County Health Officials of New York

New York State Association of County Health Officials
2019-20 Budget and Legislative Asks

NYSACHO's mission is to support, advocate for, and empower the 58 local health departments (LHDs) in their work to prevent disease, disability and injury and promote health and wellness throughout New York State. LHDs are your partners and operational extensions, working in the forefront of communities, addressing public health issues and serving as the first line of defense against all public health crises. The first priority of New York LHDs is to maintain the core public health services they have been tasked to provide. These services address family health, communicable disease, chronic disease, emergency preparedness and response, community health assessments and in full service counties, environmental health. Additionally, LHDs must respond to emerging public health threats such as the flu epidemic, opioid abuse epidemic, drinking water contaminants, increasing rates of sexually transmitted diseases, tick-borne viruses and beyond.

Local health departments have reached a tipping point. To adequately maintain core public health services and address emerging threats, we respectfully request:

1. **Opposition to, and Restoration** of the proposed cut to State Aid Reimbursement for NYC Department of Health and Mental Hygiene which would reduce the percent of reimbursement above the base grant from 36% to 20%. This will result in a nearly $60 million revenue loss to essential public health programs. A cut of this magnitude will have a direct impact on the health and wellbeing of all New Yorkers.
2. **Allocation** of resources to Article 6 base grants to ensure public health services are eligible for full reimbursement of local expenditures:
    a. From $650,000 to $750,000 in full services LHDs and $500,000 to $550,000 in partial service LHDs and in per capita reimbursement amount from 0.65¢ to $1.30.
3. **Consideration** of a slow and cautious approach to legalization of an adult-use marijuana program with the interest of public health and mental health at the forefront of decision making by:
    a. Ensuring local health departments receive flexible funding to expand workforce capacity. Protecting public health must be the first major pillar of a regulated marijuana program and must be funded sufficiently to ensure harm reduction.
    b. Guaranteeing local health departments, through NYSACHO, have a seat at the table as regulations and policies are developed.
4. **Support for, and Reinforcement** of the Executive's proposal to adopt Tobacco 21 policy statewide and all components of the tobacco control package which will protect millions of New Yorkers from exposure to dangerous tobacco products.
5. **Recognition that Unfunded Public Health Policy Results in Poor Policy.** Local health departments are committed to supporting and carrying out strong public health policy, <u>but the success of new or expanded policies can only be achieved with investments in,</u> either Article 6 state aid, or within flexible grant programs to allow for effective implementation at the local level. Public health responses require public health resources!
    a. **Early Intervention:** NYSACHO supports the proposed 5% rate increase for targeted service providers. Though it remains to be proven whether or not this rate increase will improve provider capacity, we believe this increase may prevent further erosion of existing capacity. Furthermore, the proposed budget does not yet account for this rate increase in cost to localities.
    b. **Lead Poisoning Prevention:** NYSACHO conceptually supports primary lead poisoning prevention activities, including those such as the Governor's Lead Safe Housing policy. However, to adopt such a policy without providing the funding local health departments will need for effective implementation would doom the policy to certain failure.

Thank you for the opportunity to present our needs and ideas for collaboration to your legislative committees. We look forward to continuing our work with both the Legislative and Executive branches to serve the essential public health needs of the people of New York State. **Please refer to NYSACHO's formal submitted testimony which contains the specific information and funding levels we believe necessary to enable you to craft and properly resource effective public health policy.**

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County Health Officials of New York

Leading the way to healthier communities

Testimony of the New York State Association of County Health Officials (NYSACHO) to the Joint Legislative Committees on Health and Finance/Ways and Means Regarding the 2019-20 Executive Budget Proposal

NYSACHO's MISSION:

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

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

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Introduction

The mission of the New York State Association of County Health Officials (NYSACHO) is to support, advocate for, and empower the 58 local health departments (LHDs) in their work to prevent disease, disability and injury and promote health and wellness throughout New York State. LHDs are your partners and operational extensions, working in the forefront of communities as chief health strategists, addressing public health issues and serving as the first line of defense against all public health crises.

On behalf of the 58 local health departments in New York State, it is an honor to submit budget testimony to the joint legislative committees on Health and Finance and Ways and Means. LHDs implement state public health policy in each of your counties, through the provision of core public health services. As new threats emerge, such as the opioid abuse epidemic and the ongoing measles outbreak, local health departments are the first responders.

Activities led by New York's LHDs are paramount to our collective ability to achieve Prevention Agenda goals, address health disparities, improve health outcomes and ensure community safety and stability. Local health departments have not received an increase in core public health aid in more than six years, nor have they received adequate state funding support needed to respond to emerging health issues. In fact, State Budget appropriations for public health spending have been flat-funded or reduced year after year. New funding streams for emergency response activities are frequently accompanied with stringent federal spending or supplanting restrictions, which restricts how funds can be utilized and reduces flexibility to respond to local community need.

We ask of you, New York's respected lawmakers, to initiate a call to action for a reinvestment of resources into public health and safety infrastructure in New York State through bolstered funding of Article 6. By doing so, you will be demonstrating your commitment to public health preparedness and safety measures aimed to protect residents in New York State. NYSACHO's

testimony provides a background on services provided by local health departments as well as a description of the Article 6 claiming process.

Public Health's Successes Rely on Local Health Department Infrastructure

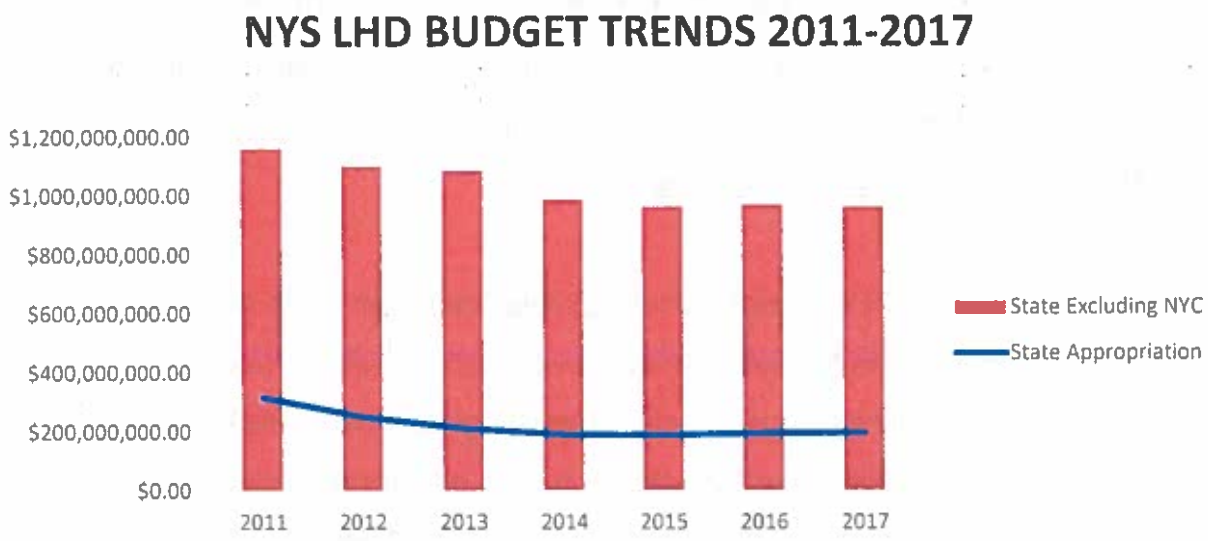
Public Health is the great success story of the 20th century. The Centers for Disease Control and Prevention (CDC) looked at the monumental gains in life expectancy realized in the 20th century. After reviewing the data, they estimated that 25 of the 30 years of increased life expectancy – over 83% - can be directly attributed to the core public health interventions that led to reductions in child mortality, such as expanded immunization coverage, clean water, sanitation, and other child-survival measures.

Those additional years of life expectancy, and the strong public health policies you enact to support them, came about by addressing health threats at the population level. They came about because we, as communities, states and nations invested in public health. To keep up with the work needed to support our public health system, we hope to partner with you in an effort to protect these public health policies and demonstrate continued promise to mitigating threats to public health infrastructure.

Unfortunately, we have reached a tipping point. Streamlining, efficiencies, and shared services help, but at some point we reach the limits of what they can accomplish within our current statutory requirements. The Governor has put forward an ambitious public health policy agenda, but has not provided an equally substantive public health resource investment. Furthermore, while the workload is growing, public health infrastructure is shrinking. The public health workforce is central to New York State's public health infrastructure, yet is dwindling due to public-sector budget restraints such as the local property tax cap which limits our ability to hire, competition, shortages of workers who are approaching retirement and the ability to recruit new workers in throughout the state. All of these factors culminate in significant workforce retention challenges, straining our ability to take on new programming or regulatory enforcement mandates. New York State does not allow local health departments to recover

any of its necessary indirect or fringe expenses for local health department personnel under Article 6.

- The average number of FTEs for large counties has decreased by approximately 75 employees since 2011 (excluding NYC).
- The average number of FTEs for medium and small counties has decreased by approximately 11 employees since 2011.



Function of Local Health Departments

LHDs are agencies of county government that work closely with the New York State Department of Health (DOH). They operate under the statutory authority of Article 3 and Article 6 of the Public Health Law (PHL).

Through our local health departments, counties provide essential, population-based health services that promote and protect the health of all who live, work, and play in counties throughout New York. County LHDs protect the public's health by:

- Developing and maintaining individual and community preparedness for public health hazards and events; *In August and September of 2018, local health departments in the Finger Lakes and Southern Tier regions provided public health education, emergency*

response, and information related personal safety and water quality concerns following significant rainfall that resulted in flash floods in their communities.

- Investigating, preventing, and controlling communicable diseases; *Rockland County and New York City both worked tirelessly to vaccinate, educate and implement other communicable disease control measures when imported measles cases caused threatening outbreaks of this highly contagious vaccine-preventable disease in under vaccinated populations in their communities.*
- Preventing environmental health hazards through assessment, regulation, and remediation; *Cayuga County worked with municipal public water supply operators to monitor and address the potential impact on drinking water quality of Harmful Algal Blooms (HABs) in water supply sources.*
- Preventing chronic diseases through outreach and education to promote healthy lifestyles; *St. Lawrence County initiated a successful "Walk with a Doc" program that allowed residents to engage in physical activity and receive education from local health care providers.*
- Protecting our communities from unintentional injuries and violence; *Erie County engaged multiple sectors in the community to undertake a public health approach to the opioid epidemic, leading to an overall decline in opioid-related overdose deaths in 2018.*
- Providing services to women, children, and families to support healthy outcomes. *The Niagara County Department of Health, in collaboration with local agencies and partners, offered a free "Positive Pregnancy and Parenting" class series that covered topics such as, safe sleep, family spacing, breastfeeding, stress reduction, lead screening and prevention, chronic disease reduction and developmental screening for young children.*

In New York, 57 county health departments and the New York City Department of Health and Mental Hygiene assumes the major responsibility for public health services at the local level. LHDs operate under the administrative authority of local governments (Article 3 of the PHL) and the general supervision of the State Commissioner of Health (Article 2 of the PHL, Section 206). While federal and state public health statutes and regulations guide services, each LHD

addresses the unique needs of its own community as determined through ongoing assessment. In many counties, the county legislature or board of supervisors serves as the governing authority of the LHD. Others are governed by a local board of health, the county executive, or a combination of these entities.

Under New York State law (Article 3 of the PHL) and regulations, LHDs must be served by a full-time public health director or a full-time Commissioner. Public health directors can be appointed in counties with populations of 250,000 or less. All other counties must appoint a commissioner, who must be a physician. Both positions are appointed for six year terms and must be approved by the State Commissioner of Health. If need be, smaller counties can share a public health official who is allowed to serve up to three counties, with a combined population of 150,000 or less, or a county with a population of 35,000 or less may choose to share a commissioner with a larger county, regardless of their combined populations. Variability exists across the county spectrum.

Article 6 Claiming Process and State Aid and Why This Matters in the Context of the Proposed NYC Cut

Funding to local health departments come from a variety of sources including: the county property tax levy and/or sales tax revenues; fees, fines or reimbursement for services (i.e., restaurant permit fees, civil penalties for failure to comply with Public Health Law, etc.); state aid for general public health work (Article 6 funding); and state, federal and private grants.

Article 6 of the Public Health Law provides statutory authority for state aid for general public health work. The program provides reimbursement for expenses incurred by LHDs for core public health areas as defined in law. Counties are eligible to receive a flat base grant of $650,000 or a per capita rate of 65 cents per person, whichever is higher. Currently, this means that counties with populations of 1,000,000 or less receive the flat base of $650,000. Counties with more than 1,000,000 residents receive the per capita rate of 65 cents per person.

The flat base grant ensures that even our least populated counties receive sufficient state aid to support their core public health work. If municipalities with populations of 75,000 or less received the current per capita rate, most could barely afford a single full-time employee. A flat base grant might cover a majority, or in a few instances all, of the eligible public health expenses for smaller counties.

The intent of the per capita rate is to provide more state reimbursement at 100% for public health expenditures in the communities serving more people. Thus the per capita rate is important for large counties. Historically, the per capita rate in Article 6 mirrors the flat base grant. On paper, the matching numbers give the appearance of equitable funding: $650,000 or 65 cents per capita. However, when you translate the flat base grant into a per capita rate, it turns out that the fewer people your local health department serves, the more New York State pays (per capita) at 100% reimbursement.

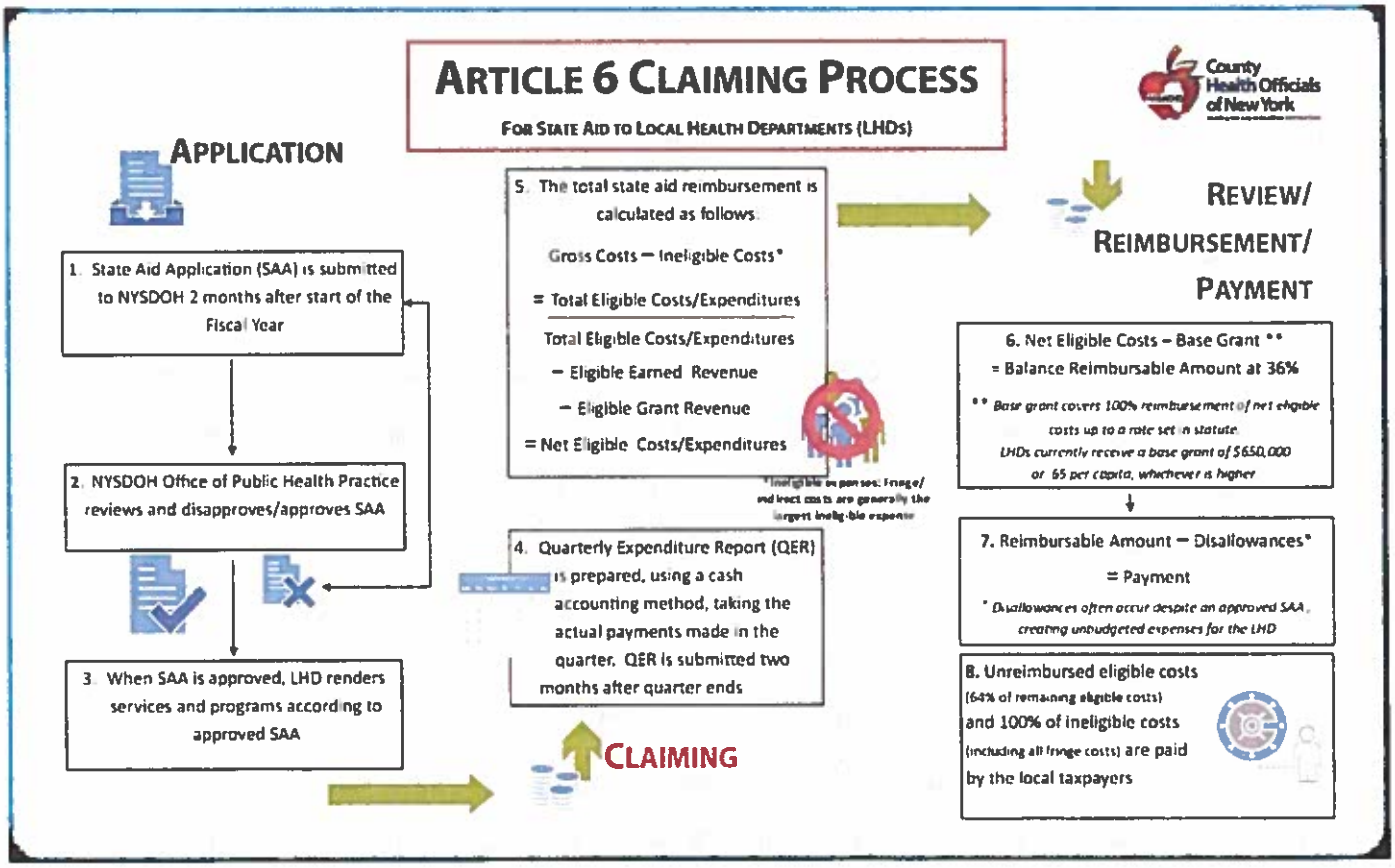
Conversely, our most populous counties receive more total state reimbursement, but the LHDs in these counties receive far less, per capita, at 100% of eligible public health costs. Thus, per capita state support for public health is lower in our most populous communities with greater public health needs.

Eligible expenses are reimbursed 100% by the state up to the amount of the base grant. Once a county exceeds its base grant reimbursement funding, LHDs receive 36% reimbursement from the state, and pay the remaining 64%, plus 100% of the costs associated with services that are ineligible for reimbursement, such as employee benefits.

Article 6 is an entitlement program, meaning it is a government program that guarantees certain benefits and the reimbursement provided to LHDs for providing these services is not capped. As the program costs are not capped (because the services must be provided), the state has an obligation to pay out eligible claims based on the statutory formula regardless of

what the state appropriation is for Article 6 in any given year. The cost of this program varies from year to year, because the extent of public health needs and threats vary from year to year.

Reimbursement through Article 6 is provided based on the net expenses of each LHD. The net expenses are determined by subtracting revenues obtained from third party reimbursement, fees and grants from a county's gross expenditures for public health services. The remaining balance is what a LHD can submit for reimbursement for core services. It is critical to understand the proposed cut to New York City's reimbursement in the context of this process. Because revenue must be subtracted from gross eligible public health expenditures, the executive budget proposal explanation regarding New York City's access to other funding sources fails to acknowledge that the current claims process accounts for these revenue sources and already credits these savings to the state by reducing the net reimbursement paid to New York City, and to all localities. The proposed 20% reduction, in effect, penalizes New York City for this other revenue.



Local health departments have reached a critical juncture. Year after year, we are faced with new emerging issues and unfunded mandates. A growing need for public health resources, coupled with inability to cover fringe expenses under Article 6 funding has brought us to this precipice. To adequately maintain core public health services and address emerging threats, NYSACHO respectfully requests:

1. **Opposition to, and Restoration** of the proposed cut to State Aid Reimbursement for NYC Department of Health and Mental Hygiene which would reduce the percent of reimbursement above the base grant from 36% to 20%. This cut would strike a severe blow to the core public health services protecting 43% of our state's citizens, and result in a loss of hundreds of jobs. All counties are concerned about the impact of this cut to their communities, as residents and visitors frequently travel between New York City and other parts of the state.

2. **Allocation** of resources to Article 6 base grants to ensure public health services are eligible for full reimbursement of local expenditures for state mandated programs:
    a. From $650,000 to $750,000 in full services LHDs and $500,000 to $550,000 in partial service LHDs, and an increase in the per capita reimbursement amount from 0.65¢ to $1.30.
    b. Reimbursement of fringe and indirect costs, either fully, or phased in, in recognition of these costs are part of retaining a quality public health workforce.

3. **Consideration** of a slow and cautious approach to legalization of an adult-use marijuana program with the interest of public health and mental health at the forefront of decision making by:

    a. Ensuring local health departments receive flexible funding to expand workforce capacity. Protecting public health must be the first major pillar of a regulated marijuana program and must be funded sufficiently to ensure harm reduction.

    b. Guaranteeing local health departments, through NYSACHO, have a seat at the table as regulations and policies are developed.

4. **Support for, and Reinforcement** of the Executive's proposal to adopt Tobacco 21 policy statewide and all components of the tobacco control package which will protect millions of New Yorkers from exposure to dangerous tobacco products.

5. **Recognition that Unfunded Public Health Policy Results in Poor Policy.** Local health departments are committed to supporting and carrying out strong public health policy, but the success of new or expanded policies can only be achieved with investments that provide full and flexible funding to allow for effective implementation at the local level. Public health responses require public health resources!

    a. **Early Intervention:** NYSACHO supports the proposed 5% rate increase for targeted service providers. Though it remains to be proven whether or not this rate increase will improve provider capacity, we believe this increase may prevent further erosion of existing capacity. Furthermore, the proposed budget does not yet account for this rate increase in cost to localities.

    b. **Lead Poisoning Prevention:** NYSACHO supports lead poisoning prevention efforts to lower the actionable blood lead level to 5 micrograms per deciliter (µg/dL) However, local health departments must be resourced with sufficient and, flexible funding if we are to implement the expanded work this will require on the local level. The Governor's investment of $9.4 million is a first step, but is insufficient in both the dollar amount and structure of how the funding would be provided. NYSACHO conceptually supports primary lead poisoning prevention activities, including those such as the Governor's Lead Safe Housing policy. However, to adopt such a policy without providing the funding local health departments will need for effective implementation would doom the policy to certain failure.

Proposed Cuts to Article Six Funding in NYC

The Executive Budget proposes a substantial and damaging cut in State Aid Reimbursement to New York City which would reduce the percent of reimbursement above the base grant from 36% to 20%. As noted earlier, the justification provided for this cut is that NYC has access to other sources of funding, such as federal grants. This justification does not align with the current Article 6 claiming process, which requires that earned and grant revenue be subtracted from eligible expenditures, and are thus already factored into the net eligible expenditures submitted for reimbursement. This will result in a nearly $60 million revenue loss to essential public health programs.

Regardless of the justifications provided, if Article 6 reimbursement is cut to New York City Department of Health and Mental Hygiene, the core public health services they provide to communities will be drastically impacted. A cut of this magnitude will have a direct impact on the health and wellbeing of New Yorkers. Article 6 provides partial reimbursement to support local public health activities and services in areas including communicable disease control, environmental health and chronic disease prevention.

The types of services that will likely be reduced or eliminated include:

- Sexually transmitted disease and HIV testing and treatment;
- TB testing and treatment;
- Response activities for foodborne diseases and vector borne disease such as West Nile and Zika virus;
- Education on the availability of cessation support for smoking, which remains one of the leading causes of preventable death; and many others impacts.

Because public health threats are not confined to jurisdictional borders, given the flow of citizens and visitors into and out of New York City, the cuts have the potential to impact public health in the rest of the state, country, and even globally. NYSACHO urges the legislature to restore this cut to the final enacted budget.

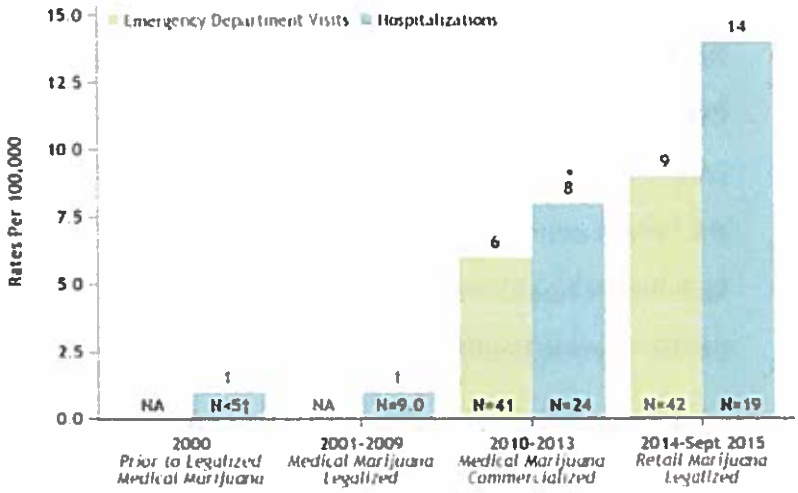
Adult Use Regulated Marijuana

NYSACHO stands in opposition of the State's intention to propose legislation to legalize regulated marijuana in New York State as we firmly believe a regulated marijuana program will lead to dangerous public health outcomes. Research and findings from our colleagues at Colorado Department of Public Health & Environment[1] and other evidence-based research reveals the following public health considerations:

Unintentional Exposures in Children

- At least 14,000 children in Colorado are at risk of accidentally ingesting marijuana products that are not safely stored, and at least 16,000 are at risk of being exposed to secondhand marijuana smoke in the home.
- Legal marijuana access is strongly associated with increased numbers of unintentional exposures in children which can lead to hospitalizations. A recent study identified measurable levels of tetrahydrocannabinol in breast milk samples up to 6 days after reported maternal marijuana use.

Figure 1. Children under 9 years of age; Rates of hospitalizations (HD) and emergency department (ED) visits with poisoning possibly due to marijuana in Colorado



Produced by EEOHT, CDPHE 2016
*Rate significantly increased from previous time period with a p value <0.001
†ICD 9 CM codes 969.6 and E854.1, poisoning and accidental poisoning by psychodysleptics were used to determine HD and ED visits with poisonings possibly due to marijuana
‡The Ns are the total number of HD or ED visits with poisoning possibly due to marijuana in the specified time period
§Data Source: Colorado Hospital Association 2000-Sept 2015 (2011-Sept 2015 for ED visits)

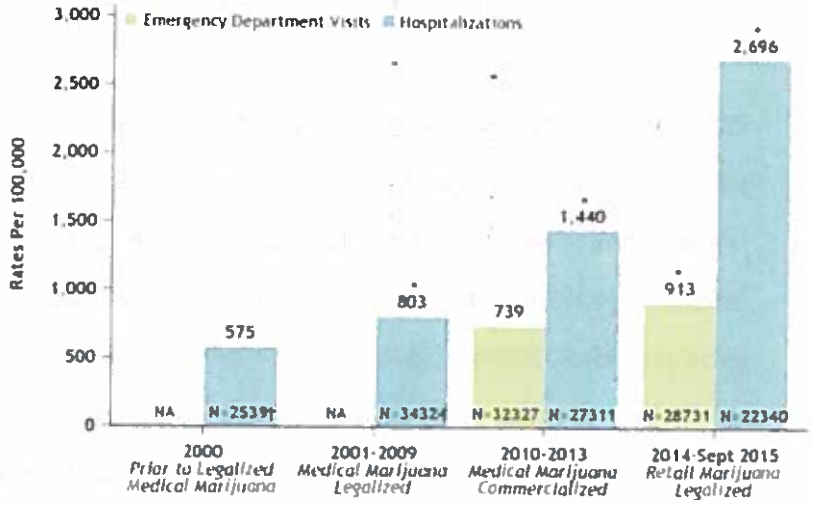
Cardiovascular Effects

- Marijuana use may be associated with increased risk of stroke in individuals younger than 55 years of age.
- Acute marijuana use may be associated with increased risk of heart attack among adults.

Marijuana Use and Driving

- Driving soon after using marijuana increases the risk of a motor vehicle crash.
- Using alcohol and marijuana together increases impairment and the risk of a motor vehicle crash more than using either substance alone.

Figure 3. Rates of hospitalizations (HD) and emergency department (ED) visits with marijuana-related billing codes in Colorado.



Produced by EEOHT, CDPHE 2016
†Rate significantly increased from previous time period with a p value <0.001
‡The Ns are the total number of HD or ED visits with marijuana related billing codes in the specified time period
§ICD-9-CM codes 305.20-305.23, 304.30-304.33, 969.6, and E854.1 were used to determine HD and ED visits with marijuana related billing codes.
§Data Source: Colorado Hospital Association 2000-Sept 2015 (2011-Sept 2015 for ED visits)

- Marijuana smoke may deposit more particulate matter in the lungs per puff compared to tobacco smoke.
- Daily or near-daily marijuana smoking is strongly associated with chronic bronchitis, including chronic cough, sputum production and wheezing.

Respiratory Effects

Cognitive and Academic Effects

- Weekly or more frequent marijuana use by adolescents and young adults is associated with impaired learning, memory, math and reading achievement, even 28 days after last use.
- Weekly or more frequent marijuana use by adolescents is strongly associated with failure to graduate from high school.
- Weekly or more frequent marijuana use by adolescents and young adults is associated with not attaining a college degree.
- Daily or near-daily marijuana use by adolescents and young adults is associated with developing a psychotic disorder such as schizophrenia in adulthood.

Substance Use, Abuse and Addiction

- Marijuana use by adolescents and young adults – even less-than-weekly use- is associated with future high-risk use of tobacco, and other drugs like cocaine, ecstasy, opioids and methamphetamine.

In addition to the above mentioned findings, local health departments in NYS are committed to working to curb opioid addiction, overdose and death. As you know, New York State Department of Health recently funded 24 local health departments to run evidence-based opioid prevention projects. As public health professionals fighting on the frontlines of our current opioid epidemic, it is counterintuitive for us to condone the use of marijuana. According to the New England Journal of Medicine, "epidemiologic and preclinical data suggest that the use of marijuana in adolescence could influence multiple addictive behaviors in adulthood".

We believe these concerns are sufficient to warrant at least a delay in legislative action on this issue. If policy on regulated marijuana does moves forward, this will increase workload for the already taxed public health workforce. We anticipate LHDs, who are reliably at the front line of all emerging public health crises, will need to expand workforce capacity in community education, surveillance, intervention strategies, enforcement, and beyond if regulated marijuana is legalized. If this time should come, it is absolutely critical that adequate funding is dedicated to prevention strategies led by LHDs.

After hearing news of the appointment of a Marijuana Regulation Workgroup, we respectfully requested a seat at the table as regulations are developed and health policies are amended. We have had several conversations with the State, however, have not received a formal invitation to participate on the workgroup. Through our role as chief health strategists, county health officials possess the boots on the ground expertise required to develop regulations which safeguard our communities. The following recommendations, taken, in part, from Vermont Department of Health, should be considered when developing regulations:

- Put infrastructure in place before sales begin. Regulations and rules, appropriate testing of infrastructure and critical staff onboarding should be finalized prior to beginning of sales.
- Addition of marijuana to New York's Clean Indoor Air Act which will ensure children, youth and other vulnerable populations are not exposed to marijuana use or second hand smoke.
- Expand existing tobacco laws including statewide adoption of Tobacco 21 policy.
- Include warning labels on all marijuana products to ensure consumer awareness of health dangers and risk.
- Formulate edible safety regulations including child-resistant packaging and restrictions on products which may be enticing to children.
- Fully fund enforcement and oversight. Enforcement regulations related to restaurant and environmental inspections must mirror inflation and industry growth.
- Restrict the use of additives, colors, dyes and other products used to develop edibles.
- Standardize and test packaging and potency. THC concentration regulations, particularly those relating to packaging, labeling and testing, must be in place before implementation.
- Set a blood level operating limit for THC. An active-THC blood level limit for operating a motor vehicle must be based on the best available evidence.
- Fund surveillance and research efforts to monitor more closely the type of use, frequency of use and potency of marijuana used by all New Yorkers.
- Encourage and fund the scientific study of health effects among New Yorkers who use marijuana.
- Monitor and implement controls for use of dangerous pesticides used to produce marijuana plants.

Tobacco Control Provisions and Tobacco 21 Policy

The Executive Budget Proposal contains several tobacco control provisions long supported by NYSACHO, and we urge the legislature to continue New York's historical leadership in addressing the health threats posed by tobacco use. These proposed policy changes would:

- Raise the age for purchase of tobacco and vaping products from 18 to 21.
- Prohibit the sale of tobacco products in pharmacies.
- Prohibit the use of price-reduction instruments for tobacco or vaping products
- Expand the definition of vaping products.
- Limit advertising/visibility of tobacco and vaping products at the point of sale.
- Require registration of retail establishments selling vaping products with the Department of Taxation and Finance.
- Allow for the imposition of points for violations related to the sale of tobacco products, vapor products and e-cigarettes to persons under the age of 21, allows the Department of Taxation and Finance to revoke a dealer's registration for one year after four violations.
- Impose a 20% tax on vapor products. All funds would go to the existing tobacco control and insurance initiatives pool.

Unfunded Public Health Policy

- **Lead Poisoning Prevention:** The Governor proposes reducing the actionable blood lead level to 5 µg/dL, with additional discretionary language that would allow the Commissioner of Health to lower it further through regulation. **NYSACHO supports this part of the Governor's proposal, which brings New York in line with current CDC recommendations regarding lead poisoning prevention.** We appreciate the Governor's intent of providing an additional $9.4 million dollars in funding to support the expanded workload. Simply accounting, however, for those resource needs in the appropriation for Article 6 state aid, provides a clear example of where the bill for the Governor's agenda will be largely borne by the local property taxpayer. Given that many of the

costs associated with adding additional staff are ineligible for Article 6 reimbursement, we believe that local governments will be unable to fund the necessary capacity increases needed. We recommend that the additional investment in protecting more children from the health impacts of lead poisoning prevention instead be placed in the separate categorical funding specifically allocated to this program.

The Governor also proposes the creation of a new lead safe housing requirement on all residential rental dwellings. The proposal requires that these dwellings be certified as lead safe, through either federal standards, or state promulgated standards, with the cost of any remediation borne by the owner. It would establish a presumption that all pre-1978 housing contains lead paint, unless otherwise certified as lead-free. It would allow the State Health Department or LHDs to enter into agreements with municipal code enforcement to conduct inspections and enforcement, and would stipulate fines of $2000 per violation. This initiative is exactly the type of progressive public health policy that is laudable in its intent, but is put forward without a clear and candid assessment of the true costs of implementation. **NYSACHO, regrettably, must urge the legislature to reject this part of the Governor's proposal.** Local governments cannot implement this initiative without a consequential expansion of new state resources. We are further concerned about the unintended impact this could have on those families who rely on residential rental dwellings for their housing needs. While lead safe housing is the best and highest primary prevention goal, we believe that building owners will pass the compliance costs onto consumers in the form of higher and unaffordable rent increases. It also may lead those owners, who cannot afford or are unwilling to invest in the necessary remediation, to be reluctant to accept tenants with young children. We need to assure that policies intended to assure safe housing do not instead reduce the availability of affordable, safe housing.

- **Early Intervention**: The Executive budget proposes a 5% rate increase for Early Intervention providers. **NYSACHO supports this increase as a long needed step in addressing an ongoing erosion of provider capacity for this program.** At the same time,

the governor and legislature should acknowledge and address that the bulk of the first year's cost for the rate increase will fall on local government budgets, which are already adopted for 2019. Proposals such as this, which require both local and state resources, must hold local governments harmless unless, and until, such time as they can allocate the resources needed to support a rate increase.

Regulation of Certain Children's Camps

The budget includes language that would remove children's camps serving children with developmental disabilities from the jurisdiction of the Justice Center, placing sole jurisdiction for regulation of these camps under the state and local health departments. **NYSACHO opposes this proposal.** Local health departments' camp inspection and permitting activities address physical safety and disease prevention requirements. The Justice Center regulation focuses more exclusively on abuse allegations. The Justice Center has broad authorities that LHDs lack in this area, including subpoena powers, and have staff with the necessary training and expertise in investigating potential abuse of those with developmental disabilities. LHDs assist Justice Center staff where there may be an intersection of permitting requirements and abuse allegations, but that work is in a supporting role, and only so far as the investigation relates to the public health regulatory requirements. As such, we believe that it remains appropriate for the Justice Center to retain jurisdiction over the camps serving this population.

Population Health Improvement Programs (PHIPS):

New York State's Population Health Improvement Program (PHIP) consists of 11 regional contractors who promote population health and work to reduce healthcare disparities in their respective regions. These programs promote health improvement best practices, help stakeholders use data to guide decision-making and convene stakeholders to solve problems, bridge divides across disciplines and facilitate exchange of innovative ideas. The FY 2020 Executive Budget proposed to discontinue funding for the PHIP.

NYSACHO opposes cuts to these programs, which would eliminate the services they provide to a diverse variety of stakeholders across New York State. In many areas, PHIPs serve as

"backbone organizations" by spearheading collaboration and leading the community health needs assessment process, one of the core public health services required by local health departments. LHDs rely on regional PHIPs to assist them in data collection, gathering, analysis and stakeholder, a valuable component of the community improvement process. LHDs, hospitals and other community stakeholders are right now engaged in their community health assessments. Cuts to this program will shift unanticipated costs to LHDs and their community partners, and severely hinder regional collaboration and our collective ability to implement population health interventions to improve community benefit.

Expanded Medicaid Reimbursement for the National Diabetes Prevention Program (DPP):

The national DPP is an evidence-based program focused on helping participants make positive lifestyle changes, such as eating healthier and getting more physical activity. The programs are targeted to those with prediabetes and are proven to help prevent individuals from developing Type 2 diabetes. **NYSACHO supports allowing Medicaid reimbursement for this intervention, which would help expand availability of this program to more eligible people in communities across the state.**

Support for Breastfeeding Women:

The Governor proposes to provide additional employment protections to breastfeeding women by amending current Executive Law to include lactation under the definition of pregnancy-related conditions that require employers to make reasonable accommodations. The positive health benefits of breastfeeding are substantial. **NYSACHO supports all efforts to assure that necessary workplace accommodations be provided to breastfeeding women.**

Conclusion

Public health work is rapidly moving from prevention to triage. With each new state mandated public health policy, we grapple with legal, fiscal and ethical choices. Do we cut back on restaurant inspections to monitor cooling towers for legionella? Will we have to delay lead remediation interventions for a child with elevated blood lead levels because the mandated costs of the Early Intervention program have forced us to eliminate or leave public health positions unfilled? Will we reduce or eliminate our maternal-child health home visits because we need our public health nurses to address communicable disease outbreaks? These are real life decisions that can have long-term, life-altering, and potentially deadly consequences. We must engage in frank assessments of what is best for our citizens in terms of progressive public health policy, including both local and state resource availability and needs, if the state is committed to achieving our public health goals.

Thank you for the opportunity to present our needs, concerns and ideas to your legislative committees. We ask that you remember the benefits of public health to New York's citizen and protect and enhance your investment in good health. We look forward to continuing our work with both the Legislative and Executive branches to serve the essential public health needs of the people of New York State.

Resources

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