THE GERIATRIC MENTAL HEALTH ALLIANCE OF NEW YORK

New York State Budget Forum
Sponsored by the New York State Senate Manhattan Delegation

New York Academy of Medicine
March 2, 2019

Testimony by:

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Vibrant Emotional Health
(formerly the Mental Health Association of New York City)

Thank you, Senators Krueger, Benjamin, Hoylman, Jackson, Kavanagh and Serrano, for convening this budget forum. I am Lisa Furst, the Director of the Geriatric Mental Health Alliance of New York (GMHA), an advocacy and education coalition with nearly over 2,500 members, administered by Vibrant Emotional Health (formerly the Mental Health Association of New York City). The GMHA has been an active participant in advancing sound behavioral health policy and practice for older adults in New York State for more than 15 years, having been instrumental in securing the passage of the New York State Geriatric Mental Health Act of 2005.

I am urging you to advocate for adding $2 million to the NYS Budget for 2019-20 to increase funding for the Geriatric Mental Health and Chemical Dependence Demonstration Grants Program. This program, enacted by the Geriatric Mental Health Act, and operated by the New York State Office of Mental Health, has not had an increase since its inception, despite its documented success in developing self-sustaining services for older New Yorkers with behavioral health needs.

These demonstration projects have been funded through several cycles. Phases 1, 2, and 3 focused primarily on integration of physical and behavioral health services in both physical and behavioral health care settings.

These demonstrations have resulted both in useful lessons in the implementation of new programmatic concepts and, very importantly, in improved physical and behavioral health outcomes. Findings have been translated into ongoing services after the initial funding, despite structural barriers, making these models sustainable after an initial investment by the state.

The current phase of demonstration projects, which began in 2017 and will continue until 2021, is an ambitious effort to develop "triple partnerships," collaborations among local mental health, substance abuse, and aging service providers. It is anticipated that these, too, will result in sustainable, community-based, integrated models of care for older New Yorkers.

While these projects unfold, there is an opportunity, with increased funding, **to establish new demonstration projects to help older adults with serious behavioral health problems to age in the community (i.e., "age in place").** This is critical for New York State's efforts to achieve long term care reform by decreasing reliance on very expensive, and often undesirable, institutional services. This would include the movement of older adults from institutions (state hospitals, nursing homes, adult homes, and prisons) into community settings. It would also include providing supports to enable those who now live in community settings to remain there by providing home and community-based services to address their physical and behavioral health needs.

Unfortunately, New York State has done far too little to address the vast demographic shift that began in 2011 that will result in there being more older adults than children in within a relatively short period of time. Adding $2 million to the geriatric mental health and chemical dependence demonstration grants won't address all the needs emerging from the changing demography, but it would lay the groundwork for much more significant developments over time, and will address

the current challenges faced by the growing population of older New Yorkers living with behavioral health disorders.

The GMHA looks forward to partnering with the New York State legislature to continue to make New York a state where the emotional well-being of all of its residents can flourish, and thanks you for your consideration.

Manhattan State Budget Forum
March 2, 2019

Dear Legislators,

On behalf of National Physicians Alliance - New York and Progressive Doctors, we thank you for holding this forum on the New York State budget. We represent over 800 physicians and medical students in New York. We are here today to promote the health of our patients, neighbors, and families.

We are grateful for the actions that New York legislators have already taken this year to promote reproductive health, firearm safety, and voting. We hope to see more advances this session including the New York Health Act, health insurance coverage for immigrants, lower drug prices, and a firearm violence research institute.

Today we are here to comment on the fiscal year 2020 budget for New York State. We believe that items across the budget will have a profound impact on the health of New Yorkers. Our core messages to you include:

1) Raise revenue from those who can most afford it. We cannot cut our way to better health.
2) Promote financial security and housing stability for people who have been historically marginalized. To close gaps in health, we must invest in people and neighborhoods.
3) Provide enough funding for existing services.
4) Expand access to care.
5) Invest in youth.
6) Support women and families.
7) Support immigrants.
8) Support recovery.

As part of our testimony, we provide details on the following pages of specific provisions in the budget. We thank the Fiscal Policy Institute and the Schuyler Center for their analyses. Many of our recommendations are drawn from their work.

Thank you to our legislators for providing this opportunity to speak today.

Shelby Adler, MD Candidate
Andrew Goldstein, MD, MPH
William B. Jordan, MD, MPH
Betty Kolod, MD

New York Doctors
Priorities for the
Fiscal Year 2020
New York State Executive Budget

The NY State Budget has health implications for the people and communities we care for. Here are several ways that the budget can improve public health and advance health equity:

EXPAND ACCESS TO CARE

- Enact the initially proposed $74 billion in healthcare spending: an All Funds appropriation of $160 billion for the Department of Health (DOH) including $148 billion for Medicaid (two-year appropriation authority), $5 billion for the Essential Plan (including $500 million for people who are undocumented) and $7 billion for the remaining health program spending; We oppose the $550 million proposed cuts to Medicaid in the Governor's amendment and feel these should be offset with revenue increases specified below
- Increase funding to $8 million for Community Health Advocates (consumer health insurance assistance)
- Enact the proposed reimbursement by Medicaid of the National Diabetes Prevention Program with appropriate time allowed for stakeholder input
- Enact the proposed $4.4 million increase in funding for Early Intervention

FUND SERVICES AND ORGANIZATIONS

- Make the current millionaires' tax permanent, and add new income tax brackets at $5 million, $10 million, and $100 million of earnings
- Eliminate the 2 percent state spending cap, which artificially constrains services
- Allocate $25 million to fund the minimum wage increase for state contracts with nonprofits
- End the deferment of the statutory cost-of living-adjustment (COLA) for nonprofits by allocating $140 million
- Allocate $100 million to the Nonprofit Infrastructure Capital Investment Program (NICIP)
- Restore the $27 million cut to the General Public Health Work program

INVEST IN YOUTH

- Fully fund our schools by meeting the state's obligations under the Campaign for Fiscal Equity settlement (currently a $4.1 billion gap)
- Enact the proposed $44 million for Summer Youth Employment, an increase of $4 million due to a higher minimum wage
- Enact the proposed investment of $28.6 million for childhood lead poisoning and prevention
- Increase the allocation for child care subsidy reimbursement above $26 million to keep providers' doors open, parents working, and children learning
- Enact the proposed $15 million increase in funding for pre-kindergarten for 3- and 4-year-olds
- Increase the Advantage After School per-student rate to $2,320 (total $15.2 million)
- Support preventive, protective, independent living, adoption, and aftercare services for children: Restore from 62% to 65% the State share of funding; Enact the proposed $3 million for the Family First Transition Fund; Restore the $62 million cut to the Foster Care Block Grant; Enact the proposed investment of $7 million in post-permanency services and services that prevent entry into foster care; Restore cuts of $1.9 million to Kinship Caregiver Services and $100,000 to the Kinship Navigator information and referral network; Enact the proposed funding for the Kinship Guardianship Assistance Program (KinGAP); Restore the $4.5 million cut to the Foster Youth College Success Initiative

New York Doctors
Priorities for the
Fiscal Year 2020
New York State Executive Budget

- Restore the $41.4 million cut to the Close to Home juvenile justice program

REDUCE POVERTY & HOMELESSNESS

- Expand the size of working family tax credits like the state Earned Income Tax Credit and Empire State Child Credit, and expand eligibility of the former to include young childless adults ages 18-25 and of the latter to include children under age four
- Create and fund the Home Stability Support (HSS) program and other initiatives to reduce homelessness and housing instability
- Reverse harmful cuts to New York City's emergency shelter system that have resulted in the state short-changing the city by $257 million over the past six years and have the state fund their share of the non-federal cost of sheltering families and individuals
- Enact the proposed $10 million for new supportive housing opportunities and supports for individuals with mental illness transitioning out of adult homes
- Enact the proposed $1.49 billion for Temporary Assistance for Needy Families (TANF) initiatives under the Office of Temporary and Disability Assistance, an increase of $15.7 million

SUPPORT WOMEN AND FAMILIES

- Enact the proposed $4 million to establish a Maternal Mortality Review Board (MMRB)
- Enact the proposed $3 million increase in funding for Healthy Families New York
- Enact the proposed $3 million continued funding for the Nurse-Family Partnership program
- Enact the proposed $3 million in funding for the Non-Residential Domestic Violence Program

SUPPORT IMMIGRANTS

- Expand New York's services to refugees from $2 million to $4.5 million
- Expand the Essential Plan to include $500 million for undocumented immigrants
- Allocate $40 million for outreach by community-based organizations for the 2020 Census

SUPPORT RECOVERY

- Enact the proposed $26 million increase in operation and capital support for the Office of Alcoholism and Substance Abuse Services (OASAS)
- Enact the proposed Employer Recovery Hiring Tax Credit of $2,000 for each person in drug abuse recovery that an employer employs

Executive Budget

Content adapted from:
Fiscal Policy Institute
Schuyler Center for Analysis and Advocacy

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EINSTEIN Albert Einstein College of Medicine Montefiore

New York Regional Center for Diabetes Translation Research

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March 1, 2019

Dear Sir or Madam:

I am writing on behalf of myself and the 90+ multidisciplinary team of investigators comprising the membership of the New York Regional Center for Diabetes Translation Research to express my strong support for Medicaid managed care payments for community groups to deliver the National Diabetes prevention Program as proposed in the State Executive Budget, pg. 17, Article VII, Part C, Section 1., Subdivision 2 of section 365-a of the social services law.

The lifestyle program that was investigated as part of the Diabetes Prevention Program (DPP) is one of the most impactful evidence-based initiatives that we can implement to meet the challenge of the epidemic of prediabetes. Individuals who participate in the program have been clearly shown to reduce their risk of developing diabetes through weight loss. However, few of those who are at risk are reached by the DPP, despite national dissemination through the DPP. Delivering the DPP through community groups has strong promise for improving the reach of the DPP into the communities most at risk.

As Director of one of eight centers funded by the National Institutes of Health/National Institute of Diabetes and Digestive and Kidney Diseases across the country to support translational research to prevent and control diabetes in health care and community settings, I can think of no step we could take that would be more important in meeting the tremendous challenge of exploding rates of diabetes prevalence than extending access to the National Diabetes Prevention Program to the most disadvantaged and most at-risk New Yorkers through Medicaid coverage for the DPP.

Sincerely,

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Testimony of The Legal Aid Society
Joint Legislative Budget Hearing: Health/Medicaid
February 5, 2019

Thank you for the opportunity to testify today in response to the 2019-2020 Executive Budget Proposal on Health/Medicaid. My name is Rebecca Antar Novick and I am the Director of the Health Law Unit at The Legal Aid Society in New York City.

Introduction

The Legal Aid Society is a private, not-for-profit legal services organization, the oldest and largest in the nation, dedicated since 1876 to providing quality legal representation to low-income New Yorkers. It is dedicated to one simple but powerful belief: that no New Yorker should be denied access to justice because of poverty. The Legal Aid Society's Health Law Unit (HLU) provides direct legal services to low-income health care consumers from all five boroughs of New York City. The HLU operates a statewide helpline and assists clients and advocates with a broad range of health-related issues. We also participate in state and federal advocacy efforts on a variety of health law and policy matters.

For more than two years, the Trump Administration has tried to dismantle pillars of our health care system, from the Medicaid program to critical consumer protections in the Affordable Care Act. We are proud to work in a state that is actively opposing the dangerous policies of the Trump Administration. We applaud Governor Cuomo for codifying important parts of the Affordable Care Act and the New York State of Health marketplace in the Executive Budget as well as other consumer protections.

New York's Medicaid recipients have endured significant changes in policies and products over the last decade. It is essential to ensure that the most vulnerable New Yorkers do not lose access to coverage and services as even more policy changes are implemented. We wish to comment on several proposals that we believe could have a significant impact on our clients' health and well-being.

The Budget Should Preserve Existing Regulations Governing Reductions in Care

We strongly oppose the proposal to amend regulations to clarify circumstances in which reductions in care "may be appropriate."[1] Current regulations provide sufficient flexibility for managed care plans to reduce care if in fact that care is not medically necessary. The Legal Aid Society represents numerous clients who are facing reductions in personal care services or denials of requested increases in care. Our typical client is struggling to get by with many fewer hours of care than is medically appropriate. Frequently, a client's family members are forced to provide hours of informal care that interfere with their employment, ability to care for their children or other family members, or opportunity to get a reasonable number of hours of sleep.

The proposed regulatory changes could compromise the due process rights of personal care recipients, and would have a particularly deleterious effect on those who are unable to find an advocate or who do not have family members or others able to assist them with the process of appealing a reduction of care. In stark contrast with the implication of this proposal that personal care recipients are receiving unnecessary care, in our experience some plans attempt meritless reductions in care for many enrollees with the expectation that a significant percentage will lack the wherewithal to challenge them. This proposal would empower plans to propose more care reductions. Due process rights should not be compromised in the name of "flexibility."

The Budget Should Maintain the Consumer Directed Personal Assistance Program

The drastic changes proposed to the Consumer Directed Personal Assistance Program (CDPAP) (Part G, Sections 2-4) put New Yorkers with disabilities at risk of ending up in institutions. The Department of Health has only recently initiated a fiscal intermediary (FI) authorization process to provide increased oversight of FIs. Without allowing the authorization process to mature, the budget proposes sweeping changes to CDPAP that will put most FIs out of business and threaten to disrupt the entire system. CDPAP represents the difference between living in the community and living in an institution for many of our clients with complex needs. Changes of this magnitude should never be initiated without detailed analysis of the impact on the community that CDPAP serves.

The Budget Should Ensure Adequate Funding of Home Care Services

We support the inclusion of $1.1 billion in the budget to fund the minimum wage increase for all health care workers. However, investment in the health care workforce must be part of an overall strategy to fairly pay home care workers and address the larger crisis in the home care workforce which has endangered consumers and workers alike.

The state needs to provide sufficient funding for home care to ensure that seniors and people with disabilities can remain in their homes and communities in the most integrated setting and to ensure that the workers who provide personal care services to seniors and people with disabilities, including those who work in "live-in" or "sleep-in" shifts, are paid for all of the

[1] Executive Budget Briefing Book, p. 85.

hours they work. The state should mandate that sufficient funds are passed from managed care plans to home care agencies and fiscal intermediaries to adequately pay workers. Employers must be held responsible for tracking all hours worked and paying workers for those hours. The State must require plans and agencies to review the actual activities of home care workers to determine if the consumer is eligible for a higher level of services. The budget must provide funding sufficient to not only pay workers - including those who work 24-hour shifts - for all hours worked, but also to raise wages overall for home care aides. Given the importance of what aides do, helping people with essential tasks of daily living so that they can remain in the community, they should be paid a wage that is high enough to attract people to the occupation and end the shortage crisis. "Sleep-in" or "live-in" shifts should generally be eliminated in favor of split-shift care. In our experience representing home care consumers, and in the experience of my colleagues in Legal Aid's Employment Law Unit who represent home care aides, it is extremely rare for a worker in a "sleep-in" shift to actually receive the meal breaks and sleep time required by law and regulation and which would allow them to safely care for consumers. There is significant scientific evidence about the deleterious effects of frequently interrupted sleep on overall health.[2] The state needs to invest adequate funds to allow high needs consumers to safely remain in the community without compromising their health and safety or that of their aides.

The Budget Should Ensure Oversight of Medicaid Transportation Services

We oppose the carve-out of transportation services from Managed Long Term Care (MLTC) (Part A, Section 1) in the absence of provisions to more carefully evaluate the ability of the state's transportation vendors to provide appropriate services to MLTC enrollees. We understand the utility of aligning the transportation benefits across programs. However, this change, if it goes forward, has the potential to disrupt care. Current law states that the commissioner should adopt quality assurance measures for the transportation vendor "if appropriate."[3] It is not only appropriate but necessary that any transportation vendor with which the state contracts meets stringent quality measures and demonstrates expertise in serving this complex population.

Regardless of how the transportation benefit is administered, it is a Medicaid benefit which affords beneficiaries due process rights when benefits are denied or discontinued. The Legal Aid Society's clients in mainstream managed care frequently experience long wait times and other complications when booking rides through Medical Answering Services, the vendor serving the New York City area. Because it is not a plan benefit, many mainstream enrollees do not know how to complain about poor service or challenge a denial of transportation benefits.

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[2] *See, e.g.*, Marta Figueiredo, "Women Working Night Shift Show Increased Risk of Breast Cancer, Meta-analysis Suggests," *Breast Cancer News*, Jan. 12, 2018, *available at* https://breastcancer-news.com/2018/01/12/working-night-shift-may-increase-breast-cancer-risk-study-shows/; Alice Park, "Why Working at Night Boosts the Risk of Early Death," *Time*, Jan. 7, 2015, *available at* http://time.com/3657434/night-work-early-death/.
[3] N.Y. Soc. Serv. L. § 365-h(4).

The state should work to ensure that MLTC members are informed of their rights to access competent transportation services and that these rights are protected. The state should also exercise tighter oversight of transportation providers no matter how the benefit is administered.

Each time there are changes to the way that Medicaid beneficiaries must access benefits and services, there is an increased risk that beneficiaries will lose access to these services. It is crucial that MLTC members' access to transportation to medical appointments be preserved and that plans continue to play a role in coordinating access to the transportation benefit even if they are no longer directly providing the transportation.

The Budget Should Provide Additional Funding for Community Health Advocates

The Legal Aid Society strongly supports the $2.5 million appropriation for the Community Health Advocates (CHA) program in the Executive Budget, and urges the Legislature to provide an additional $4 million to fortify and expand this critical program.

Since 2010, CHA has provided consumer assistance services to more than 330,000 New Yorkers with both private and public health insurance in every county of New York State. The Community Service Society of New York (CSS) administers the program with the support of three Specialist agencies – The Legal Aid Society, Empire Justice Center, and Medicare Rights Center. CHA supports a network of 27 community based organizations and small business-serving groups that provide services throughout the State and operates a helpline to provide real-time assistance to health care consumers. CHA assists with a wide range of health insurance problems including service denials, billing disputes, and questions about coverage. CSS and the Specialists provide technical assistance and accept referrals of complex cases from organizations throughout the network.

The CHA helpline number is on all Explanations of Benefits received by private insurance recipients in New York. With the additional funding we are seeking this year, CHA proposes to include the helpline information on all Medicaid managed care denial, reduction, and discontinuance notices. Because of a change in federal regulations, all Medicaid managed care recipients must now exhaust an internal plan appeal before requesting a Fair Hearing on a service denial or discontinuance. This requirement has caused confusion and made it even more important that more Medicaid recipients find their way to an advocate.

Over the last year, CHA has assisted Medicaid recipients with navigating the new appeal requirements, provided up to date information to consumers concerned about the proposed public charge regulations, and provided advice and assistance on myriad other health issues. In the face of persistent federal threats to insurance and benefits, CHA's role is more important than ever.

The Budget Should Include Proposed Behavioral Health Insurance Parity Reforms

We strongly support the proposed reforms to strengthen mental health and substance use disorder (SUD) parity laws and insurance coverage (Section BB). The Legal Aid Society is proud to be a partner in the Community Health Access to Addiction and Mental Healthcare Project (CHAMP),

the new behavioral health ombudsprogram designed to educate consumers on their rights to insurance coverage and help consumers access critical services. We support the proposal to make this crucial program permanent as well as the other parity and insurance reform proposals including prohibiting prior authorization for minors entering inpatient psychiatric treatment, prohibiting insurers from requiring prior authorization to receive medication-assisted treatment (MAT) for SUDs, and codifying important mental health and SUD parity standards.

The Budget Should Recognize the Need for Long Term Intense Care Management for Health Home Participants

The Health Homes program was designed to provide intensive care management for the most vulnerable Medicaid beneficiaries. For certain individuals, it may be realistic to step down the intensity of care management after connecting them to appropriate services and resources. However, for many others, continued intensive care management is required to adjust services to changing needs and to maintain consistent participation in essential programs and benefits. We are concerned that the proposal to disincentize long term intensive care management by Health Homes in favor of enrolling new members prioritizes quantity over quality and contradicts the purpose of the program to help individuals with complex health care needs to remain engaged in appropriate care over the long term.

The Budget Should Preserve Spousal/Parental Refusal

The Governor's budget would limit the longstanding right of spousal and parental refusal for vulnerable individuals in New York State (Part G, Section 1).

The Legal Aid Society represents families for whom "refusal" represents the only option to secure affordable coverage. Fortunately, we have observed anecdotally that the need for spousal and parental refusal has lessened as a result of expanded Medicaid eligibility and the availability of subsidized private coverage with the Affordable Care Act. However, this provision remains an indispensable option for some families who may otherwise be unable to afford coverage. Although the expansion of "spousal impoverishment" protections for individuals in the MLTC program has made spousal refusal unnecessary for some families, spousal impoverishment is only available to those who have already been determined eligible for Medicaid. Therefore, in many cases couples cannot take advantage of spousal impoverishment without using spousal refusal to enroll in Medicaid. Spousal refusal also remains the only realistic option in other circumstances, including for children with severe illnesses not covered by a waiver program, such as those with cancer whose parents cannot afford the high cost of their care; people excluded from MLTC, such as those receiving hospice services; and married couples who rely on help with Medicare out-of-pocket costs through the Medicare Savings Program (MSP).

The Budget Should Retain "Prescriber Prevails"

The Executive Budget proposes to eliminate the use of "prescriber prevails" in fee-for-service (FFS) Medicaid and Medicaid managed care (Part B, Section 3).

This proposal to eliminate prescriber prevails would have a detrimental impact on people with disabilities and chronic conditions, as well as on those who rely on specific drugs and drug combinations. For these individuals, medical providers are best suited to determine which drug would treat their patients most effectively. Denials of necessary drugs, even if appealed and ultimately resolved in a patient's favor, can endanger Medicaid beneficiaries when they face sudden disruptions in treatment. Providers are best equipped to ensure that their patients have access to the safest and most effective treatments for their conditions.

The Budget Should Not Increase the Copayment for Over-the-Counter Medications and Should Not Limit Covered Drugs

We are concerned about the increase in non-prescription drug copayments in the Medicaid program from 50 cents to 1 dollar (Part B, Section 2). Even moderate increases in consumer cost-sharing can interfere with low-income individuals' ability to access benefits and services. The reality is that many of our clients do not have the money to pay any drug copayments and will miss out on taking needed medicine because they lack the copayment.

It is particularly important that any increase to consumer cost-sharing be accompanied by meaningful efforts by the state to remind providers and consumers about their rights with regard to accessing services. When the pharmacy benefit was carved in to Medicaid Managed Care in 2011, The Legal Aid Society received many calls from consumers who had been denied prescriptions because they could not afford the copay. Although Department of Health staff were helpful in resolving individual cases and reminding pharmacies about their obligation to provide medications to those who could not pay the copayment, it is inevitable that many more people throughout the state were turned away without their medications and did not make it to an advocate who could help. The problem happened in small pharmacies and large chains alike. If consumer cost-sharing is increased, plans, pharmacies, and consumers should be advised of Medicaid beneficiaries' right to a drug or supply even if they cannot pay the copayment.

The Executive Budget also proposes to allow the Commissioner to eliminate medications from the list of covered over-the-counter products without notice and comment (Part B, Section 1). This proposal could directly harm consumers who rely on the eliminated drugs, by forcing them to pay full price, go without the drug, or to waste time and money on unnecessary doctors' visits.

The Budget Should Maintain Coverage of Medicare Cost-Sharing

The proposal to limit Medicaid coverage of the Medicare Part B deductible and to eliminate the "hold harmless" provision in Medicare ambulance and psychologist services (Part C, Sections 2-3) has the potential to compromise Medicare/Medicaid dual eligibles' access to providers and increase the likelihood of illegal balance billing.

We frequently hear from our clients who are Medicaid beneficiaries about their difficulty finding and keeping doctors. When changes were implemented in 2015 that limited payments for dual

eligibles to the lesser of the Medicare or Medicaid payment, we heard many anecdotes about providers dropping their dual eligible patients or illegally putting pressure on them to pay the Medicare coinsurance. By reimbursing providers for only part of the Medicare deductible, and lowering the payments for ambulance and psychologist services, this provision will likely make it more difficult for dual eligibles to find doctors. This proposal should not move forward without research into the projected impact on access to providers for dual eligible beneficiaries.

Conclusion

Thank you for the opportunity to testify today. We look forward to working with the Assembly and Senate to help preserve a strong Medicaid program while protecting beneficiaries' rights.

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Planned Parenthood of New York City

Testimony of Planned Parenthood of New York City
Before the NYS Senate Manhattan Delegation
Regarding the New York State FY2020 Budget
March 2, 2019

Thank you for the opportunity to provide testimony today. My name is Laura McQuade and I am the President and CEO of Planned Parenthood of New York City. Planned Parenthood of New York City (PPNYC) has been a leading provider of sexual and reproductive health services in New York City for more than 100 years, reaching approximately 85,000 New Yorkers annually through our clinical and education programs. We believe that high quality health care is a human right every person deserves and our doors are open to all New Yorkers regardless of income, gender, gender-identity, insurance, or immigration status.

PPNYC provides a wide range of health services including access to birth control; emergency contraception; gynecological care; cervical and breast cancer screenings; colposcopies; male sexual health exams; testing, counseling, and treatment for sexually transmitted infections; the HPV vaccine; HIV testing and counseling; and pregnancy testing, options counseling and abortion. We also provide PrEP and PEP, transgender hormone therapy, vasectomies, and, recently, menopausal hormonal therapy. We are a trusted name in health care because of our commitment to comprehensive, inclusive care.

Under this Federal Administration, we have seen relentless attacks on our communities and our basic rights. Thankfully, with supportive leadership, especially this year, New York has fought back on these attacked and ensured that New Yorkers will be safe from many of these policies and I thank you for this support. This budget is yet another opportunity for New York to stand up and advance initiatives that support the ability of New Yorkers to access the care, education, and services they need. I hope that you will continue to support sexual and reproductive health care through the 2019-20 Executive Budget.

Increase the funding for the Family Planning Grant by $5 million.
Fundamental to the quest for equality is the ability to control one's own body. Our futures can be shaped – either positively or negatively – by our ability to access affordable, quality reproductive health care and information. Research underscores the central role access to contraception plays in improving the health outcomes, economic security and overall well-being of individuals – especially women. The public health value of investing in family planning is irrefutable. It is estimated that in 2010, services provided at publicly-funded family planning agencies saved taxpayers $13.6 billion nationally, or $7.09 for every public dollar spent. Robust family planning programs are a sign of a government that puts sound policy before politics, and New York stands as a strong example. For decades, the state has wisely invested in the Family Planning Grant, an essential program that supports the delivery of high-quality, patient-

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centered, preventive reproductive and sexual health care for low-income, uninsured and underinsured individuals who may otherwise lack access to care.

Grant funds enable the services to be provided on a sliding-fee scale, so that cost may never be a barrier to one's ability to obtain care. For many patients, family planning providers are an entrypoint into the health care system. Grant dollars afford critical infrastructure support that enables health centers to enroll patients into coverage, conduct outreach and engagement in communities in need of care, provide interpretation services and extend health center hours to best meet patient need.

Additional threats come from changes to the Federal Title X program. Annually, the NYS Department of Health receives approximately $10 million in federal Title X funding from the U.S. Department of Health and Human Services – comprising approximately 19% of the state's Family Planning Grant. This funding is in jeopardy with the release of the final gag rule from the Trump-Pence Administration. This gag rule will prohibit all Planned Parenthoods from participating in the Federal Title X program. In New York, Planned Parenthood serves 52% of the patients seeking care at a Title X funded health center. Further, the rule gags providers from referring women for abortion care, even when they explicitly request a referral.

This rule is unethical and opposed by major medical and public health associations. We simply cannot apply these draconian requirements here in New York. We expect this rule to be challenged, and timing on when a loss in federal funds may occur is unclear. What is clear, however, is the fact that the State's Family Planning Grant has failed to see any infusion of new funds in years. In 2013-14 it withstood an across the board reduction, and in 2018, grantees suffered the loss of COLA funds. Year after year, the state continues to ask these safety-net providers to deliver care to vulnerable populations in the face of rising costs and less resources to do so.

The executive budget originally contained an additional $3 million for the grant but this was removed in the 30-day amendments. We ask the legislature to restore this $3 million and add an additional $2 million in needed funding. This is not intended to address the loss of Title X funding, given the timing of such loss remains uncertain. As a timeline for impact becomes clearer, we will look to partner with the Executive and the Legislature to ensure necessary state funds are appropriated to maintain this vital program.

Carve family planning services out of any across the board Medicaid reductions.
The 30-day amendments put forth by the Governor propose an across the board reduction to Medicaid payments. Due to federal restrictions, certain providers like Federally Qualified Health Centers, would not be impacted by such reduction. However, Planned Parenthood health centers would be. In 2017, 52% of Planned Parenthood patients were enrolled in Medicaid. A reduction in Medicaid reimbursement would further burden an already strained provider

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network – one that has failed to see any increase in funding in years, despite rising costs of providing care. Moreover, family planning services have a 90/10 federal match (as opposed to the common 50/50 match). To apply a reduction to those services is fiscally short-sighted. If the legislature retains a cut to Medicaid reimbursement rates, we request the language be amended to exclude payments made for services that result in a 90/10 federal match.

Addressing Maternal Mortality

The rise in maternal mortality and morbidity in the United States, especially for women of color, is unacceptably high. Despite our progressive policies surrounding access to women's health care, New York State currently ranks 30th out of 50 states for maternal deaths. Black women are 3 to 4 times more likely to be impacted compared to white women; in New York City, that rate hurtles to 12 times. Many of these deaths and serious complications are preventable, and we must do everything in our power to keep them from happening.

The Executive Budget appropriates $8M over the next two years to fund initiatives aimed at curbing these unacceptable rates of maternal mortality and morbidity and the disparities that are far too prevalent. Included in this effort is the establishment of a Maternal Mortality Review Board. The Board would be composed of multidisciplinary clinical experts, who would assess maternal deaths to look for causal factors, preventability, and opportunities for intervention in future cases. The ultimate goal of the board would be to develop strategies that can be implemented to prevent maternal deaths across the state. Efforts last year to advance legislation that established a review board reflective of CDC recommendations on structure and confidentiality, failed to advance. Women are dying. We must act. We urge the legislature to advance both the funding and policy language that establishes a Maternal Mortality and Morbidity review board that is aligned with best practices.

Insurance Coverage for Medically Necessary Abortions

We commend the inclusion of language in the Health and Mental Hygiene budget bill that clarifies the requirement of insurers to cover medically necessary abortions. Abortion is health care. One in four women will access abortion care by the age of 45.15 New York is one of four states to require this coverage and research indicates that absent government-imposed barriers to abortion coverage, nearly 90% of employer sponsored plans cover abortion nationally. We fully support the inclusion of this provision in the enacted budget.

Thank you for your leadership and commitment to advancing the lives of New Yorkers. We look forward to continuing to work with you.

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Since 1916, Planned Parenthood of New York City (PPNYC) has been an advocate for and provider of sexual and reproductive health services and education for New Yorkers. Through a clinical services, education, and advocacy, PPNYC is bringing better health and more fulfilling lives to each new generation of New Yorkers. As a voice for sexual and reproductive health equity, PPNYC supports legislation and policies to ensure that all New Yorkers will have access to the full range of sexual and reproductive health care services and information

Community Service Society | Fighting Poverty Strengthening New York

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Community Service Society of New York
Testimony before the
NYS Senate Manhattan Delegation

March 2, 2019

The Community Service Society of New York (CSS) would like to thank the New York State Senate Manhattan Delegation for the opportunity to submit this testimony on the Fiscal Year 2020 State Budget.

For more than 175 years, CSS has been an unwavering voice for low- and moderate-income New Yorkers. Our health programs help New Yorkers enroll into health insurance coverage, find health care if they are ineligible or cannot afford coverage, and help them use their coverage or otherwise access the health care system. We do this through a live-answer helpline and through our partnerships with over 50 community-based organizations throughout New York State. Annually, CSS and its partners serve over 100,000 New Yorkers, saving them millions of dollars in health care costs.

The state has been successful in getting more than 4.7 million New Yorkers connected to coverage through the successful implementation of the NY State of Health Marketplace. Yet, for many New Yorkers, having an insurance card has not translated into better access to care and health outcomes because of the incredibly complex and confusing rules governing their insurance policies, which hinder their ability to get care and often leave them vulnerable to medical bills that can wreak financial havoc in their lives.

In this testimony, CSS urges the New York State Senate Manhattan Delegation to support funding for two programs that help New Yorkers navigate the complex health system and harness the power of their health insurance to obtain the health care services they need: Community Health Advocates (CHA) and Community Health Access to Addiction and Mental Healthcare Project (CHAMP).

Community Service Society | Fighting Poverty Strengthening New York

Community Health Advocates

In 2010, New York State designated Community Health Advocates (CHA) as New York's Independent Consumer Assistance Program.[1] CHA is an all-payor model which provides one-stop shopping for consumers who can access ombudsprogram services through a central helpline or at one of the 27 agencies operating in neighborhoods where consumers live and work. Since 2010, CHA has assisted over 337,000 New Yorkers, more than 40,000 through our live-answered, toll-free helpline, and saved approximately $35 million for New Yorkers in health insurance and health care costs.

A key function of CHA is to respond to consumers' questions about payment for, and denials of, services as described in their carriers' Explanations of Benefits (EOBs) through our helpline number. CHA's helpline is listed on all *commercial insurance carriers'* EOBs and claim denials. But CHA's helpline number is not listed on Medicaid Managed Care notices when a benefit is denied. This means that there are currently more than 4 million low-income New Yorkers enrolled in Medicaid Managed Care plans who may not be able to find out about CHA's services when they most need them.

With its current funding of $3.9 million, CHA is a cost-effective program that should be expanded to make sure that all Medicaid enrollees facing denials of care of care can benefit from having CHA's helpline number listed on their denial notices. The State Senate Manhattan Delegation should support the inclusion of a $2 million Senate appropriation for Community Health Advocates (CHA) out of a total ask of $6.5 million with the Assembly providing $2 million and the Executive providing $2.5 million.

Community Health Access to Addiction and Mental Healthcare Project (CHAMP).

CHAMP is a first-in-the-nation independent consumer assistance program established in the 2018-2019 State Budget to help individuals, their families and their providers overcome insurance barriers to accessing substance use disorder and mental health services. (NY Mental Hygiene Law §33.27.)

CHAMP is a joint effort of the Office of Alcoholism and Substance Abuse Services and the Office of Mental Health in partnership with the Community Service Society (CSS) and four specialist agencies: Legal Action Center, NYS Council for Community Behavioral Healthcare, Medicare Rights Center and The Legal Aid Society. CHAMP provides services through a central live-answer, toll-free helpline and a network of five community-based organizations (CBOs), which operate in 24 out of 62 counties of the state.

Since its October 1, 2018 launch, CHAMP already has assisted several hundred clients in accessing substance use disorder (SUD) and mental health (MH) services and educated more

[1] Affordable Care Act § 1002.

than 1,000 individuals and health care providers on their legal rights related to insurance coverage for these services.

Unfortunately, the current funding of $1.5 million for CHAMP is inadequate to address the growing needs of the SUD/MH population throughout the state, especially in the 38 counties not covered by CHAMP's network of CBOs.

The State Senate Manhattan Delegation should support a total appropriation of $3 million for CHAMP, of which $1.5 million would be provided by the Senate, to ensure that the program is able to increase its CBO network, as well as publicize the availability of the helpline more widely and extend the helpline's hours to effectively meet New Yorkers' urgent need for MH and SUD care.

Thank you for the opportunity to submit this testimony today. Should you have any questions, please do not hesitate to contact me at: 212.614.5401 or ctracy@cssny.org.

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Center for Independence of the Disabled, NY

Testimony to the Joint Budget Hearing of the Senate Finance Committee and Assembly Ways and Means Committee on the Executive Budget - Health Care

February 5, 2019

Testimony by:

Heidi Siegfried, Esq.

Director of Health Policy

Center for Independence of the Disabled

This testimony is submitted on behalf of Center for the Independence of the Disabled, NY (CIDNY), a non-profit organization founded in 1978. CIDNY's goal is to ensure full integration, independence and equal opportunity for all people with disabilities by removing barriers to full participation in the community. We appreciate the opportunity to share with you our thoughts about the New York State's Executive Budget Proposal and our recommendations. Because the conditions affecting the individuals and families we represent do not discriminate between rich and poor, we advocate for accessible, affordable, comprehensive and accountable health insurance for the privately insured, as well as for those in need of access to public insurance programs.

CIDNY opposes extending the Medicaid Global CAP through 2021. Since 2011 the Medicaid Program has been operating under a Medicaid global spending cap which has meant that essential programs and services that are important to the well-being of people with disabilities have faced significant cuts in recent years. Many of these cuts have occurred "behind the curtain", but we know that capitation rates have not been sufficient for plans that have served people with disabilities well to survive. At the same time Managed Long Term Care Plans have cut home care hours in ways that have adversely impacted people with disabilities, which may mean that people whose hours are cut are forced to give up their independence and move into institutional care.

The Trump administration is reportedly working on a way to let states implement block-grant systems in their Medicaid programs. Experts have commented that this could result in "insufficient funding that could lead to inadequate capitation rates that are no longer actuarially sound." That certainly has been our experience in New York. It is time for New York to end this arbitrary global cap.

CIDNY SUPPORTS CONSUMER ASSISTANCE FUNDING

CIDNY supports increased funding for Community Health Advocates (CHA), the state's health care consumer assistance program, to $6.5 million. Since 2010, CHA has helped 340,000 New Yorkers, including many people with disabilities, all over New York State navigate their health insurance plans to get what they need and saved New Yorkers over $37 million. People with serious illnesses and disabilities especially need this assistance so that they can get the services and supports that are right for them. CHA's contact information is listed on commercial, but not Medicaid Managed Care notices. This year Medicaid patients have "exhaust" their Plan's internal appeal systems before going to an independent appeal process Medicaid enrollees should receive CHA's information to manage the appeal process as people in the commercial markets already do. The Governor proposes a budget for the program of $2.5 million. *We urge the Legislature to add $4 million for a total of $6.5 million for fiscal year 2020.*

CIDNY supports increased funding for the Long-term Care Ombudsprogram. The Governor proposes to provide level for the Long-term Care Ombudsprogram--a program with a mandate to protect New York's nursing home residents. The program is dealing with downsizing and closures, discharge of residents to homeless shelters, psychotropic drugging and other serious problems with only minimal resources. Currently, New York's program is one of the most poorly funded in the nation. *The legislature should increase state share funding of the Long-term Care Ombudsprogram by $3 million.*

CIDNY supports enrollment assistance by New York State Navigators urging the State to increase the budget to $32 million. Navigators are local, in-person assistors that help consumers enroll in health insurance plans. Navigators have helped over 300,000 New Yorkers enroll since 2013 without ever reeving a cost-of-living increase. *The State should increase the navigator budget from $27.2 million to $32 million to guarantee high quality enrollment services.*

CIDNY urges the State to provide $2 million for outreach to uninsured New Yorkers. One third of the remaining uninsured are eligible for free or low cost coverage, but are unaware of it. This is especially important for people in immigrant communities, including people with disabilities, who are living in a state of great uncertainty because of federal threats like "pubic charge". *The State should provide $2 million for community based organizations to conduct outreach and educate consumers in the hardest-to-reach communities.*

CIDNY SUPPORTS ACCESS TO CARE

CIDNY opposes any payment reform to the Consumer Directed Personal Assistance Program that would limit consumer choice of Fiscal Intermediaries or limit access to the program. The disability rights movement fought for a Consumer Directed Personal Assistance Program that would allow people with disabilities to be in charge of their care and their lives. The Executive Budget now proposes to make changes to the program that could jeopardize it and that demonstrate a lack of understanding of the role that Fiscal Intermediaries play in helping a person with a disability hire, schedule, manage and supervise their caregivers. *The Legislature should reject The Executive Budget's proposed changes to the CDPA program.*

CIDNY is opposes giving plans greater flexibility to manage care by allowing reductions when a prior authorization allowed more services than were medically necessary. CIDNY understands that the Executive budget is claiming $25 m. state share savings that it intends to achieve through

regulations that will occur without legislative action. All reductions in care require the due process protections of notice and opportunity for a hearing.

CIDNY supports funding for home care that will both cover the hours that people need and pay workers a livable wage. While the Executive Budget does include $1.1 billion to support the direct cost of the FY 2020 minimum wage increases for health care workers that provide services reimbursed by Medicaid, this is not sufficient. This funding only brings home care workers up to minimum wage – the same pay rate as fast food workers – however these are not minimum wage jobs. These are vital jobs. Home care workers help people with disabilities by giving them the care they need to live at home. Simply providing enough funding to meet minimum wage is insufficient to address the home care crisis we are facing in New York. In many parts of the state, people are unable to get care at home because not enough people want these jobs due to the low pay. Home care-workers who work 24-hour shifts are not paid for all of the hours they work. *CIDNY supports a living wage for home care workers who are essential for allowing many people with disabilities to remain independent in their communities.*

CIDNY supports a funding mechanism to allow MLTC plans to serve those with the greatest needs. Previous years' budgets included a commitment to explore the creation of a high-needs community rate cell to provide managed care organizations (MCOs) with sufficient funding to serve those with the greatest needs. The State indicates that it will transform *nursing home* patient acuity data collection processes to provide improved rate adequacy. A similar commitment is need to get to capitation rates that will ensure that those with the most significant needs are able to get the supports and services they need to live in the community, to be consistent with the state's Olmstead plan.

CIDNY opposes Reduced Coverage of Medicare Out-of-Pocket Costs for Dual Eligibles who are QMBs or Medicaid Recipients. Currently Medicaid pays the entire Medicare approved charge before the beneficiary meets the annual deductible so that the provider is paid in full. The Executive budget proposes that Medicaid would pay only the Medicaid approved rate. The Executive budget also proposes to stop paying the full 20% coinsurance at the full Medicare approved rate for psychologists and ambulance services, instead paying only up to the Medicaid rate. These proposed reductions in reimbursement will harm access to providers who will drop patients who use QMB or Medicaid for their coverage. The exception to this protection for psychologists is particularly disturbing, given that other parts of the budget seek to improve access to behavioral health care.

CIDNY Supports fair funding for Safety Net Hospitals. Under the current allocation of funds from New York's indigent care pool true safety net hospitals, which serve uninsured people and have a high volume of Medicaid patients, like New York City Health + Hospitals in NYC, will face a disproportionate share of the

burden from any cuts. People with disabilities disproportionately use public coverage like Medicaid for their health insurance and so are disproportionately served by these hospitals. *The Legislature needs to fix the inequities in the hospital Indigent Care Pool and Disproportionate Share funding by ending the Indigent Care Pool transition collar and adopting legislation to allocate DSH and ICP funds in NYS to ensure continuation of true safety net hospitals and the provision of services to their patients.*

CIDNY SUPPORTS AFFORDABLE COVERAGE

Ensuring Coverage for All New Yorkers with Affordable Coverage Options. The Essential Plan is a popular health program that offers coverage for at most $20 a month with no deductible. People who earn too much for the Essential Plan must buy coverage on the Marketplace which can cost $150 or more and have deductibles that are over $1350 – even with financial assistance. New York could ease this affordability cliff by allowing by allowing people who earn between 200% and 250% of the federal poverty level (around $25,000 for an individual) to choose between buying a private plan or buying the Essential Plan. *The state should subsidize an Essential Plan buy-in for this population by creating a gradual price increase that would cost $132 m. to provide affordable coverage to around 116,000 people.*

Making coverage more affordable would help address individual consumers' budget challenges, but also brings down prices for the entire individual market by bringing more people into the risk pool. *The State should explore establishing premium assistance program for people with incomes over 200% of the federal poverty level who buy private insurance.*

About one third of the remaining uninsured New Yorkers are immigrants. We see undocumented immigrants with disabilities in New York who remain uninsured because of their immigration status. The Essential Plan covers people who earn up to 200% of the federal poverty level. The State can provide Essential Plan coverage to an estimated 110,000 people by expanding it to cover immigrants, including people with disabilities, who are not currently eligible. *CIDNY urges the state to allocate $532 m. to create a state-funded Essential Plan for New Yorkers who are currently excluded because of their immigration status.*

The Trump Administration is ending Temporary Protected Status for thousands of New Yorkers, many of who have lived in New York for decades, are disabled or elderly, and made it their permanent home. *The State should offer state funded Medicaid to these residents.*

CIDNY supports preservation of spousal and parental refusal. The Governor's Budget again proposes to eliminate the longstanding right of "spousal/parental refusal" -- the right to protect some income for a non-disabled

children and adults when children with severe illnesses, low-income seniors and people with disabilities need Medicaid to help with long term care costs and Medicare out-of-pocket costs. The "refusal" will only be honored and Medicaid granted if a parent lives apart from his or her sick child, or a "well" spouse lives apart from or divorces his or her ill spouse. It is counterproductive to have a couple separate or be unable to marry and form a household in order to enable the spouse with a disability to have health care. We opposes denying Medicaid to disabled adults and children; the projected cost savings from this action may not be realized, and in fact the increased insecurity of these consumers and their families may cause further health care and social costs that have not been included in the budget assumptions. *We urge the Legislature to reject elimination of spousal and parental refusal, as it has in the past.*

CIDNY SUPPORTS COMPREHENSIVE COVERAGE

CIDNY opposes increase co-pays for Over-the Counter drugs and removal Over-the-Counter coverage. The Executive Budget proposes to double the co-pays for Medicaid covered over-the-counter medications and supplies from 50 cents to one dollar and to reduce drugs and supplies that are covered without the opportunity for notice and comment. This could cause people with disabilities to go without important medications they take to control allergies, stomach issues, or high blood pressure resulting in more expensive medical costs and harm in the future. It demonstrates a real lack of understanding of the choices and trade-offs that low income people with disabilities must make. *The legislature should reject the over-the-counter coverage proposals.*

CIDNY strongly opposes eliminating Provider Prevails. This proposal would repeal an important patient protection in the Medicaid. A prescriber, with clinical expertise and knowledge of his or her individual patient, should have the final say to be able to override the preferred drug list for anti-retroviral, anti-rejection, seizure, endocrine, hematologic, and immunosuppressant therapeutic classes, as well as atypical anti-psychotics and anti-depressants. People with disabilities often have chronic conditions that require a complex combination of medications. Different individuals may have very different responses to different drugs in the same class. Sometimes only a particular drug is effective or alternative drugs may have unacceptable side effects. Disrupting the continuity of care can result in detrimental or life threatening consequences and can actually lead to more medical complications, expensive hospitalizations, emergency room use, and higher health costs. It can also discourage consumers from continuing with needed treatment due to uncomfortable side effects or because drug failure erodes their trust in medication. Prescribers are in the best position to make decisions about what drug therapies are best for their patients. *CIDNY urges the State to recognize the importance of specific prescription drug combinations and protect Provider Prevails.*

We urge the Legislature to preserve prescriber prevails for all current classes of drugs.

Visit limits on Medicaid Physical Therapy, Occupational Therapy, and Speech Therapy should be subject to an override. Last year's Executive Budget increased physical therapy visit limits from 20 to 40, but speech therapy and occupational therapy remain at 20 visits annually. The Medicaid Redesign Team adopted the recommendations of its Basic Benefit Review Workgroup that included the principle that decisions on the Medicaid Benefit package would be based on evidence derived from an assessment of effectiveness, benefits, harms, and costs. Arbitrary visit limits do not make sense, and discriminate against people with disabilities. People who have a stroke may need more visits to regain the ability to walk. We have seen a person subjected to these limits who required surgery as a result, and then was unable to get the recommended post-operative physical therapy due to the limit. Some people may experience depression when they are unable to gain or regain function that may require therapy or prescription drug treatment. Medicare provides for an override, and Medicaid Utilization Thresholds which have been used in New York have provided a procedure for a physician override. *On override procedure should be implemented for these limits.*

For further information, please contact Heidi Siegfried, NYFAHC's Project Director, at 646.442.4147 or hsiegfried@cidny.org.

Senators Brad Hoylman, Liz Krueger, Brian Benjamin, , Robert Jackson, Brian Kavanagh, and Jose Serrano:

My name is Sara Kim, public health program director at Korean Community Services devoted to serve Korean and Asian immigrants who are limited to access to health resources and information due to language barriers. Also, I have been leading workshops in Korean language for National Diabetes Prevention Program, an initiative to provide evidence-based, cost effective interventions in communities to prevent type 2 diabetes.

1 in 3 American adults has prediabetes.

According to the NYS Department of Health, more than 4. 5 million of New Yorkers are affected by pre-diabetes and 90% of the people with diabetes do not know they have it. Without lifestyle changes, 15-30% of people with prediabetes will develop type 2 diabetes within 3-5 years and they are also at increased risk for developing type 2 diabetes, and for having heart disease and stroke.

As far as I know, 45 % of Korean immigrants in New York Metropolitan areas are prediabetes or diabetes. Considering the high percentage of un-insurance rate, many of them are not aware of their health condition.

It is expected that diabetes is a growing epidemic with a devastating physical, emotional and financial burden on all our New Yorkers. But, we have the NDPP to help the people make necessary lifestyle changes that can help them avoid developing the disease. But, unfortunately, health coverage for these programs is limited.

In 2017, the Center for Medicare and Medicaid Services created additional access to diabetes prevention services for Medicare beneficiaries and expanded the program suppliers to community-based organizations.

But, as you are aware that many new immigrants are in low-income and are enrolled in Medicaid or uninsured. They do not fully utilize health care facilities and programs due to lack of health literacy and lack of understanding the complicated U.S. healthcare system.

I, as a lifestyle coach, educated 180 Koreans with prediabetes for the past three years with the grant of New York City DOHMH, Center for Health Equity that has initiated the prediabetes prevention network with clinic and community organizations to raise an awareness and build an capacity of community based organizations to provide the proven program.

Joining in the network and with the resources to start the NDPP in Korean community, I frequently hear from the participants that they didn't know about prediabetes and were not told by their primary doctors their glucose level or A1C level was abnormal. The participants were regretting and angry that they were not informed of that before the development of diabetes. They started to realize the importance of education about diabetes prevention and management.

We urge NYS to offer the diabetes prevention program to give more people at risk access to the National Diabetes Prevention Program.

2019 STATE BUDGET POINTS of INTEREST
March 2, 2019
Testimony of Naomi Jones

1.) Investment In Updated Policy and Enforcement of Civil Rights to All Government Funded Agencies, contractors and third party vendors, Especially within the Human Services is desperately needed...too often illegal policies are implemented by contractors of the State.
Examples would be MAS, and NYC DHS . A Federal Ruling has established that DHS is not ADA compliant in the case of Butler VS the City of New York . State Licensing and Funding should not go to repetitive violators.

2.)Diversity; Cultural-Competency; Advocacy ; Awareness and Trauma informed practices for people with Disabilities is also a crucial need that needs to be invested in :This includes invisible and internal illnesses , age , and social economical status. The New York Human Rights Law, and the Americans Disabilities Act of 1990 and the Amendments of 2008 protections should protect Homeless and HRA recipients just as it protects anyone else. People of all ethnicities should have a voice and consideration.

3.) Reproductive Rights, funding and Legislation should not expressly exclude Medicaid recipients for fertility treatment.
Organ preservation options should be included in legislation and funding for Medicaid. Endocrinologist & Oncologists have specialties within Fertility and all of the services should be covered for disabled women. Studies Show Polycystic Ovarian Disease and some other chronic Women illnesses can actually be improved by pregnancy . Grants on the State Department of Health Website should not EXCLUDE Medicaid users access to special fertility grants.

NYAPRS BUDGET AND LEGISLATIVE AGENDA
FY 2019-20

NYAPRS 22st Annual Legislative Day
Hart Auditorium, The Egg - Albany, NY
February 26, 2019

Carla Rabinowitz Community Access

Your Name

NYC

Your Locality

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NYAPRS Board of Directors Co-Presidents:
Peter Trout, Behavioral Health Services North
Jeff McQueen, Mental Health Association of Nassau County

Executive Director: Harvey Rosenthal

Since 1981, the New York Association of Psychiatric Rehabilitation Services has supported a statewide coalition of New Yorkers with psychiatric disabilities or diagnoses and community recovery providers to join together to improve services, social conditions and public policies by advancing their recovery, rehabilitation, rights and full community inclusion.

www.nyaprs.org

HOUSING IS ESSENTIAL TO MENTAL HEALTH RECOVERY!

We Must Address the Mental Health Housing Crisis!

Background: For thousands of New Yorkers with major mental health conditions, there is no recovery without stable housing and consistent, reliable and accessible staffing and supports.

However, while New York State has been a leader in creating new housing for people with mental health conditions, it has not provided the funding necessary to help housing agencies to keep pace with steadily increasing costs. This has led us to a state of full scale crisis where housing programs are simply unable to attract and retain a strong workforce, resulting in high turnover and staff shortages! Further, some providers are now declining to bid on new housing initiatives because the rates are simply too low

Housing providers can receive only $7,600 to $25,000 per person, per year, depending on housing model and geography: these levels are nowhere near enough for them to provide desired levels of care and to comply with their obligations under contract and regulations.

Without adequate funding for community-based mental health housing and supports, our taxpayers will be forced to shoulder avoidable mounting costs of much more costly institutionalization, hospitalization, emergency care, incarceration & homeless sheltering.

As a very active member of the "Bring it Home, Better Funding for Better Care" campaign, NYAPRS has long been asking state leaders for increased financial support to help maintain New York's essential community-based mental health housing system.

This year's Executive budget adds only $10 million in increases to supported housing and SRO programs. We need a much stronger and sustained commitment from New York State policymakers!

We must now turn to our state legislators to give housing providers the funding levels we require before that system is no longer viable, putting at risk access to appropriate housing and supports for many New Yorkers with major mental health conditions.

Action: NYAPRS joins hundreds of agencies, advocates, families and faith based groups who make up the Bring It Home! Campaign in urging policy makers to:

- ***Phase in $161 million over the next 5 years.***

The New York Association of Psychiatric Rehabilitation Services represents a statewide partnership of thousands of New Yorkers who use and/or provide community mental health services and who are dedicated to improving services and social conditions for people with psychiatric disabilities by promoting their recovery, rehabilitation, rights and community inclusion
www.nyaprs.org

A 2.9% COST OF LIVING ADJUSTMENT for the HUMAN SERVICES SECTOR

NYAPRS and our colleagues in the behavioral health and broader human service sector seek a long promised and long deferred 2.9% Cost of Living Adjustment (COLA) to address unmanageable vacancy and turnover rates and agency operating challenges that are significantly jeopardizing our ability to adequately support New Yorkers with serious mental health and substance use related needs.

These funds are critical to allow our agencies to address alarming increases in deaths due to opioid use and suicide, including a growing number of attempts among children under 10 years old, along with steadily mounting rates of homelessness and incarceration.

The nonprofit human services workforce is, in effect, an indirect government workforce. Given our charitable missions, nonprofits have readily stepped forward to accept this public service delivery responsibility. However, New York State has not held up its full end of the bargain.

On January 14, advocates released a newly compiled survey that pointedly demonstrated the magnitude of the workforce crisis, showing a 35% statewide turnover rates and 14% vacancy rates for the behavioral health workforce. In New York City alone, the turnover rate was over 45%.

In addition, over 80% of the human service workforce is comprised of women and over 40% are individuals of color. Many of these individuals are working one or two additional jobs.

The entire behavioral health advocacy community stands together in support of a 2.9% COLA for the broader human services sector. Though the COLA is proposed in the budget every year, it ends up being rejected by the Executive for most of the last decade. This has resulted in a shortfall of over $500 million dollars to our sector.

Our dedicated professionals are on the front lines every day, providing housing, treatment and support to over one million New Yorkers. In order to stem the opioid epidemic, rising suicide rates and mounting increases in homelessness and incarceration, we must have the full support of New York State policy makers!

Action: We seek a $140 million COLA back to January 1, 2019 to maintain the state's commitment to our extremely hard pressed and essential human services work force and agencies.

The New York Association of Psychiatric Rehabilitation Services represents a statewide partnership of thousands of New Yorkers who use and/or provide community mental health services and who are dedicated to improving services and social conditions for people with psychiatric disabilities by promoting their recovery, rehabilitation, rights and community inclusion
www.nyaprs.org

REFORM OUR CRIMINAL JUSTICE SYSTEM!
CREATE MORE CRISIS INTERVENTION TEAMS

Background: The pathway to a life in the criminal justice system begins with encounters with law enforcement.

Too often, police officers are called on to intervene in circumstances with people in mental distress for which they have not been adequately prepared, too often leading to avoidable incarcerations and tragedies. **At least 25% of people who were fatally shot last year had a mental illness, according to the Washington Post.**

That's why NYAPRS has long advocated for the use of Crisis Intervention Teams (CIT) across New York. CIT is a highly acclaimed model that matches police training with improved local systems collaboration that has been replicated in 2,700 cities across the United States, including Philadelphia, Houston, San Diego, Los Angeles and Chicago.

Over the past 3 years, state legislative leaders have heard our call and responded with $4.8 million in onetime funds to bring Crisis Intervention Team and other diversionary models to a number of jurisdictions across the state. For example, Senate allocations have gone to the following communities:

- Auburn
- Binghamton
- Clarkstown
- Hempstead
- Newburgh
- Syracuse
- Utica
- Poughkeepsie
- Niagara Falls
- Kingston
- Lockport
- Saugerties
- Greece

as well as to St Lawrence, Cattaraugus, Orleans, Putnam, Broome, Dutchess, Essex, Greene, Genesee, Ontario, Seneca, Niagara, Wayne, Wyoming, Monroe and Ulster Counties.

In 2019, CIT initiatives will be extended to Steuben, Yates, Cayuga and Suffolk counties and to Amsterdam, Montgomery County.

We are extremely grateful to our mental health committee chairs Senators Ortt and Carlucci and Assemblywoman Gunther for their generous support over the past 3 years, and urge the Legislature and the Governor to bring another complement of critically needed CIT initiatives to a new set of jurisdictions this year.

Action: We seek a $1.5 million allocation to bring the Crisis Intervention Team model to additional counties across New York.

The New York Association of Psychiatric Rehabilitation Services represents a statewide partnership of thousands of New Yorkers who use and/or provide community mental health services and who are dedicated to improving services and social conditions for people with psychiatric disabilities by promoting their recovery, rehabilitation, rights and community inclusion
www.nyaprs.org

REFORM OUR CRIMINAL JUSTICE SYSTEM!
'HALT' THE TORTURE IN OUR STATE PRISONS

Background: Imprisoned New Yorkers in solitary confinement spend twenty-three to twenty-four hours a day in barren concrete cells, with no access to meaningful human interaction, for weeks, months, years, and even decades.

They are denied access to the commissary to purchase essential items like food to supplement the meager offerings they receive through a slot in their door. They are often denied visits which are critical to their well-being. Perhaps most senselessly, they are denied access to the kinds of programs that will address the underlying issues of any truly problematic behavior. They receive no educational or rehabilitative programming, and no transitional services to help them prepare for their return to society, increasing the rates of recidivism. In these conditions, people's minds and spirits crumble.

Many of these individuals have extensive mental health needs: a recent federal study found that "29% of prison inmates and 22% of jail inmates with current symptoms of serious psychological distress had spent time in restrictive housing in the past 12 months."

Despite the passage of SHU Exclusion Legislation in 2008 that seriously limited the number of individuals with major mental health conditions, there are currently almost **900 people on the OMH caseload in the box**, according to the Correctional Association of NYS. Further, 30% of the suicides in 2014-16 happened in solitary confinement and rates of suicide attempts and self-harm were 11 times higher in solitary confinement than in the general prison population. For the first half of 2017, the suicide attempts in SHU remain high, representing 36% of the 80 attempts occurring during January through most of June 2017.

NYAPRS strongly urges state legislators to approve **HUMANE ALTERNATIVES TO LONG-TERM (HALT) SOLITARY CONFINEMENT ACT 'HALT' legislation** to:

- Prohibit solitary confinement for young and elderly people, people with intellectual, physical and mental disabilities, pregnant women and new mothers,
- End long term solitary confinement: place a limit of 15 consecutive days and a limit of 20 total days in a 60 day period on the amount of time any person can spend in segregated confinement.
- Create new Residential Rehabilitation Units as a more humane and effective alternative to provide segregated confinement and one that provides meaningful human contact and therapeutic, trauma-informed, and rehabilitative programs.

- Require training for Residential Rehabilitation Unit staff and hearing officers, public reporting on the use of segregation and oversight of the bill's implementation.

Action: Pass Assembly 2500 (Aubrey); Senate 1623 (Sepulveda)

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REFORM OUR CRIMINAL JUSTICE SYSTEM!

RESTORE MEDICAID 30 DAYS PRIOR TO PRISON AND JAIL RELEASE

NYAPRS is in strong support of a current proposal, referenced in this year's Executive Budget, to seek federal approval to restart Medicaid coverage to vulnerable individuals in the criminal justice system during their last 30 days of incarceration for medical, pharmaceutical, and behavioral health care coordination services.

Currently, incarcerated individuals who are Medicaid-eligible cannot receive Medicaid-covered services prior to release under current state and federal law.

As a result, these individuals often have to wait 45 days to get the medications and services that best enable them to successfully transition to the community and avoid relapse, recidivism and tragedy, including a 12-fold rise in the risk of death in the first two weeks post-release.

Last year, NYAPRS successfully joined with the Legal Action Center and other advocates to help win a change in the Social Services Law that authorized the state to seek this federal waiver.

If New York is able to gain federal authorization to implement this waiver, we will be the first state in the nation to take such a huge step in transforming the criminal justice system from a punishment to a treatment-focused model.

Action: No Legislative Action Required.

We strongly support the Administration's plan to seek federal approval to restart Medicaid coverage to individuals in the criminal justice system during their last 30 days of incarceration

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INCREASE ACCESS TO BEHAVIORAL HEALTH SERVICES

NYAPRS is extremely supportive of the Governor's proposed to ensure greater access to critically needed behavioral health services.

The passage of the new parity law will provide greater public information about Health plans and their record of covering behavioral health benefits on the Department of Financial Services (DFS) Web Site.

It funds additional staff at DFS and the Department of Health to monitor health plan compliance and ensures that OMH will now be helping to define medical necessity standards as they apply to needed mental health services. It also requires that plan mental health utilization review staff must have "subject matter expertise" in this area.

Further, the Governor also proposes to increase the amount of SUD and psychiatric care New Yorkers can receive without health plan prior authorization from 14 to 21 days for SUD inpatient coverage and from 2 weeks to 3 weeks or 14 to 21 visits for SUD outpatient treatment. It also ensures access to inpatient psychiatric care for youth during the initial 14 days of treatment.

The proposal allows ensures coverage for naloxone to reduce effects of opioid overdoses and removes prior authorization barriers for medication assisted treatment (e.g. buprenorphine (Suboxone) methadone and extended release naltrexone (Vivitrol).

It also requires general hospital emergency departments to have policies and procedures in place for providing medication assisted-treatment (MAT) prior to patient discharge.

In addition, the proposal allows OASAS to designate a standard utilization review tool rather than permitting differing standards by different health plans.

Finally, it prohibits multiple co-payments per day and requires behavioral health copayments to be equal to a primary care office visit.

Action: Approve proposed initiatives to ensure much greater access to mental health and substance use treatment and rehabilitation

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EXTEND INTENSIVE VOLUNTARY OUTREACH INITIATIVE for INDVIDUALS and FAMILIES in CRISIS
Oppose Expansion And Permanence Of Kendra's Law

Background: NYS policy makers and mental health professionals are regularly confronted with the challenge of how to best help individuals with serious mental health conditions who have not engaged in traditional treatment and who are at risk for avoidable crises, relapses, hospitalizations, incarceration and homelessness.
In 1999, New York enacted Kendra's Law, which relies on mandatory outpatient treatment orders, sometimes called 'Assisted Outpatient Treatment' to coerce individuals into treatment. But what does the research on Kendra's law tell us?

No Proof That Court Orders Produce Better Results

- A 3-year study at Bellevue Hospital compared the impact of providing an enhanced, better-coordinated package of services to 2 groups, one with and one without a court mandate. Results: "On all major outcome measures, no statistically significant differences were found between the two groups', suggesting that people do better when they are offered more and better services voluntarily.
- Yet, despite a NYS legislative directive to compare voluntary approaches and Kendra's Law court mandates, researchers failed to do so, conceding that they were only able to provide "a limited assessment of whether voluntary agreements are effective alternatives to initiating or continuing AOT" in their 2009 study
- In fact, a later review of that study found that "the results do not support the expansion of coercion in psychiatric treatment."

New York should be regarded as a national exemplar for FIXING NOT FORCING services that have failed to successfully engage individuals and families in crisis. Our mental health systems must not turn over our responsibilities to the courts and police and treat system failures as patient and family failures!

Last year, the Assembly approved a $500,000 allocation to launch a new Project INSET model in Westchester County that is providing "immediate, intensive and sustained" response to people and families in crisis that is driven by the work of trained peer specialists. The program has been taking referrals from area clinics, hospitals and correctional facilities and is helping scores of individuals who had previously not accepted community services to increase their participation with friends, family and treatment, resulting in reductions in avoidable hospital readmissions/stays and incarceration and promotion of improved health and family reunification.

Action: NYAPRS strongly urges state legislators to:

- ***Extend funding for this successful alternative to court mandated treatment by another year, at a cost of $500,000***

- ***Don't expand Kendra's Law's controversial program or make it permanent, to allow for ongoing legislative oversight of both the Law and the INSET Alternative program.***

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REINVEST IN SPECIALIZED LOCAL COMMUNITY MENTAL HEALTH SERVICES

Background: The budget also keeps faith with New York's long, progressive commitment to moving resources to best support people with more serious mental health needs to succeed in the community, in place of long or repeat stays in our state psychiatric hospitals.

In recent years, community reinvestment dollars have been used to create critically needed mobile intensive outreach teams, peer bridger and respite programs, crisis intervention, warm line and housing services for adults and children, family empowerment services, managed care transitional supports, forensic ACT team and social club services. See details at https://www.omh.ny.gov/omhweb/transformation/.

Towards those ends, the Executive Budget funds another annualized Community Reinvestment allocation of $5.5 million, annualizing to $11 million locally selected services and supports to further enhance our capability and capacity to support New Yorkers with the most serious behavioral and physical health and social needs.

Action: NYAPRS strong supports $5.5 million in transformative service enhancements across New York State regions and localities.

RESTORE PRESCRIBER PREVAILS PROTECTIONS

Background: Prescriber Prevails policies allow prescribers to ensure that their patients are afforded the best and most effective medications that *they select*, and not the cheapest. Many within our community require very specific medications in order to get the best results with the least degree of side effects, as regards both their behavioral and physical health related needs.

This year's Executive Budget proposes to repeal prescriber prevails for all medication classes in both Medicaid fee for service and managed care. This will leave millions of patients without protections for necessary medications.

NYAPRS thanks state legislators for their steadfast unwillingness to approve this policy and urges that you reject it once again this year.

Action: Reject elimination of prescriber prevails protections for Medicaid beneficiaries.

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PROHIBITING GENDER CONVERSION THERAPY

NYAPRS is very grateful to state legislators and Governor Cuomo for enactment of new legislation that designates engaging in sexual orientation change efforts by mental health care professionals upon individuals under 18 years of age as professional misconduct.

The measure, which passed 57-4 in the Senate and 134 to 3 in the Assembly, made New York the 15th state to ban the controversial practice, which is widely discredited by medical and mental health organizations.

So-called sexual orientation 'conversion therapy" has been roundly discredited by major medical and professional organizations. We were proud to stand with the American Medical Association, American Psychiatric Association, American Academy of Child and Adolescent Psychiatry, American Psychological Association and the National Association of Social Workers among others who have repudiated the practice.

We support the assertion that efforts to convert the sexual orientation of a minor exposes them to harmful consequences such as depression, self-loathing and suicidality.

Further in this regard, we echo our Commissioner of Mental Health, Ann Marie T. Sullivan, M.D., who has rightly stated that "homosexuality, bisexuality, or living as transgender, are not mental disorders and they should not be treated as such... we aim to protect the inalienable right of self-determination for New York youth, reducing the trauma this so-called [conversion] treatment can produce in the LGBT community, and helping to end the stigma that has been associated with being LGBT for far too long."

NYAPRS was very pleased to join a broad array of advocacy groups in support of this landmark bill and extends our very special thanks to the law's sponsors, Assembly Member Deborah Glick (Assembly 1046) and Senator Brad Hoylman (Senate Bill 1046).

Action: Thank state legislators for their strong support in enacting this bill into Law

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Make New York a Trauma-Informed State!

The impact of trauma on behavioral health has become increasingly apparent in recent years with studies suggesting that over 90% of people with psychiatric diagnoses identify themselves as survivors of trauma.

Unresolved trauma as a result of Adverse Childhood Experiences (ACEs) can negatively impact development across the life span and intergenerationally; contributing to substance misuse, child abuse, poverty, and incarceration.

Failure to address the consequences of unresolved trauma can negatively impact an individual's ability to form healthy adult relationships and pursue activities essential to his or her wellbeing.

Survivors' attempts to cope with unresolved trauma may be misinterpreted by others as "non-compliance" and result in punitive service delivery responses that contribute to a revolving door of poor and inappropriate treatment, service refusal, costly repeat hospitalization, homelessness, and incarceration.

Increasingly, national efforts have attempted to change the narrative around trauma from one of negative outcomes based on past experiences to an opportunity to create positive outcomes through prevention, treatment, and outreach programs that are based on effective trauma-informed approaches, shifting the focus from illness to wellness--to hope, recovery, and resilience.

Executive Orders have been passed in Oklahoma, Oregon, Utah, Wisconsin and Delaware requiring state agencies to create trauma-responsive communities, organizations, and schools.

In 2018, Congressional bi-partisan support for the importance of trauma-informed care was recognized through the passage of U.S. HR 443/SR 346, 2018- a resolution recognizes the importance, effectiveness, and need for trauma-informed care among existing programs and agencies at the Federal level and declaring May 22, 2018 as "National Trauma-Informed Awareness Day".

Help Make New York A Trauma Informed State!

- Ask your representative to support cross-sector collaborations and community-based training and education throughout New York State to ensure a coordinated effort to address the devastating impact of trauma.

- Several states have declared May 22 "National Trauma-Informed Awareness Day". Ask your elected official to demonstrate New York State's commitment to becoming a trauma-informed state by declaring May 22, as "National Trauma-Informed Awareness Day" in order to highlight community resilience through trauma-informed change.

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OPPOSE CHANGES TO THE CONSUMER DIRECTED PERSONAL ASSISTANCE PROGRAM

New York's Consumer Directed Personal Assistance Program empowers people with disabilities to have full control over their lives and independence. It puts people with disabilities in charge of determining how, when and by whom their services are provided. Fiscal Intermediaries (FIs) provide necessary assistance to ensure CDPA consumers are successful and maintain their independence in the community through training, peer mentoring, ongoing support, payroll and other administrative assistance. This Budget proposal threatens to decimate CDPA as we know it.

The Governor's proposal would limit the organizations allowed to operate as Fiscal Intermediaries and allow the Department of Health the power to award a no-bid contract for a statewide Fiscal Intermediary. Transitioning all CDPA consumers into one or a few statewide FIs is a bad idea and could weaken if not eliminate the critically important role local Independent Living Centers have long played in supporting the program, as part of the comprehensive service package they currently provide. FIs must have a local presence to be successful in their role supporting consumers to manage their own services, and individuals must have choice when selecting their FI.

The bill also gives the Commissioner of and the Department of Health total administrative authority to change the reimbursement methodology, and DOH has indicated its intent to change to a per member, per month fee. This approach could put at risk the many additional tasks and wrap-around services FIs provide that help to ensure CDPA consumers are successful and maintain their independence.

Further, it shifts the risk from managed care organizations to fiscal intermediaries whose role is to support people with disabilities managing their own services, and thus creates a disincentive for FIs to serve people with significant disabilities who have larger numbers of attendants, hours and support needs.

Because the proposal repeals the existing state CDPA law and replaces it with new law, it allows the Federal Government to control whether these changes will be approved, at a time when Federal approval is anything but certain. This puts CDPA in New York at grave risk.

Action: NYAPRS strongly urges the legislature to reject this harmful proposal that could end CDPA in NY!

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TESTIMONY OF
THE NURSE PRACTITIONER ASSOCIATION NEW YORK STATE
TO THE NYS SENATE MANHATTAN DELEGATION

March 2, 2019

The Nurse Practitioner Association New York State ("NPA") is the only statewide professional association of nurse practitioners ("NPs") in New York, nearly 20,000 of who practice throughout New York State. The NPA and its members are committed to maintaining the highest professional standards for nurse practitioners, and ensuring the greatest quality care for health care consumers. This organization provides continuing education programs, assists in NP training, and advocates with respect to legislative and regulatory issues which affect nurse practitioners and the patients they serve. The NPA wants to take this opportunity to thank the State Senate for its long-standing support of the profession, and to ask for your assistance in addressing two policy issues in this year's budget: (i) support Part CC of the Public Protection and General Government ("PPGG") Article VII bill which would modernize the workers' compensation law ("WCL") and clarify, among other things, that NPs may practice within the workers compensation ("WC") system at the top of their license; and (ii) add Article VII language establishing a clinical preceptorship personal income tax credit for health care professionals who provide preceptor instruction to students.

Background

NPs have been practicing since 1965 and gained legal scope of practice in New York State in 1988. We are licensed, certified, and regulated by the State Education Department ("SED"). NPs possess a license as a registered professional nurse ("RN") first, and then obtain additional certification as a nurse practitioner, which requires completion of an educational program approved by the State. NPs are highly skilled, trained, and experienced individuals who exercise independent judgment, and collaborate with multiple specialists and healthcare practitioners every day. Although NPs focus on primary care health issues generally, every New York NP must be certified in one or more specific practice areas: Adult Health, Women's Health, Community Health, Family Health, Gerontology, Holistic Care, Neonatology, Obstetrics/Gynecology, Oncology, Pediatrics, Palliative Care, Perinatology, Psychiatry, School Health, Acute Care and College Health.

NPs are authorized to diagnose illness and physical conditions and perform therapeutic and corrective measures, order tests, prescribe medications, and devices and immunizing agents, without supervision. We possess full prescribing authority and are the primary care provider of choice for many New Yorkers. NPs are autonomous and, unlike other allied professions, NPs are not supervised by or dependent upon any other professional. NPs are independent healthcare practitioners who are legally accountable for the care they provide. Moreover, due to a change to the Education Law in 2014, NPs are not required to maintain any written collaborative agreement with a physician once the NP completes 3,600 hours of practice. Experienced NPs, practicing within his or her scope, must only continue to maintain "collaborative relationships" with physicians and/or hospitals.

1. Expanding Patient Access to Providers in the Workers Compensation System

The WCL is outdated and fails to account for the wide range of healthcare providers who treat New York patients daily. The NPA strongly supports Part CC of the PPGG budget bill, which would modernize the current system by expanding the types of professionals who will be permitted to participate in WC and treat injured workers.

Even though many New Yorkers regularly rely on NPs for a wide range of physical and mental health treatment services, far too often, injured workers who wish to see their primary care provider – who happens to be a NP -- are statutorily barred from doing so. WCL currently only allows physicians, physical therapists, psychologists, chiropractors, and podiatrists to seek authorization in order to treat injured workers. The NPA strongly supports this proposal that would authorize NPs and certain other health care professionals to also participate in the WC system. Not only will this change empower New Yorkers by permitting those who are injured to see a preferred type of practitioner, this expansion will significantly increase access to health care, enabling patients to be treated in a timelier fashion. Adopting this proposal will increase the availability of quality care in WC, reduce costs to the system, and ensure injured workers have the chance to more efficiently return to work. The Executive also correctly notes that New York has a particular shortage of access to psychiatric care, and this change would mean that psychiatric-NPs will be able to help

address the needs of a vulnerable population, and reduce risks associated with injured workers suffering with opioid dependency and other behavioral health conditions.

2. *Increasing Access to Preceptors*

Preceptorships provide students in the health care professions a bridge between classroom education and clinical hands-on training. Experienced clinicians create the opportunity for students to access rigorous first-hand training in their designated health setting. This essential component of clinical professional development and enhanced learning experience equips students with the necessary tools to allow them to provide effective care once they graduate. Unfortunately, there is a substantial shortage of qualified preceptors in the state, substantiated by a 2016, Pace University's College of Health Professions survey of both public and private institutions on the state of college and university clinical affiliations in New York. The study revealed that 75% of them were having difficulty securing and maintaining clinical placements, and 93% of institutions cited "lack of interest by practitioners" as the primary challenge in securing placements. Creating a clinical preceptorship personal income tax credit would incentivize participation in the clinical training programs, and could help overcome this barrier.

The Center of Health Workforce Studies, School of Public Health, University of Albany has repeatedly noted that "[w]hile the demand for primary care physicians has increased in recent years, the in-State retention of primary care physicians in New York has declined." According to the CHWS report on 2015 New York Residency Training Outcomes, "only 45% of newly trained physicians reported plans to practice in New York," with 41% of physicians stating that they plan to enter a specialty (not provide primary care). CHWS has further advised that only 38% of physicians trained in New York who intend to *practice primary care*, will stay in New York.[1] In contrast, 88% of NPs who are trained in New York State will stay to provide primary care. Similarly, there are high retention rates for physician assistants (77%) and midwives (56%). If New York wants to continue to retain this cadre of highly educated health care professionals, the State must ensure that there are sufficient preceptors available for NPs, PAs, and midwives entering the workforce.

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[1] *"Health Workforce Planning in New York: What Do We Need to Know?,"* Presentation to NYS Board of Regents, Professional Practice Committee by Jean Moore, DrPH, MSN, Director of Center for Health Workforce Studies, May 2017.

The demands on New York's highly qualified healthcare professionals are substantial. There are constantly competing interests. Nonetheless, it is incumbent on these devoted individuals to provide supports for the newly educated health care workforce and many practitioners volunteer their time to assist with clinical training programs. Last year, both houses of the legislature included in the one-house bills language that looked substantially like A.3704 of 2019 (Gunther). This legislation acknowledges the value of New York's existing experienced healthcare workforce, and incentivizes their participation in a preceptor program by offering participants a $1,000-$3,000 income tax credit. Enacting this tax credit would demonstrate New York's commitment to ensuring health care professionals are available to all the State's communities, for many years to come.

The NPA respectfully requests that the Senate advocate for inclusion of this proposal in the final budget, to ensure that New York appropriately recognizes the leading healthcare practitioners who are inspired to support the next generation healthcare practitioners.

CONCLUSION

The NPA looks forward to working with the legislature to ensure that the two proposals summarized above are included in the final budget. Both changes will, in the long run, help reduce health care spending while promoting greater access to quality care. If the NPA can provide any specific information to the legislature as you prepare your responses to the Governor's proposal, please contact me.

Respectfully Submitted,

Stephen Ferrara

Stephen Ferrara, DNP, RN, FNP-BC

Executive Director