



TESTIMONY OF DR. IRINA GELMAN, COMMISSIONER, NASSAU COUNTY DEPARTMENT OF  
HEALTH, ON BEHALF OF THE NEW YORK STATE ASSOCIATION OF COUNTY HEALTH  
OFFICIALS BEFORE THE JOINT ASSEMBLY AND SENATE HEALTH BUDGET HEARING  
JANUARY 23, 2024

Senate Finance Chair Krueger, Assembly Ways & Means Chair Weinstein, Senate Health Committee Chair Rivera, Assembly Health Committee Chair Paulin, and members of the Joint Health Budget Committee. I thank you for this opportunity to submit testimony for your consideration as you begin to review proposals with respect to the Governor's proposed 2024 – 2025 New York State Budget. My name is Dr. Irina Gelman, and I serve as the Commissioner of the Nassau County Department of Health.

My professional background is in medicine, surgery, clinical care and public health. I grew up in Brooklyn, NY, graduated from PACE University and obtained my doctorate medical degree from the New York College of Podiatric Medicine. I have completed a Master's in Public Health, as well as a PhD in Public Health with a concentration in community health. I am extremely passionate and dedicated to the field of public health practice, with over twelve years of experience in leading local health departments in three different counties of NYS, from very small rural to large suburban.

It is an honor and a privilege to represent my colleagues, the County Health Officials across the state, during today's budget hearing. I am here today testifying as President of the New York State Association of County Health Officials (NYSACHO), which represents the 58 local health departments in New York State. NYSACHO's mission is to support, advocate for, and empower local health departments (LHDs) in their work to promote health and wellness and prevent disease, disability, and injury throughout New York State.

## Introduction

The public health workforce in New York State is facing significant and pressing challenges post pandemic. Early retirements, professionals leaving local government to work in other sectors, increased vacancy rates, shrinking budgets and other pressures continue to challenge our members. Recruiting and retaining staff, particularly public health nurses, administrative staff, public health engineers and environmental sanitarians (sanitarians identify and examine hazards in food service establishments, vector control, lead poisoning and other environmentally related areas), has presented an incredible challenge and threatens the state's local public health emergency response capabilities led by LHDs.

State-level budget actions must consider the current state of New York's public health workforce and infrastructure. Any funding reductions, or expansion of statutory responsibilities without commensurate funding impact the viability of the public health workforce to maintain or expand beyond current levels of public health services we all seek to assure are available to our citizens.

The work of LHDs, and general public health work, is funded under Article 6 of the Public Health Law. The 2022-23 enacted state budget included an increase to Article 6 state aid funding, resulting in a significant step forward towards reversing decades of disinvestment in the infrastructural funding supporting LHDs provision of the core public health services. Article 6 funding is needed to provide a base level of protection for communities. While NYSACHO appreciates that the Executive Budget maintained the current Article 6 funding, there are other state budget actions that will undermine this. The proposed budget reduces categorical funding in key areas, includes areas that are unfunded or underfunded, and adds new, or expanded, statutory obligations that are not funded. All of this erodes the reinvestment of Article 6 funding.

Additionally, the increase in last year's Article 6 state aid funding did not include the restoration of equitable core state aid funding for New York City, which was cut in 2019.

New York City's local health department serves nearly 43% of the state's total population, so their funding needs to be restored. Further, it is important to remember that public health threats and challenges do not remain within specific jurisdictional boundaries. New York City's need to find adequate shelter options for asylum seekers in other jurisdictions in New York State is the latest example of how public health needs can quickly expand beyond municipal geographic borders. Counties supporting New York City's efforts to assure shelter for asylum seekers included expanded need for tuberculosis diagnosis, treatment and control, along with increases in screening, diagnosis, reporting, investigation, contact tracing, prevention and treatment of a number of other communicable diseases, as well as the administration of routine childhood and adult vaccinations to the asylum seeker populations as they are integrated into their new communities. Funding levels for LHDs must properly contemplate these needs and ensure that the LHDs can fulfill their vital public health mandates.

NYSACHO has analyzed the appropriations related to public health investments and reductions in the Governor's proposed 2024 – 2025 budget and compared them to the final funding levels from the 2023 –2024 enacted state budget. We have included this full analysis as Appendix 1 to this testimony.

## **Executive Budget Proposals and the Impact on Local Health Department's (LHDs) Essential Role in Protecting Communities**

### **Rabies**

In the Governor's proposed 2024 – 2025 budget, the funding for rabies is eliminated. LHDs are the only health entities that are statutorily required by law to provide core public health services in communities across New York State, such as the suppression of human rabies. Unless treated soon after exposure, rabies is a fatal disease. New York State statute recognizes this and maintains strong statutory requirements for counties to reduce the risk of contracting rabies and assure treatment for anyone who is exposed to the disease. There are requirements in state statute that obligate counties to cover the costs of human

post-exposure treatment for individuals who lack the ability to pay for treatment and offer free quarterly rabies vaccination clinics for cats, dogs and domestic ferrets.

Other statutory requirements for counties include prompt investigation of reports of exposure, arrangements for disposition of animals involved, including confinement and observation, quarantines, vaccination boosters, euthanasia and testing, and collection, preparation, and submission of animal specimens to the state rabies lab for rabies diagnosis. Most of the NYS pre-exposure prophylaxis funding for rabies prevention and control via ORV (oral rabies vaccine) animal baiting was originally eliminated in 2009, despite the necessity of this preemptive measure to control the spread of rabid animals.

Since then, a small portion of that original \$1.45 million annual funding that was spent by NYSDOH on animal control outside NYC, including ORV baiting, was allocated via contracts to 57 counties. In 2021, the last full year for which data is available, LHDs collected and submitted 5,223 animal specimens for rabies testing. In 2023, Nassau County Department of Health environmental health division sanitarians investigated 1,710 animal bite reports, with the nurses in the division of communicable disease control recommending post exposure prophylaxis (PEP) for 420 residents upon follow-up. In 2023, the Westchester County Health Department spent 34 staff days dedicated to all human rabies exposure contact case investigation and follow-up.

NYSACHO strongly opposes the elimination of this funding, as it supports these statutorily required, life-saving public health protections. This is a relatively small funding line, but its elimination will have a significant impact for the reasons discussed above. Eliminating this funding will result in a direct cost shift to local taxpayers and runs the risk of undermining the life-saving goals that New York's strong rabies statutes provide. Additionally, because rabies falls under the provisions of Article 6, the services supported are eligible public health expenses, and therefore, the projected potential savings to the State of this cut would not be fully realized because they will be offset by increased and unbudgeted for increases in claims to state aid.

## **Lead Poisoning Prevention**

Lead Poisoning Prevention is a public health priority in New York State, and NYSACHO fully supports this. However, as lead poisoning prevention measures have been passed and signed into law, adequate funding for these initiatives has not been contemplated. The Executive Budget proposal does not include the funding necessary to implement fully and effectively the 2019 law that lowered the actionable elevated blood lead level to 5 ug/dL. While the Executive's proposed budget contains some funding for this initiative, based on the 2019 cost estimates, the proposed funding is at least \$36 million below what is needed to effectively implement this law. The science on lead is clear – any exposure is harmful. While New York has done well to enact policies in this space, those policies cannot be effective if they are not paired with appropriate state funding. To ensure adequate protection in this area, we must identify a dedicated, and adequate, revenue stream for the LHDs to perform these services. For example, in 2023, the Nassau County Department of Health assisted families of 237 newly identified children with elevated blood lead levels of 5 mcg/dL or higher, while in the same year their environmental health sanitarians conducted 184 environmental lead assessments, along with 408 re-inspections of the home and school environments of those newly identified children with significantly elevated blood lead levels.

## **Access to Swimming**

The Governor's proposed budget includes significant funding to invest in public swimming pools, swimming areas in natural waters, and related construction and upgrades designed to improve access to recreation and swimming lessons. The 36 full service LHDs that oversee environmental health services in communities play a key role in the regulation of public swimming pools and bathing beaches. These facilities are permitted by LHDs to ensure that they meet and comply with safety standards necessary to protect the public from accidental drowning, injuries, electrical hazards, and appropriate water quality to avoid exposure to disease and other potential contaminants. This LHD oversight includes review and approval of design and construction of new pools and expansions and

upgrades of existing swimming pools and facilities. This oversight is a significant undertaking.

As an example of the size of this undertaking, the Niagara County Department of Health regulates 92 swimming pools and 3 bathing beaches, with staff required to permit, monitor and inspect, as well as a public health engineer required to review and approve design and construction plans. Similarly, the Nassau County Department of Health regulates and inspects 62 beaches and 350 swimming pools (not including the 65 hotels of which half have regulated swimming pools, as well as over 300 summer camps 60% of which have swimming pools in need of seasonal inspection). Other local health departments incur contractual expenses for the required engineering reviews, as the public health engineer title is a position where LHDs are challenged to retain and hire staff, given the current broader professional demand and opportunities for individuals with this training and certification. While NYSACHO supports the idea of expanded access to swimming opportunities in New York, the Governor's current proposal does not provide any funding to LHDs to support the significant increase in workload that this requirement will create. Any final proposal related to NYSWIMS must include dedicated funding for LHDs to ensure the safety of access to these facilities.

### **Tickborne Disease Institute Funding**

The Executive Budget proposal eliminates the \$70,000 allocation to tickborne disease. This is the only dedicated funding for education and outreach regarding Lyme and tickborne diseases in New York State, and this funding has been significantly reduced over several years, even as tickborne disease vectors and exposures have spread throughout New York State. New York State has over 7,000 reported cases of Lyme Disease annually. Based on data from 2018, New York State had the second highest number of cases of Anaplasmosis (11%), and these cases continue to increase. In 2011, New York had less than 4% of cases. Similarly, New York saw a 58.3% increase in the incidence of babesiosis reported between 2011 and 2019. This increase is evident in the cases annually reported to the LHDs. In 2023, the Nassau County Department of Health division of communicable disease control

investigated 1,432 cases of tickborne diseases including anaplasmosis, babesiosis, ehrlichiosis, lyme, rocky mountain spotted fever, and tularemia. Tickborne diseases often have both acute and long-term health effects for those infected. A rise in tickborne diseases is just one of the health impacts of climate change as ticks thrive in warmer and more humid climates. Tick identification, public education, and outreach are key tools for the prevention of tickborne diseases, and the elimination of the only dedicated State funding in this space is concerning.

## **Ending the Epidemic**

The Governor's proposal also renews a focus on ending the epidemic for several communicable diseases. We support in concept many of the governor's proposed statutory changes related to HIV, Hepatitis B and C, and Syphilis, but must note that while these provisions strengthen the availability of preventive treatment measures and improve public health surveillance data, they are accompanied by a 50% cut in funding allocation for the Ending the AIDS Epidemic (ETE). Given that New York State is below the target for many of its Ending the AIDS Epidemic targets and goals, this cut in funding is concerning. For example, ETE funding in Erie County supports their ability to provide community outreach, education, and prevention services, including providing rapid point of care HIV and HCV testing and the ability to address social determinates of health for patients and community members. In New York City, any loss or reduction in ETE funds would threaten the city health department's ability to provide rapid initiation of treatment and seamless linkage to care for individuals newly diagnosed.

Regarding the Article VII language proposals, specifically the proposals to allow pharmacist to administer Pre-Exposure Prophylaxis (PrEP) (Part P of S8307/A8807), while we support the potential expansion of access to this life-saving preventive measures, our LHD clinicians do have concerns about the potential lack of information on the part of pharmacists' regarding a patient's medical history. In some patients with underlying risk factors, PrEP has caused kidney failure. Required training and consultation with an individual's healthcare provider should be considered for inclusion in the proposal to

ensure that the provision of PrEP does not have these unintended negative consequences.

Regarding the provision related to the reporting of negative test results for certain diseases (Part T of S8307/A8807), we believe further clarification is needed. The provision could be interpreted as a requirement for negative tests results to be reported to both LHDs and the State Department of Health. While we appreciate the intent of this proposal, which will strengthen data surveillance efforts, LHDs should only be directly notified when there is a positive case identified. NYSACHO recommends that the language be clarified to indicate that negative test result reports will be sent to the State Department of Health only, with any relevant data summaries and analysis of this information then shared by the state with the LHDs, rather than sending all negative reports to LHDs.

### **Evidence-Based Cancer Services Funding**

The Executive Budget proposes reductions in funding levels for evidence-based cancer services. This funding supports life-saving improved access to screening for several cancers, which assists many individuals with evidence of cancer in connecting to treatment earlier and improves their chances of successful treatment and survival. This funding is also used to pay for staffing to provide the screening services and reductions in this area will further erode the public health workforce. NYSACHO strongly believes these cuts must be restored.

### **Immunizations**

NYSACHO generally supports many of the Governor's proposals to expand the pool of professions who can provide immunizations. EMS professionals and Pharmacists have both proven to be valuable and reliable vaccinators during the COVID pandemic. Similarly, dentists provided vaccinations during the COVID public health emergency, and 11 other states allow dentists to administer at least some vaccinations.



NYSACHO has questions related to the administration of immunizations by medical assistants in outpatient settings (Part Q of S8307/A8807). Duties assigned to medical assistants across organizations are broad and vary around roles and training. We request additional clarification regarding the training and qualifications of individuals that would be covered by this provision before determining if medical assistants are an appropriate immunizer.

### **Tobacco Education Funding**

The Executive Budget proposal reduces the appropriation for Tobacco Education grants. NYSACHO is strongly opposed to this cut. Given ongoing and persistent loopholes in current statute that allow retailers to continue to sell flavored vapor products that are specifically intended to attract and encourage vaping among minors, we believe the higher-level of investment provided in the 2023-2024 enacted budget continues to be warranted. New York State will continue to receive Juul settlement funding over the next eight years, which should be allocated to support this dedicated funding to community-level tobacco education activities and initiatives.

## **Executive Budget Proposals and the Impact on Local Health Department's (LHDs) Role Supporting Children, Families and Pregnant Persons**

### **Early Intervention – Provider Capacity**

The Executive Budget proposal includes several, mainly administrative actions, related to providing services to children ages zero to three who require Early Intervention (EI) services that are highly concerning to NYSACHO. The central barrier to providing services to these children, and their families, in New York State is provider capacity. In a recent survey conducted by NYSACHO in August 2023, counties reported that there were 7,360 children across New York State waiting for EI services. This represents a 28% increase in children waiting for services since 2022 and an over 500% increase in children waiting for services

from 2020. While speech language services are the highest area of need, waitlists exist for services across all provider types.

The Governor's proposed budget includes a proposed rate increase for EI providers, which NYSACHO supports and believes is a positive step towards addressing financial factors that impact many providers willingness to work with the EI population. We recommend that the additional 4% rate be targeted towards rural and urban underserved areas. NYSACHO should be consulted for input as the state works to define parameters for the 4% rate increase in rural and underserved areas.

While NYSACHO supports the proposed 4% provider rate increase, there are several other proposals that NYSACHO strongly opposes. The first is the proposed elimination of the use of school psychologists. We believe this will worsen provider capacity and recommend that the June 30, 2026 extension that provides allowance for school psychologists to provide services to the 3-5 population serviced by the PreK 4410 program be extended to EI providers.

The Executive budget proposal also references administrative actions related to both EI telehealth and EI group services. Clarification is needed on what actions are being proposed, as both service types are critical in mitigating capacity gaps, and loss of capacity in either will result in more children waiting for services as well as even longer wait times for eligible children and families. For example, Seneca County, a largely rural LHD, noted that there is a lack of utilization of telehealth and group services in their county, but this lack of utilization is not reflective of the lack of need for those services, it is reflective of an overall lack of providers available to provide any type of services to the EI eligible children in their communities. NYSACHO supports the ongoing availability of telehealth services as a service delivery option as provided in accordance with the recently released Telehealth Guidance document by the New York State Department of Health. NYSACHO supports recently proposed regulatory changes related to group session billing that aligns with Medicaid standards related to group size and double billing and hopes that

the administrative changes contemplated in the Governor’s proposed budget does not undermine these regulatory changes.

### **Early Intervention – Covered Lives**

In 2022, a covered lives assessment was implemented to address chronic underpayment for EI services by Third-Party commercial insurance. The fiscal benefits of this assessment have not yet been fully realized by New York State’s municipalities due to ongoing delays on the part of New York State in paying out the local share of the assessment. While NYSACHO strongly supports the ongoing appropriation of this funding in the state budget, we recommend the following actions be taken to fulfill the intent of the 2022 statute:

1. Amend the current appropriations bill to strike the language: “may, at the discretion of the director of budget, be transferred.” This will ensure that release of the local share of the covered lives funds is provided as intended by the original statute.
2. Ensure the immediate release of the SFY 2022/2023 and 2023/2024 funds to municipalities that have still not been paid in full.
3. Set a regular schedule for Covered Lives payments for SFYs 2024-2027.

### **Maternal and Infant Health**

NYSACHO applauds the Governor’s commitment to address maternal and infant mortality through the expansion of access to doula services and generally to reproductive care, including for pregnant minors. We are pleased to see a fiscal investment in these services with new funding to address infant mortality. We urge that, should funding be approved in the final budget, LHDs be eligible for this funding.

We also strongly support the proposal to provide paid breaks for the expression of breastmilk. The benefits of Breast/chest feeding to both infants and parents are numerous. Breast/chest feeding strongly supports a healthy start in life for babies. The benefits to feeding infants with human milk cannot be duplicated by other forms of feeding and

include provisions of unique nutrients and antibodies that help protect babies from diseases such as ear infections and lower respiratory infections, as well as protections for the infants against allergies and sudden infant death syndrome (SIDS). Breast/chest fed infants seldom have constipation and experience less diarrhea. Long term, breast/chest fed infants are also less likely to become overweight or develop diabetes. Similarly, post-partum persons experience benefits, including less post-partum bleeding, and better weight loss and return to pre-pregnancy weight. Breast/chest feeding also promotes parent/child bonding. Longer term health benefits to the parent include reduced risk of developing breast or ovarian cancer, diabetes, heart disease, or high blood pressure. Lack of paid time in the workplace for breast/chest milk expression is a factor for many parents who either choose not to breast/chest feed or discontinue breast/chest feeding after a return to work.

While NYSACHO supports these initiatives, we are concerned with several proposed funding cuts. First, the Family Planning appropriation is once again reduced in the Executive Budget. NYSACHO recommends restoration of this funding in alignment with the Governor's stated policy priorities for improving maternal health and reproductive health care services access.

Second, the Executive budget again reduces recommended funding for the Nurse-Family Partnership funding. This strong, evidence-based, and nationally recognized home visiting model supports eligible first-time parents and has a proven track record of improving maternal and child health outcomes.

Finally, the Executive Budget proposal once again reduces funding in support of school-based health centers. For communities using these services, school-based health programs improve access to care, including better management of chronic conditions such as asthma and diabetes, mental health, and reproductive health services. All these proposed cuts will undermine the stated priorities of improving access to care, and NYSACHO urges the legislature to restore funding to these programs.

## **Executive Budget Proposals and LHDs Efforts to Reduce Opioid Overdoses and Overdose Deaths**

The profound and ongoing loss of life and human impact of opioids and substance use on New Yorkers is tragic and requires continued resources and intervention tools to combat the tragic consequences of the opioid epidemic in our state.

NYSACHO supports the executive budget's proposed language around public health surveillance and clarification of the current statute around access to the Prescription Monitoring Program data for both the state and local health departments. Surveillance data is critical to monitoring trends and identifying areas of public health interventions regarding opioid use.

NYSACHO similarly supports the alignment of the state's-controlled substance schedule with the federal schedule to reduce confusion and improve adherence for providers and pharmacists regarding controlled substances.

Finally, NYSACHO supports the ability to prescribe a three-day supply of buprenorphine by providers in alignment with federal statute. Many persons who use drugs interact with the healthcare system in emergency settings outside of an ongoing patient relationship with healthcare providers. The governor's proposal would allow persons who use drugs to immediately initiate maintenance, treatment and/or detoxification, while allowing time to make linkages to ongoing care and services for those seeking to initiate or reconnect to services for substance use disorder management.

### **Local Health Departments and the NYS 1115 Medicaid Waiver**

With a clear focus on health equity, reducing health disparities, advancing social needs and health focused workforce investments, there is no argument that the priorities of the CMS approved NYS 1115 waiver overlap with the work LHDs provide. To date, our members have not received a clear explanation of how public health officials, and the

LHDs they lead, will be included in the initiatives outlined in the waiver plan. As the state moves forward, it is imperative that our members are included in conversations around this plan to avoid duplicative efforts, maximize local resources, and to ensure the state's plan includes initiatives to bolster our local public health infrastructure.

In line with the goals of the 1115 waiver, LHDs know the needs of their communities, where data and outcomes related to health disparities exist, and how to implement community-informed solutions to address them. LHDs also have pre-existing relationships with community-based organizations and provider groups and are skilled at bringing key players to the table to work collaboratively on solutions. Addressing shortages in our local public health workforce should be as equally important as addressing clinical care shortages since we learned during the COVID-19 pandemic just how devastating public health emergencies can be in exacerbating health disparities.

We request state leaders engage with NYSACHO, and its county health official membership, to begin to clearly embed the role of LHDs into the roll out of the 1115 Medicaid waiver in New York State to ensure success in meetings its defined objectives.

## **Conclusion**

On behalf of the 58 local health departments in New York State, it is an honor to submit budget testimony to the joint legislative budget committees . LHDs implement state public health policy in each of your counties, through the provision of core public health services and responding to emerging public health threats. The County Health Officials of New York and their association, NYSACHO, look forward to working with you to develop the policies and identify the resources and services necessary to rebuild New York's public health infrastructure. Please do not hesitate to call on us locally or contact NYSACHO for assistance as you work to strengthen public health policies in New York State.

Contact: Sarah Ravenhall, MHA, CHES, Executive Director, the New York State Association of County Health Officials, 518-475-8905 or [sravenhall@nysacho.org](mailto:sravenhall@nysacho.org)

# **APPENDIX 1**

| Category/Appropriation   | 2023-24 SFY Enacted | 2024-25 Executive Budget Proposal | +/- \$ change 2022-23 Final to 2023-24 Enacted | +/- % change 2022-23 final to 2023-24 Enacted |
|--|---------------------|-----------------------------------|--|---|
| Article Six/Core   |                     |                                   |  |   |
| Local Public Health Article Six (26815)                          | \$230,042,000       | \$230,042,000                     | \$0  | 0.00%   |
| Children and Youth w/Special Health Care Needs (29917)           | \$170,000           | \$170,000                         | \$0  | 0.00%   |
| Local Public Health Services Program Account (22097)             | \$4,625,000         | \$4,625,000                       | \$0  | 0.00%   |
| State Aid for Immunization & Communicable Disease (32429)        | \$7,520,000         | \$7,520,000                       | \$0  | 0.00%   |
| Public Health Campaign - TB (26839)                              | \$3,845,000         | \$3,845,000                       | \$0  | 0.00%   |
| Public Health Campaign - STD (26834)                             | \$777,700           | \$777,700                         | \$0  | 0.00%   |
| TB Treatment, Detction&Prevention (29912)                        | \$565,600           | \$565,600                         | \$0  | 0.00%   |
| Water Supply Protection (29813)                                  | \$5,017,000         | \$5,017,000                       | \$0  | 0.00%   |
| Commissioner's Emergency Fund (29975)                            | \$40,000,000        | \$40,000,000                      | \$0  | 0.00%   |
| Nutrition Services - SNAP  |                     |                                   |  |   |
| WIC Component (26821)  | \$26,395,000        | \$26,395,000                      | \$0  | 0.00%   |
| Homeless Component (26822)                                       | \$56,547,000        | \$34,547,000                      | -\$22,000,000                                  | -38.91%                                       |
| PCAP (26841)   | \$1,835,000         | \$1,835,000                       | \$0  | 0.00%   |
| Categorical Funding  |                     |                                   |  |   |
| Family Planning/Cervical Cancer Vaccine (32424,26824)            | \$38,757,300        | \$37,757,300                      | -\$1,000,000                                   | -2.58%  |
| Adolescent Pregnancy Prevention (26827)                          | \$8,505,000         | \$8,505,000                       | \$0  | 0.00%   |
| Office of Minority Health (29995)                                | \$266,000           | \$266,000                         | \$0  | 0.00%   |
| Rape Crisis Centers (81116)                                      | \$4,500,000         | \$4,500,000                       | \$0  | 0.00%   |
| Infant Safe Sleep (SIDS) (29964)                                 | \$15,000            | \$15,000                          | \$0  | 0.00%   |
| Cancer Services (26926)  | \$22,325,000        | \$19,825,000                      | -\$2,500,000                                   | -11.20%                                       |
| Indian Health Program (26840)                                    | \$30,642,000        | \$36,742,000                      | \$6,100,000                                    | 19.91%  |
| Lead Poisoning Prev. Act/Primary Prevention <sup>3</sup> (32425) | \$14,604,000        | \$14,604,000                      | \$0  | 0.00%   |
| Hypertension (29965)   | \$186,000           | \$186,000                         | \$0  | 0.00%   |
| Rabies (29973)   | \$1,456,000         | \$0                               | -\$1,456,000                                   | -100.00%                                      |
| Early Intervention Program (26825)                               | \$204,999,000       | \$204,999,000                     | \$0  | 0.00%   |
| EI Respite Services (29971)                                      | \$1,758,000         | \$1,758,000                       | \$0  | 0.00%   |
| School Health (26922)  | \$12,144,000        | \$11,320,000                      | -\$824,000                                     | -6.79%  |
| Tickborne Disease Institute <sup>2</sup> (29963)                 | \$69,400            | \$0                               | -\$69,400                                      | -100.00%                                      |
| Obesity and Diabetes Programs (26925)                            | \$5,970,000         | \$5,970,000                       | \$0  | 0.00%   |



| Category/Appropriation  | 2023-24 SFY Enacted  | 2024-25 Executive Budget Proposal | +/- \$ change 2022-23 Final to 2023-24 Enacted | +/- % change 2022-23 final to 2023-24 Enacted |
|---|----------------------|-----------------------------------|--|---|
| Tobacco Enforcement & Education (29916)                               | \$2,174,600          | \$2,174,600                       | \$0  | 0.00%   |
| Tobacco Use Prevention & Control (29549)                              | \$40,644,000         | \$33,144,000                      | -\$7,500,000                                   | -18.45%                                       |
| <b>Total all page one</b>   | <b>\$766,354,600</b> | <b>\$737,105,200</b>              | <b>-\$29,249,400</b>                           | <b>-3.82%</b>                                 |
| <b>Categorical Funding</b>  |                      |                                   |  |   |
| Children's Asthma Education (29962)                                   | \$170,000            | \$170,000                         | \$0  | 0.00%   |
| Rural Health Network Development/Rural Health Access (29597)          | \$9,410,000          | \$9,410,000                       | \$0  | 0.00%   |
| Sexuality related programs (26832)                                    | \$12,000,000         | \$12,000,000                      | \$0  | 0.00%   |
| Universal Prenatal/Postpartum Home Visiting (29939)                   | \$1,847,000          | \$1,847,000                       | \$0  | 0.00%   |
| Healthy Neighborhoods (29893)   | \$1,495,000          | \$1,495,000                       | \$0  | 0.00%   |
| Health Promotion Campaign <sup>1</sup> (26833)                        | \$430,000            | \$0                               | -\$430,000                                     | -100.00%                                      |
| AIDS Institute  | \$126,449,200        | \$130,787,070                     | \$4,337,870                                    | 3.43%   |
| Public Health Leaders for Tomorrow (29968)                            | \$261,600            | \$261,600                         | \$0  | 0.00%   |
| Ending the AIDs Epidemic (26923)                                      | \$30,000,000         | \$15,000,000                      | -\$15,000,000                                  | -50.00%                                       |
| Nurse-Family Partnership (26838)                                      | \$4,200,000          | \$3,000,000                       | -\$1,200,000                                   | -28.57%                                       |
| Lead Rental Registry (StateOps 59030) <sup>4</sup>                    | \$18,536,000         | \$16,816,000                      | -\$1,720,000                                   | -9.28%  |
| Housing and Healthcare programs for children with asthma <sup>3</sup> | \$0                  | \$2,130,000.00                    | \$2,130,000                                    | 100.00%                                       |
| Reducing infant mortality <sup>3</sup>                                | \$0                  | \$320,000.00                      | \$320,000                                      | 100.00%                                       |
| Increasing Perinatal quality <sup>3</sup>                             | \$0                  | \$700,000.00                      | \$700,000                                      | 100.00%                                       |
| Dental care for Native Americans <sup>3</sup>                         | \$0                  | \$2,500,000.00                    | \$2,500,000                                    | 100.00%                                       |
| <b>Total all page two</b>   | <b>\$204,798,800</b> | <b>\$196,436,670</b>              | <b>-\$8,362,130</b>                            | <b>-4.08%</b>                                 |
| <b>TOTAL ALL</b>  | <b>\$971,153,400</b> | <b>\$933,541,870</b>              | <b>-\$37,611,530</b>                           | <b>-3.87%</b>                                 |

<sup>1</sup> Clarification needed, as authorizing language is included in appropriations bill, but funding amount is missing.

<sup>2</sup> Total of all funding lines - full appropriations of 13911 and 13959 not exclusively dedicated to Home Visiting Programs under OCFS

<sup>3</sup> New funding line/initiative proposed for 2024-25

<sup>4</sup> Funding fully in state operations in 2023-24; portion moved to Aid to Localities with balance of \$1,720,000 in state operations

| Category/Appropriation   | 2023-24 SFY Enacted        | 2024-25 Executive Budget Proposal | +/- \$ change 2022-23 Final to 2023-24 Enacted | +/- % change 2022-23 final to 2023-24 Enacted |
|--|----------------------------|-----------------------------------|--|---|
| Other Agency Funding   | 2023-23 SFY Enacted Budget | 2024-25 Executive Budget Proposal | +/- \$ change 2022-23 final to 2023-24 Enacted | +/- % change 2022-23 final to 2023-24 Enacted |
| PreK 4410 Program (21706)                                      | \$1,035,000,000            | \$1,035,000,000                   | \$0  | \$0   |
| Healthy Families <sup>2</sup> (OCFS 13928, 13911, 13959)       | \$57,162,200               | \$57,162,200                      | \$0  | \$0   |
| Clean Water Infrastructure Act (NYSDEC/Capital Projects 25722) | \$500,000,000              | \$250,000,000                     | (\$250,000,000)                                | -50.00%                                       |
| Lead Abatement (DHCR/Capital Projects 31518)                   | \$20,000,000               | \$20,000,000                      | \$0  | \$0   |