



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

**February 3, 2014
Testimony to Joint Legislative Committees
on Health and Finance/Ways and Means
Regarding the 2014 - 15 Executive Budget Proposal**

NYSACHO's MISSION:

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

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

Lawrence Eisenstein, MD, FACP

President of the New York State Association of County Health Officials

(NYSACHO)

& Commissioner of Health, Nassau County

I would first like to extend kind regards from our state's Local Health Officials to Senator DeFrancisco, Assemblyman Farrell, my own representative, Senator Hannon, Assemblyman Gottfried and distinguished committee members of both houses.

My name is Dr. Lawrence Eisenstein. I am the Commissioner of Health of Nassau County, and I currently serve as the President of the New York State Association of County Health Officials (NYSACHO). Thank you for the opportunity to present this input to the 2014-15 Executive Budget Proposal on behalf of your constituents at all 58 local health departments in New York State.

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

protection, and chronic disease prevention. With respect to many of these services, local health departments are the sole provider for their communities.

Primary prevention through core public health services can be cost-effective.

Public health is critical to efforts to control rising health care costs and to improve the quality of life in our communities, both of which are cornerstones for economic and job development.

Article 6 – General Public Health Work

Last year, the Legislature enacted major revisions to modernize Public Health Law Article 6 for General Public Health work. These changes aimed to encourage greater efficiencies and cost effectiveness while providing additional support for core public health services. The changes also recognized broader federal changes in the health care system designed to improve access to health insurance and reduce the need for public health funding of safety-net clinical care services.

These 2013 Article 6 reforms added two new categories to the list of core public health services that local health departments are mandated to provide – Chronic Disease Prevention and Public Health Emergency Preparedness. To help support these new core services, the Legislature and Executive increased the State Aid base grant. While the increase has been greatly appreciated, we have found that costs associated with preventing chronic diseases such as diabetes and heart disease or

handling public health emergencies such as the H1N1 influenza pandemic, tropical storms such as Irene, Lee and Sandy, or a major outbreak of food borne illness, are continually increasing. We ask that we continue to be supported fiscally in addressing these core services.

The changes in Article 6 went into effect on January 1 of this year, so local health departments are only one month into operating our programs under the revised statute. Recently, the State Health Department announced to NYSACHO that the department is taking administrative actions that will result in an unanticipated reduction of Article 6 funding to an undefined list of local health departments.

We believe you need to know and understand what this action may mean to the local public health agency that serves your communities and constituents. First, we know it is the clear intent of this legislature to assure and maintain adequate funding for local health services through the increased base grant passed in 2013. Second, notice of these actions was provided to local health departments after their 2014 budgets were already approved. Third, as proposed, the reductions will not be spread equitably to all localities. Instead, there is proposed cutting of the revenue offset allowance to counties that are not in “fiscal distress,” a term currently undefined. However, please be aware that all counties are under some degree of fiscal distress. Revenue offset is a long-standing allowance that reduced

the amount of local revenue a county had to subtract from its state aid claims. A cut to this allowance will lead to major staff and program reductions that may markedly reduce your local government's capacity to provide mandated core services necessary to protect the public's health.

These local health department services include assuring the safety of the food that you, your families, and your neighbors may eat at a restaurant, the security of your children or grandchildren when they stay at summer camps, the protection of our residents against the threat of contracting tuberculosis in public places, and the reduced risk of sexual disease transmission.

Overall claims for state aid to fund local public health services have trended downward since 2010. Given that decline, we understand why the appropriation is lower in the proposed 2014-15 Executive Budget. But the trend toward lower claims for state aid also makes the announced administrative cut unnecessary.

You can help to assure that your communities and constituents are protected against this arbitrary, last-minute cut to local public health capacity. NYSACHO asks the Legislature to increase the current 36% reimbursement rate for local expenditures above the base grant to a 38% reimbursement rate. Given the downward trend in state aid claims, this rate increase can assure the realization of your statutory intent to maintain and increase local public health capacity.

The state aid formula for General Public Health Works is the fiscal foundation that enables local health departments to respond to needs and priorities in your communities. It makes it possible for your local government to tackle public health threats that affect the lives and health of your constituents – from rabid animals to childhood obesity, from influenza to HIV, from contaminated restaurant meals to unsafe swimming pools, from low-birth-weight infants to meningitis in college students.

Given the information we have about the downward trend in state aid claims, we do not expect this rate increase to necessitate an increase in the proposed Article 6 appropriation.

Services for Children with Disabilities

Both the Preschool Education Program for Children with Disabilities (PreK) and the Early Intervention Program (EI) provide critical services to children with special needs and to their families. But the cost of these two program mandates has created an unsustainable drain on local property tax resources. In the case of PreK, the current program structure separates fiscal responsibility that resides with county health departments from programmatic authority and accountability that resides with local school districts.

NYSACHO joins the New York State Association of Counties (NYSAC) in endorsing state-funded Universal PreK that integrates special education programs and services with regular preschool programs. This would allow children with disabilities to receive their education, to the maximum extent possible, with nondisabled peers.

NYSACHO also believes that the State should move ahead with the ongoing Early Intervention transition under the existing statute passed by the Legislature in 2012, while continually improving the state fiscal agent's payment processes and related computer tools for reporting fiscal and programmatic activity.

Consolidation of Local Health Program Funding

Similar to prior year proposals, this year's Executive Budget proposal would consolidate several funding streams that support a variety of public health activities into nine larger funding pools, with priority given to renewing existing contracts. The 2014-15 budget proposal provides level funding for the nine funding pools. However, the pooling will enable the state Department of Health to make administrative cuts to specific programs without public consideration. NYSACHO does not have sufficient information about which programs are in which pools to weigh the pros and cons of this proposal.

Without this information NYSACHO's members in local health departments are unable to determine the potential impact of the fund consolidation on mandated core public health services or on other public health priorities in their communities. We believe that the state Department of Health must provide this information to NYSACHO and confer with local health departments regarding the impact on local public health services.

Conclusion

New Yorkers have long benefitted from the Legislature's support in providing adequate and sustained funding for crucial public health services. We ask that you continue this support by assuring that resources you intend for local health departments to protect your communities are not reduced.

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