

Thank you to Senator Krueger and the entire NYS Senate Delegation for hosting this event.

Today I'd like to discuss the issue of home care hours in managed long term care.

Recent articles have covered a very disturbing and tragic story from the Bronx. An elderly woman living with Dementia wandered off at night and froze to death.

Although her daughter continually fought for more overnight hours, her MLTC refused her request.

Daughter tried to get round-the-clock dementia care for mom who wandered off, froze to death in Bronx
<https://www.nydailynews.com/new-york/nyc-crime/ny-dementia-bronx-death-mother-daughter-20200218-fnslwtv3vjb7rmjt2iuyfezfrm-story.html>

Two Deaths, Two Daughters And A Healthcare System That Failed
<https://gothamist.com/news/daughters-dementia-health-insurer-mothers-deaths>

Her daughter is not alone.

MLTCs are using predatory business tactics to do whatever they can to either avoid enrolling high hour, complex cases or offer the lowest amount of home care hours they can get away with.

I know - our family was a victim of such practices. While "shopping around" for an MLTC" - we were lied to by one company that 24x7 hours were illegal. The second company pressured us stating that if our loved on really needed 24x7 she belonged in a nursing home. The MLTC we enrolled with only offered daytime 12 hours and we spent \$100,000+ of our family's savings in overnight care until those hours were secured.

Are these isolated cases throughout New York?

Preliminary analysis into the fair hearing decision archive database hosted by the NYS Office of Temporary and Disability Assistance has yielded the following:

Since 2012, after MRT I forced thousands into MTLC, there have been over 10,000+ REVERSED decisions. This is 10,000+ cases families appealed to the county and stated the number of hours granted by their MLTC was insufficient. In these hearings, an impartial administrative law judge reviewed the medical records and decided to INCREASE the amount of hours granted.

In 2019, there were over 2000+ of such decisions.

With the MRT II set to propose even more funding cuts or tighten regulations further, will this motivate MLTCs to grant even fewer hours?

Specifically, we urge the legislature to enact a Medicaid Long Term Care consumer "bill of rights". A brightly colored piece of paper given to all new long term care enrollees that states in plain and simple language:

- YOU HAVE THE RIGHT to all medically necessary hours you need
- YOU HAVE THE RIGHT to a medical assessment free of intimidation
- YOU HAVE THE RIGHT to appeal that decisions fair hearing

MLTCs are running amok in the wild west of long term care with no family protections. More cuts will lead to more aggressive business behavior.

Every dollar cut; every hour withheld must still be paid for by us. Either by wiping out our dwindling savings. Or, as we've seen in the Bronx, paid for with our own life.

Andrew Heller,
Founder CDPAP Watch



Manhattan Solid Waste Advisory Board 2020 New York State budget testimony

March 9, 2020

Thank you for the opportunity to recommend funding priorities for the state to further the state's 2030 zero waste plans.

In order to achieve our shared goal, municipal programs need to target as close to 100% of the discard stream as possible and also to motivate and make it easy for their residents and businesses to participate in their programs as close to 100% as possible. In addition it is necessary for municipalities to reduce and eventually eliminate long-term put-or-pay disposal contracts that vie for dollars and waste with zero waste programs that are typically under-funded.

This said, our recommended priorities for state funding fall in the areas of helping municipalities develop and fund effective education and enforcement programs, sufficient organics processing / composting facilities, particularly near New York City, data gathering studies to optimize reuse and organics collection, needed new programs to maximize the amount of disaster debris that is recycled and composted, and a state plan that is sufficiently detailed and supported by funding to achieve zero waste to disposal by 2030.

Education and Enforcement

As stated above, in order to approach zero waste, it is necessary to target close to 100% and collect/process/market close to 100%. And yet participation rates are often 50% or less. Even if all discards were targeted for recycling, composting, and reuse, that would result in a 50% diversion rate. New York City has been under-funding education and enforcement for many years, and for education is roughly 50 cents per person per year. Not much can be accomplished on such a starvation budget. And yet studies have shown for years that sufficient education and motivation are key to increasing participation. To do this, educational programs need more approaches (e.g., different print and media outlets, social media, subway/highway ads (think of the diversity of Geico and Liberty Mutual ads), more sustained effort - with an increase in frequency of outreach, more attention to motivating participation by using opinion leaders in outreach materials, increased data gathering to understand participation

rates, increased data gathering to understand current enforcement patterns and their cost/benefit, and more attention to enforcement patterns vis a vis resulting changes to participation. Even more important than participation in recycling programs is changing consumer habits to reduce the amount of products and packaging that we consume. Waste prevention education is usually a tiny portion of expenditure, and yet there is 70 pounds of waste produced in the upstream (production and transportation) for every pound of waste recycled or disposed, so the lion's share of education needs to be directed towards waste prevention.

Disaster debris

Natural disasters, be they hurricanes, floods, or ice storms, affect all parts of the state and will be increasing in frequency and intensity as climate change proceeds. But this is low-hanging fruit since municipalities have not paid much attention to this discard stream and not typically part of long range planning. Solutions are simple and available and just require some funding. Most of the debris created by natural disasters is wood. So large, mobile wood chippers are needed. Since major disaster events don't happen every day, a cadre of large, mobile wood chippers could be stored and deployed as needed by a small staff that can direct the operation. Likewise, much of the debris from hurricanes and floods is building materials. Metals are also easy to recycle. The key to collecting and processing this material to avoid mass disposal is educating the residents and businesses often, at least once a year, to create piles at the curb for at least the following categories: vegetative matter, building materials, metal, hazardous materials like refrigerators. DEC could develop and disseminate educational materials for residents and businesses.

Pilots

There are a number of areas of solid waste management that are still in their infancy, for example, organics curbside collection, reuse collections and repairs, and pay-as-you-throw. NYSERDA and/or NYSDEC should have more funding to provide to municipalities to optimize organics curbside collection and processing, for example in different types and densities of neighborhoods. Very little is known about what types, volumes, weights and condition reusable products are left at curbside, and for the same reason that waste characterization studies have been done (to be able to design recycling MRFs, routes, truck needs, etc.) curbside reuse potential studies should be funded. In larger cities the concept of the PERF (product evaluation and repair facility), where reusables could be evaluated, repaired, and parts salvaged, and rehabilitated products donated or sold, could be tested. Pay as you throw has been recommended by USEPA for decades as the best means of improving recycling, composting, reuse and prevention, and this is done in a few places in New York State, but not many. Municipalities need assistance (funding) in understanding how to design the best program and implement it.

Study: How to get to zero waste to disposal by 2030

The State is about to embark on its latest solid waste management long term plan. It is important that the plan be framed towards achieving zero waste to disposal (landfill and incinerator). Without planning for it, zero waste can't be achieved. The plan should have enough milestones and goals to be accomplished in each of the next ten years to ensure that all discards are targeted for some kind of zero waste program, initiative, or legislation. The plan should be specific as to how municipalities will have

enough funding to achieve zero waste. And USEPA showed in a report ten years ago that half of all carbon emissions to the atmosphere arise from the production, transportation and use of consumer goods, packaging and food. Therefore, funding for this plan and the programs mentioned here can come from climate change mitigation funding sources.

Capital projects

Organics processing capacity is sorely lacking in and around New York City, and that is one reason that the City has been slow-peddaling organics collections. The State should step in and help establish sufficient organics processing capacity, especially downstate.

The Manhattan Solid Waste Advisory Board (MSWAB) is a non-profit, non-governmental organization dedicated to helping NYC achieve its zero waste goals. We advise the Manhattan Borough President, City Council and City Administration on policies and programs regarding the development, promotion and operation of the City's waste prevention, reuse and recycling programs. We are a Board comprised of solid waste management industry, waste reduction and diversion consultants, sustainability professionals, and concerned citizens, appointed by the Manhattan Borough President's Office, representing individuals and organizations located in Manhattan. We hold monthly meetings, provide information online, and have a number of active committees, all of which are open to the public.

My name is Jenny Zhang. And I'm here today representing the New York City Democratic Socialists of America. Although my perspective has been informed by my experience in finance and policy, the opinions I am about to express are my own.

There is a lot that I want to say to you all here. Because you all have a power that I don't. You all have the power to meaningfully change what life looks and feels like in this state. Unfortunately, I only have 2 minutes.

I want to talk to you about the choices that you have made. Economic laws are not made by nature. They are made by human beings. They are made by the people sitting in your seats. Every single day, you wield the power to change the shape of our economy.

Is this economy something that you can be proud of? Do we really want the title of most unequal state in the country? This year, you have the opportunity to do something about it.

I hear from the people who are actually really struggling. I hear from students who were not able to finish their College degrees because the Excelsior financial aid program for low income families is a false promise, I hear from people whose tap water runs murky, the color of milk tea, right here in New York City, I hear from people whose *parents* are working on minimum wage, trying to make ends meet. There is vast inequality, and unmet need. You don't need me to tell you that.

What you do need me to tell you is this. We are here on the outside, working day, and night to educate people on how *easy* it would be to meet those needs. We understand how this could be done - by taxing the rich- their wealth, their ultra-high incomes, big corporations & wall street. In fact, we have already prepared 17 ways to do so - our coalition has found \$40 billion dollars *per year*, for you to put to work on our needs - you have the laws in your laps, and our people are ready for things to change.

These taxes would raise the funds needed to really make a public investment in our people. A handful of these bills could each, on their own, raise enough debt to cover the entire \$32bn unmet need at NYCHA. Together, these bills would raise enough money for a future unrecognizable to the working class today. A real opportunity to go to college, public housing with no mold, rats or heat outages, a real Green New Deal (meaning massive public investment) in New York State, and the ability to avoid cuts or a "slowdown in growth" to Medicaid recipients, who are both sick and poor.

I am not under any illusions, money won't fix everything. But are we really going to continue to let money be the gating factor here in the second richest state in the country? This year, it has become the gating factor to one too many things, and we on the outside know that an alternative is possible.

Our current economic structures and distributions are inadequate. You all are in a position to change that. Where will your choices lead you? For the next few months at least, you find yourselves in a position to decide, and I hope you will join us.

My name is Faiza Azam. I am a senior at John Dewey High School, located at 50 Avenue X at Coney Island. My high school was extremely vulnerable to Hurricane Sandy in 2012. Approximately one mile separates John Dewey High School from the ocean, and that mile was just the beach. After Hurricane Sandy hit, John Dewey HS was under emergency generators for almost two years; the pipes were clogged and much infrastructure was damaged. Throughout the last 8 years of implementing resilience and recovery efforts, the school still needs better infrastructure, and relief; the community is extremely vulnerable without strong climate solutions and precautions taken into account by elected officials of the Coney Island Community, and most of the coast of South Brooklyn.

During my sophomore year, FEMA, National Wildlife Federation and Brooklyn College created a program known as Resilient Schools Consortium, where several high schools that experienced damage from Hurricane Sandy in 2012 received a \$2500 grant in order to research and find solutions for their school to better prepare for the next natural disaster. But is that enough? Throughout the first year of the program (2017-2018) we researched solutions, through 2018-2019 we planned to purchase a greenhouse and create a thorough plan to plant spartina grass around the school parameters to decrease the risk of flooding due. Throughout our 2019-2020 year, my last year in high school, we still haven't received our grant.. Despite the delay of the grant funding, it's not enough, because there is always more to be done to protect our school, homes, and communities from the climate crisis no one is funding our research nor providing more support for the bigger problem we are facing.

With my work with Wildlife Conservation Society at the New York Aquarium, my fellow interns and I were supported by the New York Aquarium and Wildlife Conservation Society in our mass media campaigns and organized events for youth education on ocean and wildlife conservation, not to mention the Aquarium's own shark exhibit being destroyed by Hurricane Sandy and fully rebuilt last year. Despite the funding through the NY Aquarium, we are still a small group of youth activists who need more support to push forward relief and education about the climate crisis and its impact on the lives and homes of New Yorkers.

Lastly, during my current Fellowship with Our Climate, an organization that supports youth in advocating for science based and equitable environmental policies, I've had the opportunity to learn how to communicate with our local politicians, and had the pleasure of speaking to State Senator Diane J. Savino of District 21 over the last month. Senator Savino, being an advocate of climate resilience and adaptation stated her insight on protecting the coast of South Brooklyn and Staten Island by demonstrating the different legislative solutions she has taken to provide relief to communities affected by Hurricane Sandy. So far, most of our elected officials are working on resiliency efforts in the communities they represented from natural disaster; but how can we, young people help? John Dewey High School on its own, does not fully commit to research and provide proper education on environmental sustainability because of budget shortcuts. In fact, their budgets did not cover Advanced Placement classes such as AP Environmental Science until I had petitioned the need for the class to be enacted, as well as our Environmental Research class to be placed for students to learn and find solutions on protecting their school communities to save their education, and their homes.

New York needs to fund climate solutions. The Climate Leadership and Community Protection Act (CLCPA) is a great first step to ensuring that young people and people in my community in South Brooklyn will be protected against the climate crisis. However, we need funding to implement this ambitious plan. I urge the State Senate to provide at least \$1 billion in funding in the budget as a down payment on the CLCPA.

Dear Senator Liz Krueger, Brian Benjamin, Brad Hoylman, Robert Jackson, Brian Kavanagh, and Jose Serrano,

Thank you for the opportunity to provide my testimony regarding the 2020-2021 New York State Budget Proposal.

My name is Erin Zipman. I am a high school student from Long Island. In recent years, I have learned about rising global temperatures, pollution, especially in low income and low-emission communities, mass extinctions, and the overall degradation of environmental health. It has left me extremely fearful for the future. I know many of my peers have similar fears about climate change. It feels as though life as we know it is being destroyed.

Climate change is a bipartisan issue. It is a threat to our environment and is making many places unlivable for millions, and soon billions of people. New York is not immune to this. We can not afford to ignore it or speak vaguely of it any longer. It is time for concrete action and sustainable, healthy reduction of carbon through the shift from fossil fuels to green, low-carbon and renewable energy sources. This is also an opportunity for equality and justice through investment in low-income vulnerable communities, in a just transition for fossil fuel workers to green jobs, and community projects promoting efficiency, sustainability, and resilience in the face of climate change. It is time to lead the way in environmental responsibility. The Climate Leadership and Community Protection Act is a strong step towards these goals.

For these reasons, I want to see at minimum \$1 billion in funding to meet the goals of the Climate Leadership and Community Protection Act in this year's budget. \$1 billion is not enough to fund the just transition our state needs; but \$1 billion in the 2020 budget is a down payment on the promises made in the Climate Leadership and Community Protection Act. It is a down payment on future prosperity.

Thank you for your dedication to the wellbeing of your people.

Sincerely,

Erin Zipman, *she/her*
11790

Dear Senator Liz Krueger, Brian Benjamin, Brad Hoylman, Robert Jackson, Brian Kavanagh, Jose Serrano and Kevin S. Parker

Thank you for the opportunity for me to provide my testimony regarding the 2020-2021 New York State Budget Proposal.

I want to see at minimum \$1 billion in funding to meet the goals of the Climate Leadership and Community Protection Act in this year's budget because of the urgency this issue needs to be met with. I am a first-generation daughter of two immigrant parents. My family was displaced in Bangladesh back in 2007 due to a severe cyclone, and it was one of the factors that drove them to bring me here. I've always known that this event was a result of something unnatural. As I grew up, I've learned that it is really climate change.

I stand before you today because you hold the power to implement change that will hopefully spread globally. All change starts small, and starts with us. We owe it to ourselves, our planet and to the families who don't have the means to start a new life after displacement.

We have come very far with the CLCPA in establishing guidelines and goals, but now we need to put them into effect. Through this funding initiative, we will see effective change that will drive this movement further.

Sincerely,

Taspia Rahman

Hello. I have come here today to voice my support for Budget Justice. For centuries, New York has prided itself on being the place people come, from across the country or across an ocean, it's where you go and where you arrive. But increasingly, it's the place you can't afford to live, the place you can't raise a family, the place where a fair shot costs an unfair sum. And it doesn't have to be. We can take care of our needs and take care of our neighbors if we choose to prioritize being a place where people can live and not just a place people can park their yacht.

A city with overflowing homeless shelters and empty luxury condos built so high you don't have to see the suffering on the ground is not a city that can sustain itself. Teachers pay out of pocket to make sure our kids have school supplies, while those who make forty times as much find the loopholes that turn multi-million dollar third homes into tax shelters. No firm foundation can be built on such inequality, and we cannot grow and prosper without solid ground to stand on. We are turning the rock beneath our feet to quicksand and ignoring the signs that we are sinking.

There are 40 billion dollars a year that could be put back into the state and its citizens without adding to the tax burden of the working and middle class, and there's no better investment than New York.

Thank you for your time.

Best,
Deborah

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

My name is Josie Helm. I am a sophomore at The Brearley School, a K-12 all-girl's school on the Upper East Side in Manhattan. Up until recently, climate change had always been an issue on the back of my mind. Using a plastic bag or throwing out a single-use disposable item always made me shudder a little, so I started doing small things like carrying reusable bags, utensils, and straws wherever I went, taking public over private transport when possible, and doing little things here and there to reduce my carbon footprint.

However, as I educate myself about the rapid progression of climate change and the daunting future that faces us if we refuse to make large-scale changes in public policy, I recognize that I need to do more, and I need to hold those around me accountable for addressing climate change head-on.

We are beginning to feel the effects of climate change in New York already. Winters are milder and the weather is unpredictable, with temperatures around 20° one day and highs around 65° just days later. This is just the beginning. The state of New York alone is currently at an increased risk of suffering extreme heat, drought, wildfires, and inland and coastal flooding. By 2050, the projected number of dangerous heat days will more than double, as will the severity of widespread summer drought. The number of people who will be at risk for coastal and inland flooding will also increase by hundreds of thousands.

Both from ethical and economic standpoints, being paralyzed by these daunting statistics and failing to address climate change with long-term solutions reflected in state policy will end up creating even more detrimental problems down the road.

It is for this reason that I ask you to act now by supporting an allocation of at least \$1 billion in this year's budget to invest in a just transition to renewable energy. Doing so would allow New York to begin to meet the goals of the Climate Leadership and Community Protection Act and be a promising start in addressing climate change.

Thank you,
Josie Helm
She/Her

2020 New York State Senate Manhattan State Budget Forum
Saturday, February 29, 2020 - New York Academy of Medicine
Testimony by Maria C. Figueroa, LPD, MPA

My name is Maria Figueroa and I am Director of Labor and Policy Research at the Worker Institute of Cornell University's School of Industrial and Labor Relations (Cornell ILR). The Worker Institute conducts research, training, and advocacy in partnership with a broad array of stakeholders, including labor unions, worker centers, and other groups assisting low-wage and contingent workers such as day laborers, restaurant workers, and domestic workers. My testimony draws on previous and on-going research by the Worker Institute and other research centers on the topic of non-standard work arrangements, commonly known as gig-economy jobs.

Since 2018, our research has focused on the segment of the gig-economy that employs digital hiring platforms (or applications) to engage workers in short-term jobs. This sector is commonly referred to as app-based work. Our research has involved gathering quantitative and qualitative data through a 2018 online survey, Cornell University's Annual Empire State Poll, content analysis of workers' social media postings, as well as individual interviews and consultation meetings with app-based workers. Our data spans multiple sectors of the emerging platform economy, including ride hailing, food delivery and courier services, home services, as well as personal and professional services.

Findings from our research revealed a range of issues affecting app-based workers. Those issues include the lack of legal protections resulting from the classification of app-workers as independent contractors; low and unstable earnings, which require reliance on second or third jobs, or public assistance; health and safety hazards on the job; and no recourse for appealing disciplinary actions resulting from negative consumer ratings (DeVault, et al, 2019).

Gig-workers in general and app-workers in particular, are difficult to count, due to the contingent nature of their work, high turnover rates, and confusion over the definitions of terms. This poses a challenge for determining the extent and magnitude of the problems that these workers are facing, and for formulating policy and private sector solutions to such problems. Nonetheless, progress has been made to improve knowledge about the size of this workforce. Recent estimates by the Center for New York City Affairs indicate that 1.6 percent of the New York State workforce, or 150,000 individuals, are app-based workers (Moe, Parrott & Rochford, 2020). Our own research indicates that between 1.5 and 5 percent (between 150,000 and 500,000) of New York State residents 18-year and older obtain work through digital platforms (Figueroa, 2020).

Low and unstable earnings

The data we analyzed revealed that each individual app does not generate enough work for most workers to make a living. Nearly forty percent of respondents to our 2018 survey reported working for three or more apps. Only 13 percent of respondents said that they could support themselves fully with app-based work, another 13 percent said they supplemented their income with that of their partner or family members, 42 percent had another job, and 27 percent said they resorted to other sources of support, including public assistance (DeVault et al, 2019).

Blind dispatch: effects on earnings

The automated matching (or blind dispatch) that the platform companies use to connect workers with consumers results in information asymmetries that can negatively affect workers' earnings and even their personal safety. This practice, which is frequent among platforms in ride-hailing (Uber, Lyft), delivery (UberEATS), and home services (Handy), transfers the costs of the platforms' inefficient systems onto the app workers. In the case of ride-hailing drivers, blind dispatch results in uncertainty about earnings or expenses to be incurred in rides, because drivers do not know about the distance they will travel until after they accept the trip (DeVault et al, 2019).

Workplace safety issues

App-delivery workers doing work for UberEATS, Postmates, Caviar or Doordash, are exposed to risk of severe injuries, which can prevent them from working for extended periods of time, even months, without health insurance or financial cushion. Home service workers such as home care workers and cleaners engaged through Handy, TaskRabbit or care.com are vulnerable to harassment, exposure to toxic chemicals, and risk of injuries (DeVault et al, 2019).

As a result of the blind dispatch system, app workers in home service and in ride hailing face the issue of dealing with customers that are belligerent or that make them feel unsafe. Women driving for ride hailing companies are particularly vulnerable to sexual harassment. A woman driver in an upstate city reported at least two situations that made her feel unsafe, saying: "I had a group of four young men in my car. I told them they were not allowed to smoke or vape in my car. They then proceeded to ask if it was okay if they [engaged in sexual acts] in my car. ...then, just two weeks ago, I had a passenger, [who] tried to friend me on Facebook." So, in those situations.... I think they should have ...a system [whereby] if you rank this customer three stars or lower, they will never match you with this customer again" (DeVault et al, 2019, p. 21).

Conclusion

The evidence that our research uncovered calls for policy solutions that would extend to gig-workers the protections that workers classified as employees enjoy. Such protections should ensure compliance with basic minimum standards and pay, the right to safe workplaces, anti-discrimination safeguards, an adequate safety net, and the right to collective representation.

Thank you for the opportunity to offer this testimony.

References

DeVault, I., Figueroa, M., Kotler, F., Maffie, M., and J. Wu, (2019). On-Demand Platform Workers in New York State: The Challenges for Public Policy. New York: Cornell ILR, Worker Institute.

Figueroa, M., (2020). Analysis of Cornell University's 2019 Empire State Poll Data. Unpublished.

Moe, L., Parrott, J., and J. Rochford, (2020). The Magnitude of Low-Paid Gig and Independent Contract Work in New York State. New York: The New School, Center for New York City Affairs.



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www.CIDNY.org

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 7, 2020

Testimony by:

Heidi Siegfried, Esq.

Director of Health Policy

Center for Independence of the Disabled



A United Way Agency

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 strongly opposes the Medicaid Redesign Team approach of cutting \$5 billion from the Medicaid program.

The proposed Executive Budget reconvenes the Medicaid Redesign Team (MRT) and directs the MRT to report back before the April 1 budget deadline with a plan to deliver \$5 billion in cuts to Medicaid. Medicaid is an essential program that provides coverage and vital services to people with disabilities and other low-income individuals. We are gravely concerned that directing a group of providers to find savings in such a short time period will create a process that does not allow for public input, or time to consider the implications of the proposals put forward and how they will impact access to vital services.

The Governor has directed the MRT not to cut eligibility or benefits in the program, but people with disabilities have endured the experience of the cuts made by the first MRT and are fearful of what additional cuts to eligibility or benefits could be made.

Specifically, the legislature adopted the recommendation of the first MRT to place a 20 visit annual limit on Physical Therapy, Occupational Therapy, and Speech Therapy which harmed many CIDNY consumers. One person who reached the limit in April and had to go without physical therapy for the rest of the year and experienced a decline in functioning. Some people had to resort to surgery because they were not able to get an adequate amount of therapy after which they were supposed to have post-operative therapy. Elsewhere in our testimony we discuss our years of efforts to get this service cut restored by putting language into one house budgets or introducing stand alone legislation which have all been to no avail.

Managed care for all and the mandatory enrollment of dual eligible into Managed Long Term Care has also resulted in severe cuts to home care hours which have only been restored by requesting fair hearings against the MLTC. A typical example would be a proposed cut of home care to 4 hours in the morning and 4 hours in the evening to a person who previously got 24hours/7 days of home care because they need to be turned and repositioned every two hours to avoid bedsores. The fact that this could result in the need for hospitalization or wound care nurse visits is not considered by the MLTC (probably because they may not be the payor for these services) and the medically necessary services have to be restored by an Administrative Law Judge.

Re:

We are gravely concerned that this process, which to date appears to include only providers, will not prioritize the State's obligations under Olmstead to ensure people have access to the support and services they require to live in the community.

Medicaid is a critical program that New York uses along with federal matching funds to take care of its people with disabilities and seniors. The state must not rely solely on program cuts to address the budget shortfall. Instead, the State must address both sides of the equation by also seeking out ways to raise revenue. Our economy is booming and there is no reason why we cannot raise the revenue we need from the over 100 billionaires and many more multi-millionaires who make New York their home and are part of the family of New York. A menu of 14 possibilities for raising revenue that totals \$35 billion has been suggested by other budget players that should be considered by the legislature.

CIDNY opposes the Medicaid Global CAP. 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 as mentioned in the example above 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 working on ways 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. New York's economy is strong austerity seems cruel and unnecessary. The State needs to continue in its tradition of providing community-based services to low-income individuals and people with disabilities. 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 \$5 million. Since 2010, CHA has helped 359,000 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 \$47 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. Medicaid patients now have to "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 \$2.5 million for a total of \$5 million for fiscal year 2021.*

CIDNY supports increased funding for the Long-term Care

Ombudsprogram. The Governor proposed level funding in his Executive Budget 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. Last year the State Comptroller released a report which found that many residents in LTC facilities lack representation from an Ombudsman due to lack of volunteers and paid staff. The report found that statewide, there are about half the recommended number of full-time staff. It found that in New York City alone, 23 more full-time staff would be required. *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 assisters that help consumers enroll in health insurance plans. Navigators have helped over 300,000 New Yorkers enroll since 2013 without ever receiving 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 "public charge". *The State should provide \$2 million for community based organizations to conduct outreach and educate consumers in the hardest-to-reach communities.*

Community Health Access to Addiction or Mental Healthcare Project

(CHAMP). Insurance barriers stop many New Yorkers from getting care for mental health or substance abuse issues. CHAMP started in 2019 and has already helped thousands of New Yorkers resolve those issues and get necessary care. CHAMP only received \$1.5 million in 2019—for 2020 it should be fully funded at \$3 million.

Medical Billing Protections. New Yorkers need protection from unfair medical billing practices. **A8639 (Gottfried)/S6757 (Rivera)** would eliminate some of these practices by requiring consolidated, clear hospital bills and capping interest on medical debt. It would also protect consumers from surprise out-of-network bills caused by provider or plan misinformation; protect patients from unfair facility fees; and reduce the statute of limitations on medical debt to two years from six.

The Executive Budget includes two proposals which CIDNY supports that will help patients facing lawsuits over unpaid medical bills:

- First, it reduces the number of years (or the statute of limitations) hospitals have to sue their patients from six years to three. Hospitals currently have up to six years to sue a patient for an unpaid medical bill. By the end of six years, many consumers will have changed insurance companies or lost copies of bills

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and other records relating to their medical care. Part J, section 18 of the Executive Budget's Health and Mental Hygiene VII legislation proposes to reduce this statute of limitations to three years. This matches the practice in most other states and gives consumers a much better chance of defending themselves.

- Second, it reduces the amount of interest a not-for-profit hospital can pursue from the commercial rate of 9 percent to the one-year treasury rate. This would have a profound impact on patients' lives. Part T of the Executive Budget's Public Protection and General Government Article VII legislation includes language that would limit the annual interest that can accrue on a civil judgment or claim to the one-year United States Treasury bill rate. For 2020, the Treasury rate is only 1.54 percent.

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 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 explore establishing a premium assistance program for people with incomes over 200% of the federal poverty level who buy private insurance. Federal tax credits cap premiums at a specific percentage of household income, but do not go far enough. 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.

Federal premium subsidies limit the percentage of income spent on health care premiums for those who earn up to 400 percent of the federal poverty level (for an individual, about \$49,000 a year). However, high deductibles and other out-of-pocket costs often mean that people cannot afford to use their plans even with lowered premiums. New York could add additional premium subsidies on top of the federal subsidies to help further reduce monthly spending on health insurance. New York could also add premiums for people earning between 400 and 600 percent of the federal poverty level, as Governor Newsom has proposed to do in California.

A benefit of this approach is that if New York subsidizes plans enough, it could lower prices in the individual market even for people who are not receiving the subsidies. Targeting the subsidies so that they bring the most people into the market would improve the risk pool, which would drive down premiums for everyone.

CIDNY SUPPORTS ACCESS TO CARE

CIDNY supports the New York Health Act

CIDNY has long supported various versions of Single Payer Universal Health Care which would establish a seamless comprehensive system for access to health coverage and care. People with disabilities have a right to a transparent, accountable health care system that provides accessible coverage including benefits and services that are based on medical necessity. The current disjointed system of Medicare, Medicaid, and private commercial coverage and other specialized programs is difficult to navigate and often fails people with disabilities.

The New York Health Act would end the chaotic medical care system that people with disabilities are all too familiar with and its multiple uncoordinated programs, restrictive networks and formularies, deductibles and copays which can function as barriers to care. We are particularly pleased to be able to support the New York Health Act A5248 (Gottfried)/S3577 (Rivera) as introduced this year since its comprehensive benefits now include long-term care, as well as primary and preventive care, prescription drugs, laboratory tests, rehabilitative and habilitative care, dental, vision and hearing. For people with disabilities, who may have multiple providers, the free choice of care coordination as a separate service to help get the care and follow-up the patient needs that does not operate as "gatekeeper" is an added plus. CIDNY appreciates the articulation of program standards that include the accessibility of care coordination, health care organization services and health services, including accessibility for people with disabilities and people with limited ability to speak or understand English. We also appreciate the maximization and prioritization of the most integrated community based supports and services. CIDNY looks forward to the passage and implementation of this important legislation.

CIDNY seeks legislation that would prohibit dropping drugs from a formulary or moving them to a different tier. A2969A (Peoples-Stokes)/S2849A (Breslin)

CIDNY supports this legislation which would prohibit dropping of drugs from health plan formularies or adding higher cost sharing or new utilization review requirements for drugs already on formulary unless, in the case of movement of a drug into a higher cost-sharing tier, a generic equivalent for that drug is being added to the formulary.

One of the most important things a consumer checks in determining what health plan he or she will enroll in is whether the prescription drugs on which that individual depends are covered in the plan's formulary. Restricting mid-year formulary changes introduces a measure of fairness. Consumers who pick a plan because it covers their drugs will have the assurance that the reason for their choice will remain in place for the entire year for which they are committed to that plan.

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CIDNY seeks legislation that would ensure that a person can get their medication through their local pharmacy if that option work better for them than using a mail order pharmacy.

CIDNY supports the passage of A3043 (Joyner)/S4463(Breslin). This legislation would ensure that consumers have the choice of accessing every covered medication through a network participating retail pharmacy or a network participating mail order pharmacy. It would also prohibit a prescription benefit plan from requiring a higher co-payment for a drug dispensed by a network retail pharmacy and would prohibit plans from requiring a network retail pharmacy to agree to additional terms and conditions that go beyond the industry standard in order to dispense specialty prescription drugs.

Consumers should have the choice of accessing their covered medications from a local pharmacy or by mail order depending on which best meets their needs. Legislation which went into effect in 2012 was supposed to guarantee this choice, but consumers continue to be directed to out-of-state specialty pharmacies and are unable to fill their prescriptions at local pharmacies.

While some people might prefer to have their prescriptions mailed, some people have no mailing address other than a post office box or they live in neighborhoods where mail delivery is unreliable and is not secure. Mail order pharmacies typically deliver only to a residence or work address and often require a signature. Delivery to a work site can jeopardize confidentiality and result in a disclosure that could lead to discrimination or other unwanted attention. All of these problems are exacerbated when a medication requires refrigeration.

Patients who have difficulty communicating and comprehending pharmaceutical guidance and support over the telephone due to the language they speak or a cognitive or other disability may need the in-person support of a local pharmacist rather than a call center to best understand their medication regimen.

NY Medicaid and Medicaid Part D provide patients access to medications at a local pharmacy. Patients across the state in commercial plans also need this access.

CIDNY Supports an Override Provision for Visit Limits on Medicaid Physical Therapy, Occupational Therapy and Speech Therapy.

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. 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 was unable to get the recommended post-operative physical therapy needed to regain functioning. Some people may experience depression when they are unable to gain or regain function and thus 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.

CIDNY supports A4846 (Barrett) which enables patients to receive coverage of medically necessary speech, physical, and occupational therapy services under Medicaid beyond the annual limit based on medical necessity attested to by the physician nurse practitioner who directed the visits or the provider.

Medicare provides for an override and Medicaid Utilization Thresholds, which have been used in New York, have provided a procedure for a physician override.

CIDNY supports the "safe staffing for quality care act." A2954 (Gunther)/S1032 (Rivera)

CIDNY supports legislation that would require acute care facilities and nursing homes to implement direct care nurse to patient ratios and minimum staffing requirements. CIDNY supports minimum care hours per nursing home resident, per day for Registered Nurses, Licensed Practical Nurses (LPNs), and Certified Nurse Assistants (Certified Nurse Assistants) and would impose civil penalties for violation of these requirements. The minimum hours of care per resident, per day are as follows: RNs: 0.75 hours divided among all shifts to provide an appropriate level of RN care 24 hours per day, seven days a week; LPNs: 1.3 hours; and CNAs: 2.8 hours. CIDNY looks forward to recommendations from the study commission established in this year's budget.

CIDNY Seeks Fair Funding for Safety-Net Hospitals. A6677B (Gottfried)/S5546A (Rivera)

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, 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 provision of services to their patients.

CIDNY seeks legislation that would improve community impact analysis before hospitals close or merge.

More than 40 hospitals have closed across New York State and other hospitals have eliminated maternity units, emergency departments and other time sensitive services. Affected communities often have little or no say. CIDNY supports A2986A(Simon)/S5144A(Kavanagh) that would require advance public notice and a public hearing to gather consumer comments that would inform a final closure plan, including identifying and addressing any projected service gaps that would occur.

CIDNY seeks legislation that would require community advisory boards at all hospitals.

Voluntary non-profit hospitals are required to have a community service plan, but they are not required to have community advisory boards. CIDNY strongly supports A1148(Gottfried)/S1856(Hoylman), that would require all general hospitals to have community advisory boards to provide input as the hospitals develop their community service plans and provide ongoing insight into community needs and priorities. This could provide an opportunity to make sure that hospitals fulfill their responsibilities to provide reasonable accommodations to people with disabilities.

CIDNY seeks legislation that would increase consumers on the Public Health and Health Planning Council.

The Public Health and Health Planning Council makes decisions that affect the cost and availability of care without providing enough opportunities for consumers to weigh in. CIDNY supported A4071(Gottfried)/S870(Hoylman) that would add, among others, more members to represent the consumer perspective. The Governor vetoed that legislation but directed Commissioner Zucker to appoint two consumer members to the PHHPC. CIDNY supports legislation that would expand the membership to allow for those appointments.

CIDNY seeks legislation that extends the Essential Plan to people whose immigration status makes them ineligible for federal financial participation.

CIDNY strongly supports A.5974(Gottfried)/S.3900(Rivera). This bill provides adult immigrants with access to health insurance coverage that is *equivalent* to the coverage offered to their fellow citizens or lawfully present counterparts who are eligible for the Essential Plan because their income is below 200% of the Federal Poverty Level. In New York City, 58% of people with disabilities have incomes below 200% of the Federal Poverty Level. Some of these New Yorkers with disabilities are people with immigration statuses that preclude Essential Plan eligibility.

Extending eligibility to these immigrants builds upon New York's success covering children through the Child Health Plus program which *does* including immigrant children. It extends coverage to eligible adult immigrants ensuring that all New Yorkers have access to affordable health coverage, averting the health insurance cliff many young immigrants now face when they turn 19 after years of state investment in their health.

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.*

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