of the same “base territory” with other health professions. Strong demand for the profession in NY, as evidenced by state projections, provided further rationale for prioritizing an MA track.

Program administrators are contracting with a curriculum consultant to develop the MA training curriculum, but plan to lean heavily on existing curricula being used in the state. It will also be informed by site visits to other high schools offering an MA training program and consultations with clinical partners. Upon completing the program, high school graduates are guaranteed an interview with Northwell Health System, providing them with a direct path

to employability. Once employed with Northwell, they are immediately eligible for additional professional development opportunities, as captured below.

“...in this particular case (health system) leadership agreed to waive the one year employment requirement (for tuition assistance), so that students can graduate directly from high school, start working with us while simultaneously going to pursue higher education and grow their careers in that way.” – Northwell Program Director

School administrators recognize the challenges associated with a high-school model built on career readiness, noting that students in similar programs have struggled with the academic rigor, workload, and psychological strain inherent in the caretaking professions. Student supports and interventions to address these challenges and promote success were being explored at the time of this report and are planned for adoption. Northwell School of Health Sciences will also be thinking about student outcomes beyond traditional academic metrics of success, with plans to measure the impact of program participation in terms of the social determinants of health.

“we are looking to do some measurements on our own side in terms of how programs like this influence social determinants of health on the other side, right? So by using education and trying to develop metrics for how it improves health outcomes for these students over time and their families is something we really want to look at, because we know, at least from our department... one of our pillars for our department is education, and how it does play into someone's health overall. So I think that as a whole, whether we're looking at what we're teaching students about (the social determinants of health) or how we're measuring, how students are impacted is going to be a tremendous part of this project.” – Northwell Program Director

Northwell School of Health Sciences plans to enroll 225 high school students in its inaugural class.

Community college & industry partnerships

The [CUNY Certified Clinical Medical Assistant program at LaGuardia College](#) represents what the program director refers to as the “gold standard” in MA training in NY. This is in part due to the program’s internship component, which places MA trainees in partner health systems for real world clinical experiences. The 200-hour internship experience was designed to increase program rigor and expand employment prospects for trainees. Ideally, the program provides internship stipends, which have historically been made possible through private grants. However, funding for stipends was not available at the time of this report. Employer partners include Northwell Health, Mt. Sinai Health System, Urban Health Plan, and Cornell Medical Center among others. Internship “check-ins” are conducted weekly with students and intern sites to identify areas of needed support and facilitate alignment of internship expectations. The internship director we spoke with explained that the training partnerships benefit students, CUNY, and health system partners alike – with students receiving real world training that often results in a job offer, CUNY having access to sustainable infrastructure for clinical placements, and health systems being able to fill a critical workforce need.

“It's a lot of them that they go to internship, and then they end up having a job straight out of school, and it becomes a win-win.” – CHCANYS Key Informant

In addition to the internship, there are other ways LaGuardia’s MA training program promotes student mobility and success. For one, all students receive national certification as an EKG technician and phlebotomist as part of their programming, expanding their health care competencies and employment potential. The curriculum also integrates “soft skills” to prepare students for team-based, patient-centered practice. Private grant funding also allows the program to cover the cost of the certification exam for all students and provide case management, job placement support, and tutoring. “No one has an excuse to fail, because there is so much support,” the internship director said in her interview. The program’s outcomes seem to validate this notion: both day and evening classes are full each semester, and 100% of its students sit for and pass the national certifying exam.

The [Bilingual Medical Assistant Training Program](#), designed by the New York Alliance for Careers in Healthcare (NYACH) and administered in partnership with the New York City Department of Small Business Services and LaGuardia Community College, was developed to 1) respond to employer demand for MAs who reflect the diversity of their patient population and 2) provide a training pathway to health careers for low wage or unemployed immigrant New Yorkers. The year-long program was designed with flexibility to accommodate participants' schedules and included clinical medical assistant training with integrated English language support, as well as case management and wrap-around services throughout training and job placement. The program graduated over 100 students across seven cohorts since it began in 2017.⁹ However, according to personnel at LaGuardia, it could not be sustained once initial grant funding ended and is no longer an active training program.

Career Pathways Training (CPT) Program

The [CPT Program](#) was authorized under NY's 1115 Demonstration Waiver as part of the [New York Health Equity Reform waiver amendment](#). It is an education and training program designed to strengthen NY's health workforce and address workforce shortages through two career pipelines: *career advancement* (for current health workers) and *new careers* to recruit health workforce entrants. The \$650 million program is open to 13 professional titles including certified medical assistants and is regionally administered through 3 Workforce Investment Organizations (WIOs): 1199SEIU Training & Education Fund (TEF); Caring Gene Healthcare Career Pathways; and Finger Lakes Performing Provider System (FLPPS). Eligible participants receive tuition and fee assistance, case management and tutoring, and mentorship opportunities in exchange for a 3-year commitment of service in a facility that serves at least 30% Medicaid members or uninsured individuals.

We spoke with two of the 3 CPT WIOs: 1199SEIU TEF and FLPPS shortly after the program's announcement. Neither had yet fully implemented the new program and both were still in a stage of shared learning and academic and industry partnership development – emphasizing that they anticipated having more information to share in the early months of 2025. However, they also voiced strong concerns about the equity implications of requiring a 3-year service obligation for a low wage health profession like medical assistant, often held by women facing competing

financial and caregiving demands. Due in part to these concerns, neither 1199SEIU TEF nor FLPPS was prioritizing the rollout of the CPT new careers program for MAs when we spoke, instead focusing on establishing partnerships for other eligible health professions. Ultimately, the WIOs we spoke with expressed a commitment to ensuring the CPT program serves the best interests of MAs. While they raised questions about the program's overall value for participants, they acknowledged that the inclusion of case management services provides meaningful additional benefits. WIOs also emphasize the need to ensure there is demand for the profession so that there are viable job opportunities for trainees once they receive their certification.

Our CPT key informants noted other challenges with implementing CPT: 1) inability of training partners to serve their current students, let alone the capacity to absorb new CPT trainees; 2) a lack of clarity on how the 30% Medicaid/uninsured service threshold is defined and enforced by the state; 3) how to develop contracts to protect students (e.g., from predatory institutions); and 4) limited staff capacity to implement the program across so many professions in a short period. They also perceived a lack of program awareness among potential trainee participants, and a need for more centralized information that clearly explains the program and its benefits to employer stakeholders, particularly for community health centers.

V. Insights and Opportunities

Findings from earlier sections of this report highlight both barriers and opportunities to optimizing MA training infrastructure in NY and expanding access to high-quality training programs designed to meet the needs of students and employers. Here, we present insights based on these findings to advance discussions on how NY can build an MA workforce for a transformed healthcare system.

Cross-sector partnerships can be leveraged to benefit workers, training institutions, and employers: The MA education and training landscape is ripe for mutually beneficial workforce development partnerships and collaborations. Initiatives like the CUNY Laguardia Community College MA internship, BOCES, SUNY apprenticeships, Northwell School of Health Sciences, and the Career Pathways Training (CPT) program are predicated on partnerships between educational, health care, and industry players and represent strong proofs of concept for cross-sector

engagement to stabilize and strengthen the MA workforce. Each player has the potential to contribute to and benefit from these partnerships and in so doing promote a more sustainable model for MA workforce development.

Yet to fully realize the potential of these partnerships, improved cross-sector coordination and awareness of opportunity is needed. Despite the MA training innovations highlighted in this report, the infrastructure needed to support systems coordination is largely fragmented, and content experts observe a lack of awareness on the part of industry and health care partners as to how they may benefit from playing a greater role in MA training (e.g., through offering “earn while you learn” tuition subsidies or serving as a clinical training or apprenticeship site). There is a need for centralized coordinating, awareness building, and convening efforts that philanthropy can support to promote strategic engagement and partnership building in MA training. These efforts could, for example, result in greater advocacy on the part of employers for BOCES MA training programs, increased establishment of MA registered apprenticeships and greater employer uptake of SUNY apprenticeship program incentives, and expanded CHC awareness of the CPT program and how it may benefit their employees and promote retention.

To encourage greater uptake of MA training programs, expanded trainee financial assistance is needed: The return on investment for MA training programs may not be self-evident to potential enrollees. Tuition costs in the several thousands of dollars for accredited programs leading to certification may be prohibitive for individuals from socioeconomically disadvantaged communities. Further, experts point out that many employers are willing to hire MAs without certification and provide on-the-job training. Nonetheless, workers without the means to pay program tuition may also be well suited to providing culturally competent care in high need settings like CHCs, since they are likely to come from the same communities being served. Formal training credentials and certification can contribute to these workers’ future employability, pride, and professional fulfillment.

While resources exist to support MA education and training, greater awareness and expanded efforts to offset tuition costs are needed to strengthen the training pipeline and address declining graduation rates. For example, increasing awareness of the CPT program among prospective and

current MAs in NY, once fully implemented, could be impactful, provided the service obligation is clearly explained. High school students across the state could also be targeted via social media as part of an awareness campaign, emphasizing the availability of free vocational training (e.g., BOCES, health sciences high schools) can accelerate career and post-secondary education readiness. Financial aid information dissemination and application support can be provided to prospective MA training program applicants through sponsoring institutions.

Yet existing financial support mechanisms alone remain insufficient for some individuals. Expanded assistance should be prioritized, including employer "earn while you learn" subsidies, which can also serve as effective recruitment and retention tools. Philanthropy and advocates can help demonstrate the value of these programs to employers through cost-benefit analyses and spotlighting successful examples.

Low uptake of MA apprenticeships indicates a need for additional support: Apprenticeships show promise as an MA training model that allows employers to grow and sustain their own workforce, provides trainees with a paid career development opportunity, and ensures training meets minimum standards while being tailored to meet the unique needs of facility employers and the populations they serve. Apprenticeship models may be especially well-suited for equity-focused health care facilities like CHCs, where soft skills in cultural competency, team-based care, and the social determinants of health are essential to high quality patient care.

However, the lack of MA apprenticeships identified for this study suggests they have not been embraced as a dominant training model in NY, perhaps due to the intensive time and effort they require relative to apprentice output. The cost of standing up and operating an apprenticeship program has also been identified as a barrier. Wider adoption of apprenticeships to support MA workforce development could be facilitated by knowledge and resource sharing to help potential sponsoring sites leverage existing resources and lessons learned. Further, greater awareness of apprenticeship support infrastructure and employer sponsor incentives – such as offered by the SUNY Apprenticeship Program – can be facilitated through awareness campaigns and industry convenings and promoted in part by local workforce development boards, regional health care workforce consortia, and other industry force multipliers. Lastly, sufficient funding is necessary to

cover the true costs of funding apprenticeship programs, including curriculum development and preceptor time. Financing from public and private funders like the Department of Labor and philanthropy must account for these costs to improve the attractiveness of apprenticeships for health care industry employers.

Hardwired, sustainable funding streams are needed to support long-term workforce stability and growth: Many training innovations identified for this study exist thanks to grant or seed funding, often provided by foundations. Yet individual, time-limited grants do not provide the financial security needed to sustain and expand high quality MA training infrastructure in New York. This is evidenced, for example, by the discontinuation of the CUNY LaGuardia Bilingual Medical Assistant Program, as well as their internship stipends. Even programs with continuous funding streams, like those offered by NY's community colleges, may not have sufficient finances to cover their true costs and deliver desired program components. This necessitates program directors taking valuable time away from the curriculum to seek supplemental funding. Yet community colleges in NY offer a strong return on investment for MA trainees, given their relatively low cost, accessibility, and successful output of certified clinical medical assistants. Hardwired state funding from the Departments of Labor and Education earmarked for MA workforce development would afford training institutions like community colleges the stability to plan, sustain, and expand high quality MA training programs in NY.

To increase accessibility to training that may exacerbate MA workforce shortages, investments targeted to training deserts in rural and Upstate regions of the state may be particularly beneficial.

Defining and raising awareness of MA scope of practice will professionalize and optimize the field: There is no codified scope of practice for MAs in New York; state professional regulations dictate only what tasks MAs are *not* permitted to conduct. This has resulted in a lack of clarity on MA roles and a lack of awareness of the value they can add to team-based patient care. Defining MA scope of practice in statute – [such as done by the state of Washington](#) - would facilitate role optimization by providing regulatory guidance clinicians and health care administrators could use to allow MAs to practice at the top of their training and certification. By doing so, workflow efficiencies may improve if MAs can take on expanded roles usually overseen by nurses or other

health care practitioners. Since MAs often come from the communities they serve, which promotes trust, they may be especially well-suited to provide critical, non-clinical patient care like health education, language interpretation, and social needs screenings. Further, allowing MAs to practice to the top of their training will likely improve their professional fulfillment and job satisfaction, as has been seen in nursing.¹⁰

Just as important as codifying MA scope of practice is raising awareness of what the profession *can* do in the clinical setting. Clear guidance can in turn inform MA training program components inclusive of expanded professional activities and the competencies required for a modern, optimized MA workforce. The New York Alliance for Careers in Healthcare [has made progress](#) in defining these areas, but without efforts to promote better awareness across the education and practice settings, there is a strong likelihood that MAs are and will continue to be underutilized, with negative consequences for MAs, employers, and patients alike. By defining, standardizing, and disseminating clear guidelines and showcasing successful examples of MA integration, we can maximize the profession's potential, enhance team-based care models, and ultimately drive meaningful improvements in workforce efficiency, job satisfaction, and patient outcomes.

Additional resources and advocacy are needed to fully realize the CPT program's potential for MA workforce impact: NY's new Career Pathways Training (CPT) program holds promise as a major area of investment that can be leveraged to expand the state's MA workforce. However, equity concerns about the program's service obligation and a lack of employer clarity on program requirements are barriers to utilizing it as such. The WIOs administering CPT cite a need for advocacy efforts to reduce the service obligation period, which may deter worker participation or result in program participants being saddled with debt, should they be unable to fulfill their obligations. For context, the service obligation period for the [National Health Service Corps and Nurse Corps](#) is two years, with financial awards totaling several times that the cost of tuition for an MA training program. While Northwell Health System's "Earn & Learn" program only requires a one-year obligation.

Additionally, clear guidance needs to be developed and disseminated to CPT stakeholders, including an approved list of employers that meet the 30% threshold for service to Medicaid and

uninsured populations. The primary source for information on the CPT program – [a web page on the NY Department of Health website](#) – currently lacks these implementation details. Additional guidance is needed as the program matures. Lastly, it will be important to track CPT developments as the program is more firmly established, with a particular focus on progress made to incorporate MA training partnerships. More information is expected to be available in the first half of 2025.

Medical Assistant training can unlock the profession’s potential as a career advancement pathway: Medical assisting promotes upward mobility as a terminal or intermediate stop in the health careers pathway. MA certification, along with the training required to achieve it, creates opportunities for front desk staff to advance into clinical roles, such as has been the case with CHCANYS apprenticeship program. Once certified, MAs gain valuable experience in health care teams that can serve as a steppingstone to other health careers and licenses, such as Licensed Practical Nurse (LPN) or Registered Nurse (RN). These career advancement opportunities not only act as powerful recruitment and retention tools for employers but also provide current and prospective MAs—primarily women, with women of color overrepresented - with pathways to promotions and higher wages.¹¹ To fully realize these benefits, philanthropic stakeholders in New York could support development of clear MA career ladders and pathways, helping the workforce better understand the long-term value of training and certification and equipping employers with effective tools to support MA recruitment, retention, and career growth.

Existing resources can be leveraged to expand best practices in MA training: As evidenced by the non-exhaustive list in this report, innovations across MA training models have already been designed and successfully implemented in New York. Centralizing and sharing these best practices can help educators, employers, and other stakeholders avoid reinventing the wheel and boost their return on investment in MA workforce development, while raising the bar for standardized training components. For example, training resources that promote MAs’ role in patient centered, team-based, prevention-focused health care delivery systems can aid in building what NYACH refers to as “[Today’s Medical Assistant](#)”. The equity curriculum developed by CHCANYS as well as that developed by CUNY LaGuardia for their “gold standard” training program provide two examples of ready-made curricula to partially meet these training goals. Nonetheless, we observed that team-based care principles were not prominently emphasized in MA training

discussions with our key informants or in the online curricula available on program websites. While the absence of skills like trauma-informed care, scribing, health coaching, and motivational interviewing in these materials does not necessarily mean they are excluded from training, it suggests that the MA workforce is still largely being prepared for the traditional administrative and clinical roles that have historically defined the profession.

Philanthropic stakeholders can support broader adoption of best practices by: 1) elevating them via targeted promotion and awareness campaigns, 2) centralizing and democratizing them through online repositories or other means (by way of example, Northwestern University maintains [an indexed database](#) of curricula and assessment materials for teaching the social determinants to a variety of audiences), 3) supporting development of MA training curricula aligned with NYACH's core competencies and team-based care, and 4) stipulating that sponsored products that could benefit the broader field of MA education and training be made accessible. These actions could help demystify MA training for those well-suited to play a role in it and – especially in terms of curriculum – offset significant front-end development work that would otherwise be a barrier to the spread of best practices. We note that proper recognition and compensation for those who create these resources are essential to fostering buy-in and ensuring their broader adoption and sustained use.

Further research and evaluation is needed: This study highlighted key MA training features, innovations, and challenges while emphasizing the need for continued investment to address unanswered questions and monitor workforce developments. Ongoing research and evaluation are essential to identifying best practices for preparing MAs for team-based and value-based care – a current training gap, as well as tracking graduate outcomes. Additionally, given the CPT program's early stage and equity concerns at the time of this study, follow-up efforts are needed to assess its implementation, impact and effectiveness.

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