LEAGUE OF WOMEN VOTERS® OF NEW YORK STATE

The Blake Annex | 1 Steuben Place | Albany, NY 12207
518.465.4162 | www.lwvny.org | email: lwvny@lwvny.org

TESTIMONY SUBMITTED TO THE JOINT FISCAL COMMITTEES OF THE NEW YORK STATE SENATE AND NEW YORK STATE ASSEMBLY ON 2023-2024 EXECUTIVE BUDGET PROPOSAL HEALTH & MENTAL HYGIENE

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Thank you for the opportunity to submit testimony. I am Judith B. Esterquest, Healthcare Specialist for the League of Women Voters of New York State. The League is a nonpartisan, grassroots organization with a mission to educate the public to become engaged and informed voters, particularly on issues that further the public good.

As you may know, the League believes all New Yorkers should have access to essential physical and behavioral healthcare, and that New York State, in its regulation of healthcare, must assure our healthcare is high quality, affordable, and equitably accessible — by identifying and reducing current needless disparities of access and outcome, particularly for our most vulnerable and marginalized residents.

The League applauds that mental health has received significant attention in this year's proposed budget, but we note a number of specific additional areas where funding and regulation could significantly improve the lives and health of New York residents — 1) for children, 2) for rural and economically-disadvantaged residents, and 3) for providers who serve our most vulnerable residents.

As you know, health is a systemic variable: by improving access to quality care for our most vulnerable residents, we improve overall public health, improving and protecting everyone's lives.

1. Equitable access for New York's children — to reduce disparities in health outcome

Community Schools, Wrap-Around Services & School-Based Health Clinics —

Fully funding Foundation Aid for schools is commendable but funding for Community Schools and School-Based Health Clinics located in high-need school districts should increase commensurately.[1] The $250M set aside for FY24 is the same as four years ago,[2] despite increased health needs for students across the state, particularly in high-needs areas. More is needed.

Almost a quarter million underserved schoolchildren currently have access to physical, mental, and dental health services, reducing ethnic and racial health disparities in their communities while improving school attendance and performance. These clinics lower total cost by reducing hospitalizations and emergency room visits and, during the pandemic, these clinics offered the only mental health access available for many children and their families. Despite this, their budget allocation is 17% less than it was four years ago.

Not mentioned in the budget, the current Medicaid waiver for these School-Based Health Clinics expires in under six weeks. Allowing the waiver to expire will likely cause too many poor children to lose this lifeline. Managed care will not save NYS any money, except by delaying or denying necessary care to children who need it or by stigmatizing care for children embarrassed to be seen using it — but it will cost school districts needed funds, increase administrative costs, reduce transparency, and divert public moneys to for profit intermediaries (as noted in the NYS rationale

[1] https://www.budget.ny.gov/pubs/archive/fy24/ex/local/school/2324schoolaid.pdf#page=12
[2] https://www.budget.ny.gov/pubs/archive/fy20/exec/book/education.pdf#page=2

about pharmacy benefits and 340B[3]). Shifting the cost of necessary healthcare from the State to under-served school districts will further increase health disparities among our neediest children. By extending the carve-out and continuing to manage low-cost, effective SBHCs in poor areas, New York will be choosing quality, equitable access, and good financial stewardship.

Funding Post-Partum Care for a Year:[4] Everyone should be embarrassed by maternal and infant mortality rates in New York and the U.S. Most other countries have almost halved their rates over the past two decades, while ours have gotten worse, with more than twice as many Black mothers and infants dying as White mothers and infants, with more rural mothers and infants dying than urban mothers, and American mothers and infants dying at two-to-four times the rate of our peer counterparts.[5] While our maternal mortality rate has almost doubled since 2000, 157 of 183 countries have reduced theirs. These American deaths are preventable. It is difficult to admit but pregnancy in America is dangerous, even for white and relatively wealthy women.

The *2022 NYS Department of Health Report on Maternal Mortality* noted that the U.S. "now ranks among the worst for developed nations" and recommended that "structural racism and its impact on birth outcomes must be addressed through an integrated approach that reaches the healthcare system across New York State."[6] Last year's enacted budget included $20 million to expand prenatal and postnatal care, but barriers to access remain ubiquitous: mothers whose Medicaid coverage includes perinatal care aren't receiving it while the March of Dimes continues to identify two NYS counties as "Maternity Deserts" and eight more as "Low Access to Maternity Care." [7] This post-partum funding is a welcome first-step to protecting mothers, infants, and their families.

Expanded Medicaid Coverage for Doulas:[8] While regular attention from medical providers is vital during and after pregnancy, evidence is mounting that healthcare paraprofessionals can also make a difference for relatively low cost. "Doulas" were mentioned in the Governor's *State of the State Book* and the budget alludes to doulas, but funding lags. Explicitly appropriating funds to expand Medicaid coverage for experienced and culturally sensitive paraprofessionals can help bend a tragic curve of death and danger.[9]

Assuring equitable and affordable access to prenatal and postnatal care will save lives. It will also improve the health of those who suffer lifelong serious injury when treatable health conditions associated with pregnancy go undiagnosed and untreated. Expanded Medicaid funding for mothers to a year post-partum is an urgent need. Equally urgent, funding those who educate and advocate for mothers in culturally appropriate and effective ways.

First 1000 Days: Extending Medicaid Eligibility for Infants to 3 Years: [10] Affordable, accessible, equitable healthcare for children pays a lifetime of dividends for our children; it is also a frontline strategy for improving population health and health equity for NYS.

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[3] https://www.budget.ny.gov/pubs/archive/fy24/ex/book/briefingbook.pdf#page=80
[4] Essential Plan Changes to §1331/1332 https://www.budget.ny.gov/pubs/archive/fy24/ex/artvii/hmh-memo.pdf#page=25
[5] "Childbirth Is Deadlier for Black Families Even When They're Rich, Expansive Study Finds," *NYTimes* (Feb 12, 2023): https://www.nytimes.com/interactive/2023/02/12/upshot/child-maternal-mortality-rich-poor.html
https://www.commonwealthfund.org/publications/issue-briefs/2020/nov/maternal-mortality-maternity-care-us-compared-10-countries
[6] https://www.health.ny.gov/press/releases/2022/2022-04-13_maternal_mo
[7] March of Dimes. "Nowhere to Go: Maternity Care Deserts Across the US 2022 Report," https://www.marchofdimes.org/sites/default/files/2022-10/2022_Maternity_Care_Report.pdf
[8] SOTS Book: https://www.governor.ny.gov/sites/default/files/2023-01/2023SOTSBook.pdf#page=103 and Briefing Book: https://www.budget.ny.gov/pubs/archive/fy24/ex/book/briefingbook.pdf#page=79
[9] NYS Dept of Health began a Doula Pilot in 2019 in the two counties with the worst maternal mortality; as of January 2023, 917 people received up to 8 perinatal visits plus support during labor/delivery; 92% rated their doulas good or excellent. No information on relative health outcome vs any control group or cost to roll this out across NYS appears to be included on the website, https://www.health.ny.gov/health_care/medicaid/redesign/doulapilot/index.htm
[10] https://www.health.ny.gov/health_care/medicaid/redesign/1000_days/2019-10-01_final_report.htm

Providing children who are eligible for Medicaid at birth uninterrupted access to Medicaid for three years (by extending parental income parameters) will eliminate the "churn" of forcing parents to reapply every time a job is lost or won; further, it will allow parents to accept promotions or better jobs without worrying their children will lose healthcare. Medicaid "churn" is costly to families, administratively costly to our State — and costly to our public health.

The 2019 Budget included seed money for a "First Thousand Days" pilot.[11] Multiple pilots are now on-going, many determining best practices for motivating parents and providers to make sure all New York children get the essential care they need.[12] Most all the required services are already covered by State plans so should not add costs, particularly since routine healthcare for tiny children is relatively inexpensive. Savings will come from eliminating the administrative cost of churning children on and off Medicare, the cost of catch-up preventive care, and the cost of crises caused by delayed diagnoses and screening. The savings may well offset any financial cost of motivating providers and managed care administrators to ensure essential care happens on schedule.

We all benefit when tiny children have well-child visits, when they get their childhood shots on schedule, when physical and behavioral issues are addressed early. Healthy infants and toddlers are better prepared for preschool and kindergarten and live healthier adult lives. Enacting this program will require minimal funding while benefiting children, their families, taxpayers, and public health.

2. Equitable access for financially vulnerable New Yorkers — Care shouldn't cause poverty

Enroll Incarcerated Persons into Medicaid Prior to Release:[13] Most parolees suffer from at least one chronic illness, substance-abuse, and/or mental illness. These health problems impair successful re-entry, harming people's ability maintain employment, housing, family relationships, and sobriety, and to avoid re-offending. Enrolling them before release provides access to health services which, if utilized, are associated with reduced recidivism. The Brennan Center reports that "access to treatment for substance abuse and mental health issues appears to decrease the rates of both violent and property crimes,"[14] while the Brookings Institute notes studies concluding that access to substance abuse treatment has outsized effect on reducing crime.[15] Enrolling these returning citizens into Medicare is a critical first step, but they will also need counseling and assistance to take advantage of health services. The Governor seeks $12M for these additional services, estimating that it will triple the number of people served (perhaps addressing the needs of one-third of those released each year).[16] The League supports these expenditures, with the hope that broadening the base of community support that greets released people will encourage full support in future years.

Protect New Yorkers from Medical Debt and Other Burdensome Medical Costs: The Governor's Budget proposes ways to better protect consumers from predatory collection of medical debt and to facilitate financial assistance from hospitals for those who are eligible by standardizing the information required to prove eligibility.[17] The League supports these. The League also applauds the medical debt legislation enacted in 2022. These are, however, insufficient, given the pervasiveness of medical debt — which also harms our public health and our safety-net facilities.

I live on Long Island, rich with hospitals and a hotspot for medical debt. Between 2015 and 2020, one Long Island hospital sued over 13,000 Long Island patients.[18] Across the State in that period, 10% of

[11] https://www.zerotothree.org/resource/new-york-launches-first-1000-days-on-medicaid-initiative/
[12] https://www.health.ny.gov/health_care/medicaid/redesign/first_1000.htm
[13] https://www.budget.ny.gov/pubs/archive/fy24/ex/artvii/hmh-memo.pdf#page=29
[14] https://www.brennancenter.org/our-work/research-reports/myths-and-realities-understanding-recent-trends-violent-crime
[15] https://www.brookings.edu/blog/up-front/2018/01/03/new-evidence-that-access-to-health-care-reduces-crime/
[16] https://www.governor.ny.gov/sites/default/files/2023-01/2023SOTSBook.pdf#page=73
[17] https://www.budget.ny.gov/pubs/archive/fy24/ex/artvii/hmh-memo.pdf#page=45
[18] Community Service Society, July 2022, https://smhttp-ssl-58547.nexcesscdn.net/nycss/images/uploads/pubs/Wage_Garnishment_Report_V6.pdf#page=3

the State's 212 hospitals accounted for 80% of New York's medical debt lawsuits, with 53,000 families sued for an average $1,900 per case. Worse, low-income and patients of color were disproportionately targeted.

Some of **the most litigious hospitals also appear to be among those least likely to explain that charity care is available and thereby offering the least amount of charity care**, despite the $1.13 billion annual funding designated for that purpose by the State. Five hospitals (representing 23% of the suits against patients) provided a total of $6M in financial assistance but received $19M from the NYS Indigent Care Pool: $12.4M apparently used for other purposes.[19]

Reforms are urgently needed to ensure that funds for indigent care pay for indigent health services (and protect patients from medical debt), given the quite frankly uncharitable practices of a limited number of nonprofit hospital corporations whose balance sheets show significant excess revenue every year, enough that at least one has funded its own private equity division.

Almost a **half million immigrant New Yorkers remain uninsured** because they lack documentation. Studies show that residents who fear medical debt avoid and delay healthcare, meaning they do not get preventive care, do not get early-stage diagnoses, do not manage chronic diseases. When their conditions worsen, as such conditions almost invariably do, to the point of needing extremely expensive emergency care, these patients face financial ruin while the full cost falls to others. When safety-net hospitals and clinics provide such expensive and largely uncompensated emergency care, it further weakens the already precarious finances of those facilities. **Covering these residents under Medicaid is estimated to cost above half a million dollars per year**, but if these patients seek timely (less expensive) healthcare, that cost could be offset, first, by savings on subsequent, much more expensive emergency care — and second (and perhaps more important), by **helping stabilize the public healthcare system**.

The coming federal cut-off of Emergency Medicaid eligibility will potentially represent a financial cliff to many safety-net facilities. **Funding coverage for all adults would offer a fiscal reprieve for these critical and financially fragile facilities** — because they will be paid for their services.

3. Protecting providers in rural and high-need areas — to protect patient access to healthcare

Revitalized Emergency Medical Services and Medical Transportation: "Mobile integrated healthcare programs" as laid out in the Governor's SOTS[20] and budget[21] would offer emergency transport plus innovative delivery to patients in sparse population areas. Rural residents, on average, die three years younger from preventable causes than their urban counterparts because they lack affordable, equitable access to healthcare, which includes timely access during health crises. Too many legacy EMS departments depend on volunteers who are retiring, with appropriate training unavailable or inaccessible. Emergency transport services in New York cannot be allowed to die. The League supports fully funding well-coordinated 21st-century emergency mobile healthcare units.

Fair Pay for Home Care Workers We are facing the worst home care workforce shortage in the nation. In a recent CUNY survey, 1 out of 4 people who qualify for home care cannot find the care they need, and 3 out of 4 struggle to retain the care they have[22]. As New York's population ages and home care workers continue to flee the sector, we know fair wages are the only solution to stem the home care shortage. Further, the CUNY study determined that allocating NYS funds to raise home care wages by as much as 50% would "generate net benefits" because the resulting savings would

[19] https://smhttp-ssl-58547.nexcesscdn.net/nycss/images/uploads/pubs/Wage_Garnishment_Report_V6.pdf#page=3
[20] https://www.governor.ny.gov/sites/default/files/2023-01/2023SOTSBook.pdf#page=108
[21] https://www.budget.ny.gov/pubs/archive/fy24/ex/artvii/hmh-memo.pdf#page=38
[22] https://slu.cuny.edu/wp-content/uploads/2021/03/The-Case-for-Public-Investment-in-Higher-Pay-for-New-York-State-H.pdf#page=25

"greatly exceed" the cost.[23] The League supports The Fair Pay for Home Care Act (S3189) which would raise the wage Medicaid pays homecare workers to 150% of the minimum wage. We ask that the freeze on homecare wages be removed and that funds to support this pay raise are included in the Senate and Assembly one house budgets.

Broadband and Digital Infrastructure. The League supports all residents having affordable, resilient internet service with sufficient speed and bandwidth to allow every family member to engage in work, school, culture, community service, and telehealth. Today, telehealth, which depends on residential broadband access, cannot reach large swaths of rural New York because commercial providers cannot meet profit targets. Too many non-rural families cannot afford commercial rates. The $1.6B in the Executive Budget,[24] far too little to meet New York's Digital Equity goals, should focus first on New Yorkers for whom access is unavailable or unaffordable. Needs analysis and assessment cannot be confined to electronic outreach and proposals from non-profit digital providers should be encouraged (as likely more sustainable in high-need areas).

Telehealth and Broadband Access Funding: Telehealth offers a promise of transforming healthcare for the millions of residents who face barriers of distance or other difficulty in accessing medical care. The League supports **providing IT funds to providers** serving populations for whom in-person visits are a hardship.[25] The League also supports funding to ensure parity in coverage for **telehealth coverage of behavioral health (including substance abuse) and disability services**, including prescriptions based on those visits, as appropriate.[26]

Recently expanded coverage for telehealth should not be reduced with the waning of the pandemic. We urge New York State to see telehealth/broadband from an equity lens — helping providers connect but also helping our most marginalized patients access the digital world.

Hospital-Related Recommendations[27] — Use indigent-care dollars for high-need facilities and create a designation of Rural Emergency Hospitals: As has been covered earlier, when patients lack access to healthcare, their health worsens and the total cost of their healthcare increases. The same dynamic occurs when patients delay and avoid healthcare because they fear medical debt. Equally, rural hospitals need more funding. On average, the communities surrounding them have smaller, poorer, less healthy populations — their communities are more likely to be uninsured or underinsured and less likely to get routine healthcare. Without increased funding for all aspects of their critical health needs, including funding for hospitals and healthcare facilities, rural areas of New York will become unlivable.

Conclusion

The League greatly appreciates the healthcare reforms implemented by the Legislature and Governor in recent years. That said, disparities in access and in health outcomes reveal continuing challenges. Protecting vulnerable residents means not only ensuring affordable access to quality care but also reducing the fear of medical debt felt by almost half of all New Yorkers. Similarly, we must protect vulnerable facilities that serve high-need communities that are themselves at dire financial risk. Finally, funding those innovative programs that can transform the health trajectories of our most vulnerable residents while reducing crisis expenditures just down the road may well have outsize effect on individual well-being, family health, public health, and productivity, while protecting institutions we cannot let fail.

Thank you.

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[23] Ibid., 8.
[24] https://www.budget.ny.gov/pubs/archive/fy24/ex/book/capitalplanoverview.pdf#page=5
[25] https://www.budget.ny.gov/pubs/archive/fy24/ex/artvii/hmh-memo.pdf#page=36
[26] https://www.budget.ny.gov/pubs/archive/fy24/ex/artvii/hmh-memo.pdf#page=54
[27] https://www.budget.ny.gov/pubs/archive/fy24/ex/artvii/hmh-memo.pdf#page=23