Primary Care Development Corporation

Primary Care Development Corporation Testimony for the Joint Legislative Hearing on Health/Medicaid for the 2024-2025 Executive Budget Proposal

To Senator Krueger, Assemblymember Weinstein, and the members of the Joint Legislative Budget Committee on Public Health,

Thank you for the opportunity to provide testimony to the legislature today. Primary Care Development Corporation (PCDC) is a New York-based non-profit organization and community development association. Our mission is to strengthen communities and build health equity through strategic primary care investment, expertise, and advocacy.

PCDC encourages the legislature and Governor to specifically center primary care in this year's health budget and to shift New York's health system towards primary care as the best means to ensure health equity, healthy people, and healthy communities.

I. PCDC's History of Impact and Service, With New York's Support

PCDC provides capital and technical assistance to primary care providers in communities that need it the most and unlocks insightful data and analysis to drive effective policy change that strengthens primary care and advances health equity. Since our founding in 1993, PCDC has leveraged more than $1.7 billion to finance over 250 primary care projects. Across the country, these strategic community investments have built the capacity to provide 4.8 million medical visits annually, created or preserved nearly 20,000 jobs in low-income communities, and transformed 2.8 million square feet of space into fully functioning primary care and integrated behavioral health practices.

In New York State specifically, we have worked with health care organizations, systems, and providers across the state on over 3,200 financing and technical assistance projects to build, strengthen, and expand primary care operations and services. Thanks in part to the funding from the New York State Legislature, we have financed and worked with health care facilities and practices in more than 95% of New York's Senate Districts (62 of 63) and in every single Assembly District to increase and improve the delivery of primary care and other vital health services for millions of New Yorkers. In just the last five years, PCDC provided nearly $80.6 million in affordable and flexible financing to expand access to primary care across New York State.

Through our capacity building programs, PCDC has trained and coached more than 17,254 health workers to deliver superior patient-centered care, from helping more than 1,000 primary care practices achieve Patient-Centered Medical Home (PCMH) recognition, to working with the Montefiore School Health Program and the New York School-Based Health Alliance to develop the first and only nationwide recognition program approved by the National Committee for Quality Assurance for school-based health centers, to training more than 5,000 staff at over 400 health centers to integrate high-impact HIV services into their practices. Through this work and more, PCDC supports the expansion of high-quality primary care, helping make primary care

affordable, accessible, community-based, whole-person, and integrated with behavioral health care.

A. Continue Funding for the Primary Care Development Corporation

The Legislature included $450,000 for PCDC in the FY24 budget, and we are very appreciative of your continued support. This funding enabled PCDC to undertake important initiatives to understand and better support primary care in New York. In order to continue this important work, PCDC respectfully requests an FY25 appropriation of $450,000.

Last year's allocation enabled PCDC to carry out our critical mission in several ways. We hosted a Primary Care Summit with New York State and national experts to discuss the importance of primary care and how to make our health system more primary-care-centric; we are in the process of developing a the first-ever Primary Care Scorecard for New York State, to be completed by March 30, 2024, which will help policymakers and stakeholders understand the status of primary care access and related health outcomes across New York; we recently published a report documenting key primary care policy innovations at the state level across the country, which could serve as models for New York.

In the last several years, the legislature has supported PCDC to conduct original research on primary care in New York State that has helped policymakers, advocates, providers, and other stakeholders understand the landscape, challenges, and potential solutions to primary care access in the state. These reports clearly make the case for investing in primary care and expanding access to quality primary care in disinvested communities, rural communities, and communities of color. Our research reports provide quantitative and qualitative analyses of primary care access issues in the state, from how the history of redlining impacts primary care access in New York City to the association between FQHC access and decreased COVID-19 mortality. Over the past two years, PCDC has published:

- *Redlining in New York City: A Lens on Primary Care and Maternal Health*, which examines access to primary care in New York City through the historical lens of redlining practices. As maternal and infant health are indicative of and pivotal to the overall health of a community, the report also spotlights associated maternal and infant health outcomes to delve further into how this discriminatory practice may still affect New Yorkers.

- *2022 Primary Care Legislative Trends*, an analysis of primary care policy in state legislatures across the country, intended to help policymakers and advocates understand the scope of solutions being considered around the country and to offer potential models for consideration here in New York.

- *Access to Primary Care in New York State: A Special Report During the COVID-19 Pandemic*, which explores how primary care access differs across the state and how COVID-19 has created new challenges;

- *Poor Access to Care Drives COVID-19 Outcomes in New York: Federally-Qualified Health Centers help reduce community-level COVID-19 mortality*;

- Ford et al., *Federally Qualified Health Center Penetration Associated With Reduced Community COVID-19 Mortality in Four United States Cities*, Journal of Primary Care and Community Health, Nov. 30, 2022.

II. Expand Access to Primary Care by Increasing Capital Investment in Providers

A. Equitably Distribute the Health Care Facilities Transformation Fund

PCDC strongly supports the State's investment in health care facilities through the Health Care Facility Transformation Program (HCFTP). Last year, the state added a new infusion of funding to this Program, which was an important step to help providers cope with and recover from the impact of the pandemic. Moreover, the funding was split between capital investment and technological investment, which reflected an understanding of the critical need for providers to transform their practices by adopting new technologies that help integrate services and better serve patients.

However, while previous budgets have earmarked at least some part of the fund for primary care, last year's budget made no such designation, meaning that it is possible that the entire $500 million for capital investment and $500 million for technological transformation will be out of reach for primary care providers. This was troubling, and when it comes to the technological funding, deeply disappointing – primary care providers, particularly those in small and safety net practices, rarely have extra funds to upgrade their technology, to adapt their electronic health records so that they can integrate with larger systems, or to adopt new telehealth platforms and technologies. This funding has yet to be fully allocated, so it is still possible to add some earmarks for these funds – indeed, in this year's budget, the Governor has proposed earmarking $20 million for research into rare diseases including ALS, a very worthy goal. **PCDC encourages the legislature to add an additional set aside, to ensure that at least 12.5% of both the Health Care Facility Transformation capital and technological funds are designated specifically for primary care providers.**

III. The Critical Importance of a Primary Care-Centered Health System

Access to primary care is a key social determinant of health recognized by the World Health Organization and the U.S. Healthy People initiative framework.[1] Regular access to primary care is associated with positive health outcomes, especially when addressing heart disease, the leading cause of death in New York State, and other common chronic conditions such as diabetes and asthma.[2] In addition, primary care reduces overall health care costs and is the only part of the health system that has been proven to lengthen lives and reduce population level health disparities.[3]

However, primary care remains overburdened and underinvested. The lack of focus on primary care in the American health system has been called a "medical emergency."[4] That emergency

was undoubtedly heighted by the COVID-19 pandemic, which further highlighted existing disparities, as communities with less access to primary care before the pandemic experienced more COVID infections, severe illness, and deaths than communities with better access to primary care.[5]

Over the last two years, the Governor and legislature have recognized that the health system in New York is facing serious challenges, both for patients and for providers, and have put forward a range of proposals to address some of the specific problems. The FY25 Executive Budget takes some important steps forward, particularly relating to the newly approved 1115 waiver that will allow increased investment in primary care and with the potential that New York may participate in several new federal primary care-focused payment models that are intended to advance multi-payer alignment. However, more can be done to shift health outcomes and health equity in New York. There is an urgent need to re-orient New York's health care system towards primary care, investing in the care that will address long-standing health disparities, improve the health status of underserved communities across New York State, make New York's health system more effective now and help keep all New Yorkers protected in the future.

PCDC encourages the legislature to review each health proposal within the budget to ensure that primary care providers, patients, and the primary care workforce in general are included and prioritized.

A. Invest in Health Equity by Investing Directly in Primary Care

A recent landmark report from the National Academies of Science, Engineering, and Medicine (NASEM) entitled *Rebuilding the Foundations of Health Care*, concluded that "[w]ithout access to high-quality primary care, minor health problems can spiral into chronic disease, chronic disease management becomes difficult and uncoordinated, visits to emergency departments increase, preventive care lags, and health care spending soars to unsustainable levels."[6] Despite its proven impact, primary care continues to be underfunded and undervalued. In the United States, primary care accounts for approximately 35% of all health care visits each year – yet only about 5 to 7% of all health care expenditures are for primary care services.[7] In contrast, other similarly situated countries spend as much as 12-14% on primary care as a proportion of their total health care spending,[8] at the same time as spending more on social services and social determinants of health.[9] Experts including the World Health Organization and the authors of the NASEM report have called on governments to "increas[e] the overall portion of health care spending in their state going to primary care."[10]

New York's per-person health care costs are higher than the national average, yet the stae consistently ranks below many others in key health indicators such as low birth weight, preventable hospitalizations, and childhood immunizations, all of which can be improved with better access to primary care.[11] Many parts of New York State lack an adequate number of primary care providers, leaving residents in those areas without a resource for prevention, early diagnosis and treatment of common health issues such as diabetes, hypertension and depression.[12] The lack of sufficient funding for primary care impacts both patients and providers, leading to inadequate access, low-quality care, worse outcomes, and a

burdened and burnt-out workforce that loses experienced professionals and has trouble attracting new ones.[13]

Almost 6.5 million New Yorkers live in HRSA-designated primary care Health Professional Shortage Areas.[14] Projection analysis predicts a shortage of physicians of any specialty by 2030 in New York State, and the COVID-19 pandemic has only exacerbated health care worker burnout, including in primary care.[15] Fewer medical graduates choose primary care in comparison to other specialties, in part because of disparate levels of anticipated income.[16]

Investing more resources into primary care is a critical way to achieve the kind of robust health care system our communities deserve, including by expanding the number and diversity of providers who enter primary care and who accept new patients, including those with Medicaid coverage. PCDC recommends that policy be adopted to ensure that at least 12.5% of health spending in New York state is on primary care. In this Executive Budget, there are several policies that help increase spending on primary care, while still far from this target. That is why PCDC encourages both the Senate and the Assembly to also include a direct investment in primary care in their FY25 budgets, incorporating the elements of Assembly Bill 8592/Senate Bill 1197B.

1. Include Assembly Bill 8592/ Senate Bill 1197B in the Budget

Primary care saves lives, leads to improved individual and community health, and is unequivocally central to health equity. When it is available, accessible, and affordable, primary care is a cornerstone of vibrant, thriving communities and helps keep families healthy, children ready to learn, and adults able to pursue education and participate in the workforce. Yet New York and the U.S. as a whole continue to undervalue and underfund it, leaving many New Yorkers without access to high-quality primary care in their own communities. The primary care-related proposals in the Executive Budget and the elements included in the recently approved 1115 Waiver will incrementally help address some of these challenges. However, to shift New York's health system towards primary care as the best means to ensure health equity, healthy people, and healthy communities, more systemic changes need to be made. The Primary Care Investment Act is a critical building block for that change, requiring New York payors to increase investment in primary care, thus expanding access to high-quality care and improving health outcomes for all people across New York State.

Increased investment in primary care would make care more accessible, increase the number of providers, and support those providers to provide the full range of integrated services most needed in underserved communities, while reducing overall health costs over the long term. Deliberately investing in primary care is one of the most effective ways to solve these urgent problems, save lives, improve individual and community health, and move toward health equity.

The Primary Care Investment Act would:

- Measure the current level of primary care spending in the state by private and public insurers;

- Require state agencies to make that spending information publicly available in annual reports;
- Require insurers that report less than 12.5% of their overall health spending on primary care to increase that investment 1% each year until they reach at least 12.5% and to spend those funds both supporting primary care services directly and strengthening the state's primary care infrastructure.

In order to effectively carry out AB 8592/SB 1197B, agency staff at both NYS Department of Health and Department of Financial Services will need to collaborate to develop guidelines, regulations and ultimately reports that will be made public. In the future, funds within Medicaid will need to shift to ensure that at least 1% more each year is spent on primary care. In FY25, allocating funding for agency time to effectuate the requirements of this bill would help move New York State's support for primary care forward.

2. Policies That Effectuate the Recently Approved Medicaid 1115 Waiver

The recently approved Medicaid 1115 waiver has multiple elements but three of the core purposes are to increase investment in primary care, including in the primary care workforce, and to support more comprehensive, team-based, integrated primary care with coordination for health related social needs. PCDC strongly supports these goals and urges the Executive Branch and legislature to implement these elements with a focus on primary care services and providers.

a. Health-Related Social Needs Coordination

New York State's new 1115 waiver will allow for coverage of critical supports for health-related social needs, from nutrition supports pregnant and newly parenting individuals to pre-hospitalization housing for populations that need that service. In recent years, research has made it clear that having unmet social needs is strongly associated with poor health outcomes.[17] Moreover, social determinants of health, including these health-related social needs, have been found to "account for about half of the variation in health outcomes in the nation."[18] While it's critical to have primary care and other health care available in the community, a person who lacks transportation to the facility, as well as adequate food and shelter before and after his or her appointment, will not be able to fully benefit from the health care received at the appointment, if he or she can even get there.

The waiver contemplates a significant investment in both covering these needs under Medicaid and also setting up Social Care Networks that can coordinate between primary care and other health care providers and community-based organizations that can offer these types of supports. The Governor's Budget Book notes that this budget "reflects the nation's largest investment in health-related social care needs (HRSN), which includes a historic Federal investment of $5.8 billion over 3.5 years."

PCDC encourages the legislature to consider the role of primary care in coordinating patient access to HRSN services and to ensure that that coordination by primary care is adequately

funded. Notably, AB8592/SB1197B would result in additional funding to primary care providers for exactly this type of coordination, dovetailing well with both the waiver and overall health equity goals.

b. Primary Care Workforce

As New York, and the rest of the world, continues to grapple with the effects of the COVID-19 pandemic, the health care system is showing extreme signs of strain.[19] Primary care workforce shortages are being felt across multiple types of providers and are anticipated to get worse: For example, by 2033, the national primary care physician supply is projected to fall short of demand by as much as 55,000 providers,[20] and in New York State, there will likely be a compounded situation where new shortages develop and existing shortages are exacerbated.[21] The American Association of Colleges of Nursing has also found that shortages in nurses and qualified nurse educators is leading to shortages in certified nurse practitioners who provide primary care.[22] In addition, a 2022 survey of Federally Qualified Health Centers (FQHCs) by the National Association of Community Health Centers found that "68% of health centers report losing 5-25% of their workforce in the last six months[,] 15% of health centers report losing 25-50%" and that nurses were the most likely to have left.[23]

PCDC strongly supports the waiver's two health care workforce elements, which were included in the Executive Budget and are specifically available for primary care health care workers. In particular, the Executive Budget includes new funding, through the waiver, for a program to create new career training programs for health care workers and social care professionals with the goal of increasing access to culturally appropriate services. This program has the potential to address serious workforce shortages across the primary care medical field. The Executive Budget also includes a new loan repayment program, funded by the waiver, that will provide funding for a small group of providers, including primary care providers, who make a 4-year commitment to having at least 30% Medicaid patients in their patient population.

In addition, PCDC supports Governor Hochul's establishment of the Center of Healthcare Workforce Innovation. Through this program, 28 facilities have been awarded funds to prepare, mentor, and train a steady pipeline of high-quality healthcare professionals. In conjunction with the Nurses Across New York program, the Department of Health will also launch a grant program to fund wraparound services like transportation or childcare for students training in the healthcare field. These are programs that can provide new pathways for students to enter the healthcare workforce and ensure that everyone regardless of their background can access such education.

c. PCMH Enhancement for Adults and Children/ Increased Medicaid Rates

CMS's recent letter approving New York's 1115 waiver proposal includes a clear requirement that Medicaid rates be increased for primary care, behavioral health care and obstetrics. As PCDC has noted in the past, more than 7.3 million New Yorkers are currently enrolled in Medicaid, a little over a third of the State's entire population.[24] Medicaid plays a foundational

role in helping low-income New Yorkers stay healthy, has the potential to help address health disparities, and can drive overall health system policy. **Providing people with Medicaid coverage leads to "better access to health care[;] better health outcomes, including fewer premature deaths[; and] more financial security and opportunities for economic mobility**."[25]

However, Medicaid-insured individuals often struggle to find providers who will take their insurance, leading to delayed care and other adverse health outcomes.[26] A critical factor in providers' unwillingness to accept Medicaid is that Medicaid reimburses providers at far lower rates than other insurance programs, including both private plans and Medicare plans.[27]

Congress included in the Affordable Care Act a temporary provision that mandated parity between Medicaid and Medicare reimbursement specifically for primary care providers, but only for 2013 and 2014.[28] Following the expiration of this mandate in 2014, a few states implemented policies to continue Medicaid parity within their jurisdictions. As recently as 2019, Medicaid parity status across the country varied drastically by state with New York ranked 47th overall and 49th when it comes to primary care—specifically for primary care, New York then reimbursed Medicaid providers only 43% of Medicare rates.[29]

Last year's budget required Medicaid rates for primary care to be increased to 80% of Medicare rates, although the mechanism for that rate increase is not entirely clear. In approving New York's waiver application, CMS has now required New York to raise Medicaid rates to at least 80% of Medicare and noted that "[r]esearch shows that increasing Medicaid payments to providers improves beneficiaries' access to healthcare services and the quality of care received." The waiver also notes that the State will have to sustain rate increases after the expiration of the waiver.

It is not clear in the Executive Budget how those rate increases will be implemented – the only across-the-board increase is found in an enhancement to the PCMH payment made for both adult and children's visits, along with several specific rate increases for specific populations. **PCDC urges the State to ensure that primary care rate increases are prioritized across all primary care practices that accept Medicaid, and that those rate increases reach the primary care practices and providers themselves**. Moreover, PCDC urges the legislature and Executive to continue to increase rates until they are at parity with Medicare rates to ensure that providers are not incentivized to turn away the most vulnerable patients in the state.

Moreover, the Executive's proposal continues to leave out a critical component of the safety net – **Federally Qualified Health Centers will not be eligible for this rate increase** because of their specific billing system, which supports their comprehensive, team-based, whole-person care model, a uniquely effective model for primary care delivery. PCDC strongly supports a solution that updates community health center Medicaid rates, which have not been changed in almost twenty years, so that they can continue to provide their effective model of critical, comprehensive primary care that is so essential for millions of New Yorkers.

d. Future Federal Payment Model Participation and Multi-Payor Alignment

While not included directly in the Executive Budget, it is notable that the approved waiver references New York State's intention to participate in two new federal CMS payment models, Making Care Primary (MCP) and States Advancing All-Payer Health Equity Approaches and Development (AHEAD), which both prioritize increased investment in primary care as well as multi-payor alignment and a move from fee for service to value-based payment. According to CMS, "MCP aims to improve care for beneficiaries by supporting the delivery of advanced primary care services, which are foundational for a high-performing health system."[30] As CMS works with states to enroll practices in MCP, CMS has been actively engaging with state Medicaid agencies in the hopes that there can be multi-payer alignment, encouraging Medicaid to engage in similar models and to bring commercial payors along to "realize the goals and elements of improved primary care across all patients."[31] The AHEAD Model is a more over-arching program than Making Care Primary and is even more focused on increasing investment in primary care. CMS has stated that "[p]rimary care is the foundation of a high-performing health system and is essential to improving health outcomes for patients and lowering costs. Through AHEAD, CMS aims to strengthen primary care, improve care coordination, and increase screening and referrals to community resources like housing and transportation to address social drivers of health."[32] In addition to hospital global budgeting, AHEAD requires increased investment in primary care, including setting a target spending goal for primary care.[33] Indeed, in order to participate in AHEAD, a State must adopt a primary care investment spending target, either through legislation or executive order. The models' emphasis on multi-payor alignment (meaning encouraging all payors in the state to use the same metrics and meet the same targets) is meaningful – without multi-payor alignment along with the increased investment, primary care providers will find it difficult or impossible to reorient their practices towards value-based payment structures and ultimately the comprehensive, team-based primary care that all patients deserve.

PCDC encourages lawmakers to review and support newly introduced Assembly Bill 8592/ Senate Bill 1197B, which lays out a clear roadmap to measure existing spending, set a primary care investment target and helps both public and private payors gradually meet their goals, and would achieve the CMS requirement.

3. Telehealth Payment Parity for Primary Care and Behavioral Health

PCDC believes, along with many other experts and government agencies,[34] that telehealth has proven its merits as a sustainable innovation that can support patient access to quality care as well as giving providers access to reliable revenue streams.[35] PCDC has long advocated for expansion of telehealth access for patients, given its potential to expand access for underserved patients, but this expansion must be coupled with policies that ensure that telehealth can be provided in a financially sustainable way.[36]

It is critical that health care providers be able to reach their patients when and where they need the care, and as we learned due to necessity during COVID, a provider need not always be in her office to provide quality health care. There should be no blanket reduction in rate based on the provider's location. The proposal in this year's Executive Budget extends last year's telehealth

parity requirements, but fails to address the gap in last year's budget. Last year's budget did not allow for full reimbursement parity for all primary care providers, focusing instead only on behavioral health providers but not even including primary care providers, such as licensed Article 28 facilities, who provide behavioral health services. In fact, many behavioral health services are generally provided in primary care settings, including treatment for depression and anxiety.[37] Further, primary care providers, including those who practice in FQHCs and licensed Article 28 facilities, should have telehealth reimbursement parity for primary care services as well as behavioral health services. PCDC urges the legislature to address the gaps in last year's Budget telehealth parity policy rather than simply extending them another year.

4. Continue to Protect Safety Net Providers

Last year's budget included a compromise regarding the 340B program, wherein the pharmacy program was fundamentally changed and 340B providers' access to critical revenue was put at significant risk. The compromise that was reached included specific, direct funding from the state for these safety net providers. As we noted last year, the explicit purpose of the 340B program is "to stretch scarce federal resources as far as possible, reaching more eligible patients, and providing more comprehensive services." By definition, 340B providers serve low-income and disabled patients. These safety net providers use the savings from the 340B program as a financial lifeline that allows them to fund additional care and ancillary services for their patients, increasing overall access to primary care for their communities. It is effectively a form of value-based payment – that can be used without restrictions - and that can support the care management and integrated care that keeps people out of costly acute care.

This year, PCDC urges the legislature to protect 340B providers by ensuring that the budget includes NYRx Reinvestment funds, including $135 million of state funds for FQHCs and $50 million for Ryan White clinics. These funds should be appropriated each year in perpetuity.

III. PCDC Supports Additional Proposals That Would Expand Access to Primary Care, Including Integrated Behavioral Health Care and Reproductive Health Care

A. Expanded Access to Coverage

1. Ensure Continuous Access to Medicaid for Children 0 to 6

PCDC enthusiastically supports the proposal in the Executive Budget to guarantee continuous coverage for children enrolled in Medicaid from ages 0 to 6. CMS has already indicated in its waiver approval that if New York submits an amendment with this proposal, it will likely approve it.

The first years of life are critical to healthy physical and social development and the experiences during these years impact all future learning, behavior, and health.[38] Because early childhood is such a foundational period for lifelong health and wellbeing, it is critical for children and families to have uninterrupted access to health care. Moreover, coverage under Medicaid specifically has been proven to have positive health effects. A review of the literature on the

effects of Medicaid coverage among children linked coverage to reduced child mortality, reduced racial disparities in infant mortality, and increased use of preventive care.[39] One study in particular found that "among children from low-income families, those who experienced more years of Medicaid eligibility were in better health, measured using an index of chronic conditions, than were those with less exposure to Medicaid."[40]

Specifically, access to services provided in the primary care setting, such as childhood vaccinations, is consistently linked with improved health outcomes.[41] Further, "[b]y preventing episodes of vaccine-preventable diseases, vaccination can also help avert associated out-of-pocket medical expenses, healthcare provider costs, and losses in wages of patients and caregivers," indicating broader social and economic benefits of access to primary pediatric care.[42] This proposal will ensure stable health coverage during this crucial childhood period and ensure that all New York infants and children have access to comprehensive and dependable pediatric care.

One of the most important ways for the Medicaid program to achieve good health outcomes and move closer to health equity is to address the serious problem of "churn,"[43] which is detrimental because it disrupts continuity of primary and preventative care for already underserved populations. Experts have recognized the significant and inequitable impact that eligibility churn has on low-income populations, and in particular on people of color and those with less education, who are most likely to experience greater income volatility.[44] MacPac recognized in its 2013 report to Congress that churn has a particular and detrimental impact on individuals' ability to access primary care, including preventative care.[45] Importantly, "even short periods of uninsurance affect access."[46] This proposal has the potential to drastically reduce the effects of the churn experienced by families with children under age six.

2. Expanding Access to the Essential Plan

PCDC supports the changes proposed to the Essential Plan proposed in the Executive Budget and particularly wants to highlight the proposal to offer support to people enrolled in the Essential Plan to reduce their cost-sharing or premiums or both. Many Americans delay seeking or entirely skip obtaining necessary health care due to cost. According to National Health Interview Survey data from 2022, "more than 1 in 4 adults (28%) reported delaying or not getting health care due to cost."[47] In New York, that number is even higher – a recent survey found that, due to cost, 31% of New York adults have delayed a health care visit or having a procedure and 29% have "skipped a recommended medical test or treatment."[48] Moreover, research published by the Commonwealth Fund found that "[m]ore than half of working-age adults who said they delayed or skipped care because of costs said a health problem got worse as a result."[49] The end result is that many New Yorkers, despite having insurance coverage, are currently skipping or delaying health care and facing more serious health problems. This proposal will mitigate this problem by making it more affordable for Essential Plan enrollees to obtain the care they need.

Expanding access to the Essential Plan will increase access to health care overall and to critical primary care in particular. PCDC therefore supports the Governor's budget plan to expand access to the Essential Plan to those who fall within 350 percent of the federal poverty level.

However, PCDC also continues to urge the State to use all available authority to make health insurance coverage accessible to and affordable for as many New Yorkers as possible, including those who are undocumented. Affordable insurance increases access to primary care, among other health care services, and is critical to achieving health equity. PCDC was deeply disappointed that the State did not include coverage for undocumented individuals in its recent update to its 1332 waiver application. Other states, including Washington and Colorado, have already used the 1332 waiver process to expand coverage in this way. PCDC strongly supports and urges the State to adopt policies that make health insurance coverage accessible to and affordable for as many New Yorkers as possible, including those who are undocumented.

B. Expanded Access to Care

PCDC supports several policies that are likely to expand access to primary care including: (1) additional funding for school-based health centers, including adding new services, such as dental care; (2) funding for mental health/Adverse Childhood Experiences (ACES) screening to all adults in Medicaid; (3) permitting medical assistants to provide immunizations under the supervision of primary care providers; (4) Further integration of mental health and primary care service through the governor's guidance to ensure plans cover screenings in mental health, primary care, substance use disorder, and integrated settings without cost ; (5) Increased Medicaid reimbursement for mental health services in Article 28-licensed Facilities and Private Practices; (6) Offering new health insurance premium subsidies to New Yorkers enrolled in qualified health plans; and (7) Expanding paid medical and disability leave benefits, along with the creation of paid prenatal leave.

1. Expanding and Protecting Access to Sexual and Reproductive Health Care

High quality, comprehensive primary care includes the full suite of physical and behavioral health services people need to live healthy, productive lives. Sexual and reproductive health is relevant across every person's lifespan and sexual and reproductive health care, including abortion, is an essential component of primary care. Primary care providers both directly provide and refer patients to the reproductive health care they need, including birth control, preconception care, counseling, and abortion services, as well as sexual health care such as STI testing and treatment.

PCDC was pleased to see efforts to expand access to both reproductive and sexual health care proposed in the Executive Budget. Specifically, PCDC supports the proposal to explicitly ensure minors' right to obtain contraceptive care and confidentially receive reproductive healthcare services.

PCDC also strongly supports the Executive Budget's innovative proposal to create paid prenatal leave. Notably, many pregnant patients receive some or most of their prenatal care

from their primary care provider – indeed, primary care providers are many pregnant patients' main source of both prenatal and postpartum care.[50]

PCDC also supports Executive Budget's proposal to direct the Office of Gun Violence Prevention to implement a new set of strategies at preventing gun violence. This includes providing technical assistance to community-based organizations and hospitals to align their hospital violence intervention programs with the recently signed Medicaid Reimbursement for Violence Prevention Programs. This will allow low-income New Yorkers impacted by community violence to receive violence prevention services from qualified specialists.

XII. Conclusion

Primary care is the most reliable means of improving individual and community health, moving towards health equity, and ultimately lowering health care costs. We encourage the legislature to carefully consider how to best use vital state resources in the health budget to expand access to quality primary care.

We look forward to working with the Governor and Legislature to ensure that the FY25 New York State Budget supports these goals. Please contact Jordan Goldberg, Director of Policy, at jgoldberg@pcdc.org with any questions or to request any additional information.

Thank you for your consideration of PCDC's recommendations.

Louise Cohen
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[1] Lucy Gilson et al., *Challenging Inequity Through Health Systems*, World Health Organization Commission on the Social Determinants of Health, June 2007, available at https://www.who.int/social_determinants/resources/csdh_media/hskn_final_2007_en.pdf?ua=1; Office of Disease Prevention and Health Promotion, Access to Primary Care, https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/access-to-primary (last visited December 9, 2021).

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