



**“The Voice of Local Public Health in New York State”**

**January 30, 2013  
Testimony to Joint Legislative Committees  
on Health and Finance/Ways and Means  
Regarding the 2013-14 Executive Budget Proposal**

**NYSACHO’s MISSION:**

To support local health departments  
in their work to prevent disease, disability and injury  
and promote health and wellness  
throughout New York State.

*NYSACHO is incorporated as a not-for-profit, non-partisan  
charitable organization with 501(c)(3) tax exempt status.*

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**(NYSACHO)**

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Kind regards from our state's Local Health Officials to Senator DeFrancisco, Assemblyman Farrell, Senator Hannon, Assemblyman Gottfried and distinguished committee members of both houses.

My name is Marie Ostoyich. I am the Public Health Director of Greene County, and I currently serve as the President of the New York State Association of County Health Officials (NYSACHO). Thank you for the opportunity to present this input to the 2013-14 Executive Budget Proposal on behalf of my constituents at all 58 local health departments in New York State.

Local health departments provide essential, population-based health services that protect all New Yorkers. Examples include but are not limited to control of communicable and vaccine-preventable diseases, prevention of lead poisoning, maternal child health services, tobacco control efforts, restaurant and camp inspections, and chronic disease prevention.

Primary prevention through core public health services can be cost-effective. Public health is critical to efforts to control rising health care costs and to improve the quality of life in our communities, both of which are cornerstones for economic and job development.

### **Article VI – General Public Health Work**

Regarding the law governing General Public Health Work, proposed changes in the 2013-14 Executive Budget reflect the recognition by state and local officials of the need to update and streamline the statutes that govern the work of our state and local health departments. This need has arisen in the context of a rapidly evolving national landscape of health care, health insurance, disease and injury prevention, accreditation, technology and health outcome data. Because these developments have been accompanied in recent years by fiscal constraints facing all levels of government, revisions of the law to encourage greater efficiencies and cost effectiveness have become even more urgent.

NYSACHO greatly appreciates the fact that the New York State Department of Health (NYSDOH) sought significant input from local health officials as the department sought to modernize Public Health law, Article VI – General Public Health Work. The collaborative efforts of this NYSACHO and NYSDOH work

group are reflected in many of the statutory changes that accompany the 2013-14 Executive Budget proposal.

Streamlining the process that health departments must follow to report their public health activities and seek state aid reimbursement will bring welcome administrative relief to local governments and should reduce the delays in reviews, revisions and payments that have plagued the existing process at both the state and local levels. A more efficient reporting and claims process will also provide the state with the necessary fiscal oversight and help to assure local provision of core public health services.

The proposed increase in the State Aid base grant is a concrete and vital step toward strengthening the basic infrastructure of local health departments and allowing greater flexibility for decision-making about local public health needs. The current influenza epidemic highlights the importance of having a strong foundation for the local government public health system. As this epidemic has emerged, local health departments have been encouraging and providing flu vaccinations, monitoring incidence of disease, and promoting efforts to prevent the spread of the flu.

Recognition of Chronic Disease prevention as a core public health service is an important acknowledgement of local health department priorities in their

communities today. Chronic Diseases such as diabetes, heart disease and cancer are among the leading causes of death in New York State, and their prevention must be viewed as a public health essential service today.

Requiring that health education is conducted within each core public health category is crucial to improved health outcomes and lower long-term health care costs. Health education is a foundation for public health. Hence, it is essential that this mandate, while not identified as a “core service,” is recognized as a required component of all core services.

Proposed statutory changes would align the law with the State Health Department’s recent guidance on Community Health Assessment (CHA), a core public health service that Local health departments are mandated to provide. The changes allow Local health departments to seek State Aid for the development of a Community Health Improvement Plan (CHIP). Since a new national accreditation process for health departments requires both a CHA and CHIP, these changes mean that work toward accreditation will be encouraged by State Aid.

NYSACHO supports the concept of performance-based incentives of increased state aid to foster quality improvement and looks forward to collaborating with the State Health Department on the development of performance criteria.

Public Health Emergency Preparedness and Response is essential to the preservation of health and safety in our communities. Considering either an upstate county impacted by last year's Tropical Storms Irene and Lee, or the downstate communities still responding to those devastated by Hurricane Sandy, you cannot deny the depth and breadth of the public health impact of these events and the need to maintain a strong local health department infrastructure in ordinary times in order to meet the demands of extraordinary events.

### **Concerns Regarding Proposed Article VI Changes**

While NYSACHO recognizes that state law requires the State Health Department to publish and invite public comment on proposed regulations, we are concerned that the proposed Article VI statutory changes eliminate language in existing law that requires the NYS Commissioner of Health (SCOH) to consult local health officials prior to promulgating or changing rules and regulations. Because local health departments are, in effect, local enforcement arms of state government, NYSACHO believes it is preferable to strengthen the existing law to require the SCOH to consult with local health officials during the development of regulations that will require action or enforcement by local health departments.

Regarding the prohibition on State Aid claims for Primary Prevent unless specifically authorized by the State Commissioner of Health (SCOH), NYSACHO

fears that the proposed statutory changes could have a negative impact much broader than that intended to address the state's specific concerns. We agree that all health sector stakeholders need to work toward ensuring that children under age 21 have a medical home, and that those not covered by private health insurance are enrolled in existing public health insurance plans such as Child Health Plus, Medicaid, Healthy New York, or future plans that are expected to become available through New York's Health Insurance Exchange after January 2014.

However, such health insurance exchange plans are still evolving, provider capacity for necessary care that is available on a timely basis is not ensured in all communities at all times, and the definition of an "uninsurable child" is not clear. To meet their public health obligation to assure Primary and Preventive Care, many local health departments currently provide direct services to children who would not be able to receive needed care otherwise and then apply for state aid through the Primary Prevent line. We believe that local health departments must be allowed to maintain their important role as a safety net or provider of last resort, and that counties and municipalities need the flexibility to ascertain needs and meet those needs when there is no other option. Article 6 funding has been critical to support this assurance role of local health departments.

The Executive Budget includes a significant cut to the Primary Prevent line, which would go into effect in January 2014. While the state's Health Insurance Exchange is ramping up after January 2014, provider capacity may not be immediately sufficient to enable these children's needs to be absorbed by the private health care sector or by federally qualified health centers (FQHCs). We urge the state to hold off on this change.

NYSACHO is also concerned that the proposed prohibition against state aid claims to cover the indirect and fringe expenses of contractors will serve as a disincentive for local governments that could achieve greater efficiencies and cost effectiveness by entering into contracts with non-governmental entities.

While NYSACHO supports the concept of performance-based incentives, it is difficult to know how feasible this may be in the absence of the specific performance measures.

### **Early Intervention (EI) Services**

NYSACHO applauds the proposed statutory changes regarding the provision of Early Intervention Services to Special Needs Children. These changes will ensure that crucial services are provided to children who need them, while bringing Early Intervention into the mainstream of the health care system. The proposals bring insurers to the table, require providers to work with health coverage plans,



and reduce unnecessary evaluations that are a burden on children, parents and providers, as well as local health officials.

### **Article 23 - Sexually Transmitted Illnesses**

NYSACHO applauds the proposed changes to Article 23 as a long overdue correction of many obsolete prohibitions. The modernization of statutory language and the repeal of outdated provisions is a welcome effort that will bring this statute in line with public health practice. Of critical importance is language to allow counties to seek third-party reimbursement for the clinical diagnosis and treatment of sexually transmitted diseases. We believe the proposed language will more appropriately address coverage of the expenses related to diagnosis and treatment of these illnesses, while still providing sufficient protections to those for whom such insurance claiming might pose a barrier to treatment. All who come to clinics seeking care will receive it, regardless of insurance status or failure to provide related information.

### **Consolidation and Restructuring of Local Health Program Funding**

We understand and support the need to measure outcomes and ensure accountability for public funds. This is always a priority for those working in local government. However, we caution that it is crucial for efficiency that such a

process at the state level will be administratively simple and avoid cumbersome requirements and reviews that delay decisions and payments.

We are also concerned that this consolidation is accompanied by a 10.13% decrease in funding for local health programs that have been essential to public health, prevention, health quality and workforce training efforts in our communities. During a period when resources are so strained, such a cut will make it more difficult to achieve the health outcomes that the state seeks in important public health goals and objectives of the NYS Prevention Agenda such as tobacco control, cancer screening, lead poisoning prevention, environmental health protections, HIV/AIDS and other communicable disease prevention, and a broad range of family health goals such as nutrition assistance and adolescent pregnancy prevention.

In addition, it is important to recognize that some of our smaller counties don't have adequate resources to compete for categorical grant funding. The state should find ways to ensure that the consolidation of local health programs and an increase in competitive processes for funding don't penalize communities in our state that have the greatest need.

## **Conclusion**

NYSACHO appreciates and applauds the state's efforts to modernize the law governing General Public Health Work and Sexually Transmitted Illnesses, and to develop further reforms for the provision of Early Intervention Services to Special Needs Children that bring this important service into the health care mainstream. We are also pleased about the state's efforts to streamline the process that local health departments must follow to report their public health activities and seek state aid reimbursement.

As always, NYSACHO and its member local health departments are committed to working with the governor, the legislature, and our local governments to prevent and reduce harm to New Yorkers through disease control, injury prevention, protection of our food, water and air, and promotion of healthy behaviors. By preserving public health, you fulfill a central responsibility of government – to keep healthy and safe the people who live and work in our communities.