Testimony submitted to the Joint Fiscal Committees
on the SFY 2024-25 Executive Budget
Health/Medicaid Budget Hearing
January 23, 2024

Thank you for the opportunity to submit testimony on the 2024-25 New York State Executive Budget. The Schuyler Center for Analysis and Advocacy (SCAA) is a 151-year-old statewide, nonprofit organization dedicated to policy analysis and advocacy in support of public systems that meet the needs of disenfranchised populations and people living in poverty.

Top Budget Recommendations

- Support proposal in the Executive Budget to take steps necessary to provide continuous coverage for children in Medicaid/Child Health Plus until they reach age six.
- Support the Executive Budget's $1.5 million in funding for school-based oral health and additional oral health funding for the American Indian Health Program.
- Thoroughly examine and consider Executive Budget's proposed changes to the scope of practice for dental hygiene to improve and expand access to oral health care.
- Fund maternal, infant, early childhood home visiting
  - Support both the $26 million and the supplemental funding of $11 million included in the Executive Budget for Healthy Families NY.
  - Support $3 million included in the Executive Budget for Nurse-Family Partnership and add an additional $1.5 million.
  - Restore $200,000 and add an additional $300,000 for ParentChild+ to support further expansion, access, and professional development.
- Adequately fund Early Intervention
  - Provide an 11% increase in reimbursement rates for all EI services delivered in person and include a rate modifier designed to expand access to in-person services.
  - Fund a study to update the current, outdated rate setting methodology. This should include a comprehensive assessment of the methodology used to determine payment for all EI evaluations, services and service coordination and a report released recommending new rates that fully cover the costs of delivering services.
  - Create a student loan forgiveness program to attract new providers and address the growing waitlists and workforce challenges plaguing EI. The program should target providers willing to provide in-person services in Medically Underserved and/or Health Care Provider Shortage Areas. (A. 8455 Paulin)
- Include language directing the Department of Health to apply for a Medicaid State Plan Amendment for comprehensive expansion of school health services.
- Support the $3.5 million included in the Executive Budget for the Community Health Advocate Program and add an additional $2 million to fully restore funding to $5.5 million.
- Provide $350,000 for implementation of the Health Professions Data Law.
- Fully restore the EQUAL grant program for adult homes, an important fund, that directly benefits low-income residents of adult care facilities.

Provide Continuous Coverage for Children to Age 6

Please see our brief on this topic, *Keeping the Youngest New Yorkers Covered*, attached to the testimony.

The Schuyler Center urges the Legislature to:

- ***Support the Executive's proposal to include language requiring New York to apply for a federal waiver for continuous eligibility for Medicaid/CHP for children until they reach age six.***

Fund Oral Health Programs and Expand Access to Services

Please see our brief on this topic, *Investing in Childhood Oral Health Equity*, attached to the testimony.

The Executive Budget contains several provisions designed to increase access to dental care, including additional funding for school-based health for dental services and increased funding for dental services in the American Indian Health Program.

One of the greatest barriers to care is the inability of children in the Medicaid program to find a dental provider who accepts Medicaid. We are therefore pleased to see that the Executive Budget also contains language to expand the scope of practice for dental hygienists that would increase their ability to perform certain procedures and expand settings where they can practice with a cooperative agreement with a dentist. We are still analyzing this provision but hope that it would result in increased access to preventive services for children, including children covered by Medicaid. The Budget documents also reference the inclusion of a loan forgiveness program for dentists in the recently approved 1115 Medicaid waiver.

The Schuyler Center urges the Legislature to:

- ***Support the Executive Budget's $1.5 million funding for school-based oral health programs and additional oral health funding for the American Indian Health Program.***
- ***Thoroughly examine the proposed changes to the scope of practice for dental hygiene to ensure that these would improve access to care.***

Make Maternal, Infant and Early Childhood Home Visiting Available to All Who Need It

Maternal, infant, and early childhood home visiting is recognized across the nation as a uniquely effective approach to family strengthening, with myriad benefits to children and families' health, well-being, and economic security. Home visiting has been proven to improve birth outcomes; increase high school graduation rates for children who received home visiting services while young; increase workforce participation and lower rates of welfare dependency; and reduce instances of child maltreatment. Home visiting is a proven, cost-effective intervention that yields tremendous savings over the lifetime of children in the form of lower health care costs and improved earnings as adults.

Schuyler Center urges the Legislature to support State investment in home visiting to maintain existing programs and expand services to more families. We also urge that additional funding be included to ensure that more families receive needed services.

Specifically, to support home visiting programs and infrastructure, we request the following investments:

- ***Support the $26 million and the supplemental $11 million included in the Executive Budget for Healthy Families New York.***
- ***Support the $3 million included in the Executive Budget for Nurse-Family Partnership and add an additional $1.5 million.***
- ***Restore $200,000 for ParentChild+ and add an additional $300,000 to support further expansion of their programs and access and professional development opportunities.***

Adequately Fund Early Intervention Services

Early Intervention (EI) provides therapeutic and support services to eligible infants and toddlers under the age of three who qualify due to disabilities or developmental delays. Access to timely services is critical when delays are identified, yet even before the pandemic, data showed that one in four children did not receive mandated EI services within the required period and that racial disparities were persistent. Since 2017, there has been a 27% decline in children who received timely services, meaning that New York families wait far too long for the State to fulfill its legal responsibility to provide services.[1] Black and Hispanic children in New York are less likely to be referred at a young age and have services initiated within the legally required 30 days.[2]

The *Kids Can't Wait* coalition commends Governor Hochul for addressing this crisis by proposing an across-the-board 5% rate increase for Early Intervention services delivered in-person. This increase recognizes that low reimbursement rates are driving providers out of the program, leaving infants and toddlers waiting for and at times denied developmental services because no provider is available. While this is a good first step toward making the investments that are needed to bring New York's EI program into compliance with federal law, it is not enough.

We are opposed to the removal of school psychologists from the list of qualified Early Intervention providers. At a time when we need to grow the workforce, it is irresponsible to take steps to reduce it.

The Schuyler Center and Kids Can't Wait Coalition urge the Legislature to:

- ***Provide an 11% increase in reimbursement rates for all EI services delivered in-person and include a rate modifier designed to expand access to in-person services in rural and underserved areas.***
- ***Fund a study to update the current, outdated rate setting methodology. This should include a comprehensive assessment of the methodology used to determine payment for all EI evaluations, services and service coordination and a report released recommending new rates that fully cover the costs of delivering services.***
- ***Create a student loan forgiveness program to attract new providers and address the growing waitlists and workforce challenges plaguing EI. The program should target providers willing to provide in-person services in Medically Underserved and/or Health Care Provider Shortage Areas. (A. 8455 Paulin)***

Improve Access to Maternal Health Services

New York has moved to provide longer coverage for pregnancy and post-partum, but longer coverage alone does not improve outcomes. The Executive Budget includes several initiatives that use benefit and payment levers to promote better access to care for mothers and infants.

Schuyler Center urges the Legislature to:

- ***Support allowing the Commissioner of Health to issue a statewide standing order for the provision of doula services and adding doula services to the Essential Plan as proposed in the Executive Budget.***
- ***Support eliminating all cost-sharing for pregnancy-related benefits in the Essential Plan Coverage and Qualified Health Plans as proposed in the Executive Budget.***
- ***Support the addition of $1.5 million included in the Executive Budget to Project TEACH to enhance provider training, education, consultation and awareness of mental health and substance use resources for additional practitioners working directly with the perinatal population.***

Fund Implementation of the Health Professions Data Law

The health workforce is a vital part of health care delivery. Efforts to improve the quality of health services and expand access to care depend on the availability of an adequate supply of appropriately trained health workers. It is particularly critical now to understand the availability of health professionals in response to profound workforce shortages throughout the health system. As New York continues to reform Medicaid, expand mental health and addiction services, and prepare for new health services, robust information about the current workforce is necessary to evaluate existing programs and plan for future training and workforce needs. The Executive Budget does not include critical funding ($350,000) for the Center for Health Workforce Studies (CHWS) that is necessary to implement the health professions data law enacted in 2021. The law requires licensed health professionals (inclusive of nurses, therapists, social workers, technicians, etc.) to answer a small number of questions as part of the tri-annual re-registration process. This includes information on demographics, education, and practice activities to assist the State in health planning, education, emergency preparedness, among other information. Funding of a minimum annual allocation of $350,000 is needed to launch, manage, and sustain the successful collection of data and analysis.

The Schuyler Center urges the Legislature to:

- ***Include funding of $350,000 in the final budget for the Center for Health Workforce Studies so the health professions data law can be implemented. This funding will ensure that New York has the data necessary to develop the right workforce for a changing health care landscape.***

Restore Enhanced Quality of Adult Living (EQUAL) Program and Adult Home Advocate Funding

Adult home residents are low-income adults, many of whom struggle with mental and other health concerns that can make it difficult to live on their own without supports. These conditions leave them particularly vulnerable to abuse and neglect. The Enhanced Quality of Adult Living (EQUAL) program began more than a decade ago to help remediate what are often substandard living conditions in adult homes, and a lack of essential health and mental health services. This modest program has made critical improvements in the quality of life for

adult home residents. EQUAL enables adult home residents to identify specific needs, such as clothing, coats, air conditioners for resident rooms, better food, and other items. The grants made available through the program support independent skills training, mental hygiene staff trainings and capital improvement projects. Core to the EQUAL funding is a requirement that adult home residents have a voice in how adult home operators spend these funds.

The Executive Budget eliminates the EQUAL Program ($6.5 million). The Schuyler Center strongly opposes the cruel elimination of this small funding stream benefiting some of the most vulnerable New Yorkers to balance the State Budget. New York needs to make systemic improvements in adult home regulation and oversight, not cut bare funding that protects adult home residents, gives them voice, and provides them with a minimally decent quality of life.

The Executive Budget also removes vital funding for the Coalition of Institutionalized Aged and Disabled (CIAD) which provides adult home residents with the information and skills they need to advocate for themselves within their own facilities, as well as in the policy arena. CIAD organizers are the only advocates who regularly visit adult homes in New York City; they train and nurture resident leaders, organize residents into resident councils, and educate residents about their rights. CIAD's legislative agenda and organizing objectives are set by a Policy Committee of adult home residents, as well as by its Board of Directors, whose members include residents and former residents.

The Schuyler Center urges the Legislature to:

- ***Restore $6.5 million for the EQUAL program.***
- ***Restore $100,000 for the Coalition of Institutionalized Aged and Disabled (CIAD) to bring the total to $250,000.***

Increase Funding for Community Health Advocates

The Community Health Advocates (CHA) program helps people with any type of health insurance access in-network care, manage billing problems, avoid medical debt, appeal coverage denials, and manage other problems that might prevent them from obtaining affordable medical care. Since 1999, CHA has assisted more than 510,000 New York clients through a diverse network of community-based organizations serving ever county of New York State.[3] Altogether, the CHA network has help consumers save nearly $200 million in health care costs, yielding over a 500% return on investment for the State.

The CHA Helpline has experienced a 172 percent increase in calls, largely driven by Medicaid enrollees needing intensive advocacy assistance with denial cases. Unfortunately, right when CHA experienced this enormous increase in demand, CHA's funding was cut from $5.23 million in FY 2023 to $4.76 million in FY24. This cut and inflationary pressures have forced CHA agencies to make difficult staffing and service cuts.

The Schuyler Center urges the Legislature to:

- ***Support the $3.5 million included in the Executive Budget and add an additional $2 million to fully restore funding to $5.5 million.***

Improve Access to the Women, Infants and Children (WIC) Program

WIC is a cost-effective program that provides nutritious foods, nutrition education, breastfeeding support, and referrals to health care and social services to more than 400,000 people in low-income families across New York State. Extensive research shows that participating in WIC leads to healthier infants, more nutritious diets and better health for children, and later to higher academic achievement for students. Despite these positive results, only slightly more than half—52.7%—of eligible New Yorkers participated in WIC in 2021, according to the most recent U.S. Department of Agriculture (USDA) annual estimates.

A State of the State proposal would implement data-matching between Medicaid and WIC to help identify, and subsequently enroll, WIC-eligible New Yorkers who do not currently receive WIC benefits. We look forward to learning more about the State's plan for implementation.

Require Informed Consent to Drug Test in Pregnancy or Postpartum

Drug testing of pregnant New Yorkers, new parents and newborns without consent deters many from accessing essential pre-natal and post-natal care. Black mothers and their newborns are much more likely to be tested, exacerbating existing inequities in pregnancy outcomes and more.

A State of the State proposal would implement require informed consent to address this inequity. We look forward to learning more about the Executive's proposal.

About Us

Schuyler Center is the home of and participates in the leadership of *Medicaid Matters New York*, a coalition that advocates in the interest of Medicaid enrollees. Schuyler Center also serves on Steering Committees for *Raising New York*, dedicated to the health and well-being of the youngest New Yorkers; *Health Care for All New York*, focused on affordable high-quality insurance for all New Yorkers; and *Kids Can't Wait*, focused on reform and improvement of New York's Early Intervention program. Kate Breslin, Schuyler Center President and CEO, has led several recent initiatives, including the First 1,000 Days on Medicaid, Value-Based Payment for Children and Adolescents, and Value-Based Payment Social Determinants of Health and CBOs. Schuyler Center is also a member of the Steering Committee for Coalition for Healthy Students, New York which is focused on expanding mental health services to children in school settings through changes in Medicaid policy.

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[1] Annual Performance Report State Systemic Improvement Plan December EICC Meeting, NYS Department of Health, December, 2022.
[2] Early Intervention Program Data: Race and Ethnicity For the Period July 2017 – June 2020, NYS Department of Health, Bureau of Early Intervention. August 2021
[3] Community Health Advocates Our Impact, accessed January 22, 2024

Keeping the Youngest New Yorkers Insured

The Promise

When a child has uninterrupted health insurance coverage, parents can access regular check-ups, scheduled vaccines, and preventive health services for their child, setting them up for a healthy start.

Medicaid and Child Health Plus (CHP) provide that coverage for nearly half of New York children. The State can ensure the youngest New Yorkers remain covered by providing continuous Medicaid and CHP eligibility from birth to age six.

The Challenge

New York is a leader in providing affordable, comprehensive health insurance coverage to children mainly by providing broad access to Medicaid and CHP, which cover nearly half of New York children. These are public insurance programs funded by federal, state, and local dollars. Gaps in coverage are problematic for children for many reasons—missed checkups, untreated asthma, and conditions that become severe when they could have been prevented.[1]

National data show the uninsured rate among children fell between 2020 and 2022.[2] This is primarily due to special rules invoked during the pandemic to protect Medicaid and CHP enrollees from losing health coverage, including the Medicaid continuous enrollment provision, which prevented states from disenrolling people from public insurance coverage during the pandemic emergency. This helped stop "churn" among enrollees, which is the temporary loss of coverage in which enrollees disenroll and then re-enroll within a short period of time. Churn often happens during renewal periods.

New York State is in the process of resuming the annual renewal process for Medicaid, CHP and the Essential Plan. Data show that many people have lost coverage in the renewal process.

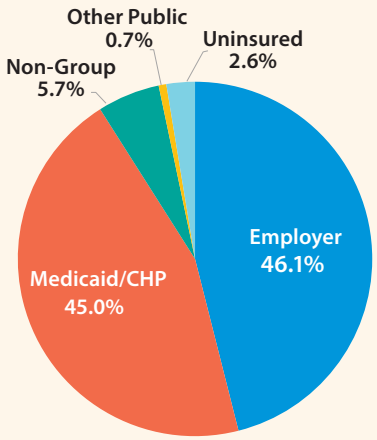
To implement continuous coverage from birth to age six, New York State must apply for approval from the federal government.

What We Know

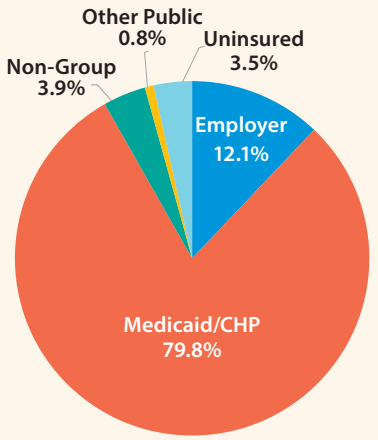
Forty-five percent of New York children are covered by Medicaid/CHP (left pie chart)

Four out of five low-income children are covered by Medicaid/CHP (right pie chart)

Health insurance coverage of all NYS children 0-18, 2022



Health insurance coverage of NYS children 0-18 living under 200% federal poverty level, 2022



Sources: KFF. (2023). Health Insurance Coverage of Children 0-18.
KFF. (2023). Health Insurance Coverage of Low Income Children 0-18 (under 200% FPL).

- New York currently provides 12 months of continuous coverage for everyone in public insurance programs. Eliminating the requirement for the youngest New Yorkers to be re-enrolled every year would ensure that children have continuous access to health services in the most critical years of their development.
- Several other states have committed to provide continuous coverage for young children. These include Colorado, Minnesota, Ohio, Oregon, and Washington.[3]
- Data on post-pandemic renewals of public insurance coverage show that of the children who completed renewal for CHP, only 1% lost coverage because they were no longer eligible.[4]
- Churn results in higher administrative costs, less predictable state expenditures, and higher monthly health care costs due to pent-up demand for services. Of note, the postpartum period is a particularly high-risk time for churning and new parents are more likely to experience a coverage gap after delivery if they do not speak English at home or have a family income between 100–185 percent of the federal poverty level (FPL).[5]
- Data from Washington State shows that children of color experience coverage gaps disproportionately more often than other children.[6]

Policy Solutions

To ensure enrollment barriers are eliminated for the youngest New Yorkers, the State should:

- Seek permission and matched funding from the federal government to keep children continuously enrolled in Medicaid and Child Health Plus until they are six years old; and
- Increase awareness about the importance of streamlined coverage by investing robustly in clear communication with families, and providing resources for community partners.

> “Continued care is essential. Renewing every year is pointless when there are no changes needed. All children deserve health care without limitations!
>
> —Patty, parent, Rochester, NY

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[1] Sugar, S., Peters, C., DeLew N, Sommers, B.D. (2021). *Medicaid Churning and Continuity of Care: Evidence and Policy Considerations Before and After the COVID-19 Pandemic (Issue Brief No. HP-2021-10)*. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.

[2] Conmy, A. B., Lew, N.D., Peters, C., & Sommers, B. D. (2023). *Children's Health Coverage Trends: Gains in 2020-2022 Reverse Previous Coverage Losses (Issue Brief No. HP-2023-07)*. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.

[3] Burak, E.W. (2023). *Legislative Roundup: Eight states now committed to multi-year continuous eligibility for young children as Colorado, Minnesota, and Ohio pass new legislation*. Georgetown Center for Children and Families.

[4] New York State Department of Health. (2023). *New York State Public Health Emergency Unwind Dashboard - September 2023*.

[5] Sugar, S., Peters, C., DeLew N, Sommers, B.D. (2021). *Medicaid Churning and Continuity of Care: Evidence and Policy Considerations Before and After the COVID-19 Pandemic (Issue Brief No. HP-2021-10)*. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.

[6] Washington State Health Care Authority & Washington State Department Of Social And Health Services. (2022). *Washington State Medicaid Transformation Project*.

* For all sources and computations, go to https://bit.ly/NYSchildren

Investing in Childhood Oral Health Equity

The Promise

All children deserve to be free from the pain and lasting impacts of dental disease. Families should have easy and affordable access to preventive and treatment services to maintain good childhood oral health.

The Challenge

Children's oral health has improved in recent decades, but dental caries remains the most common chronic disease of childhood and notable oral health disparities persist.[1] Improvements have not been uniform, with oral health problems disproportionately impacting young children, uninsured children, children living in poverty, non-Hispanic Black children, children from non–English-speaking households including immigrants and refugees, and children with special health care needs—all of whom are less likely to receive needed preventive oral health care.[2]

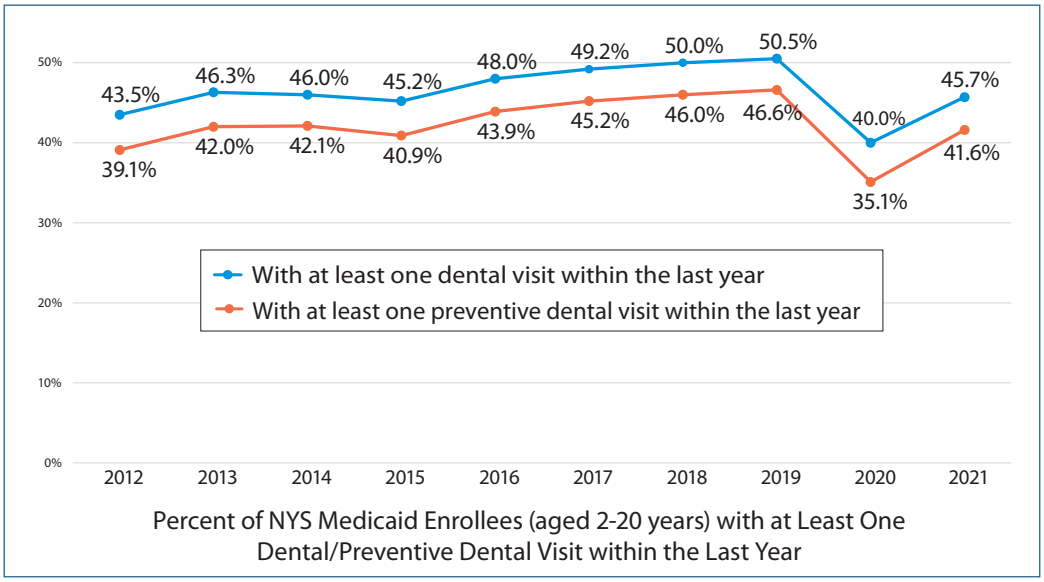
These disparities relate to many of the same social and economic factors that drive other health disparities.[3] Access to medical and dental care, along with factors such as poverty, racism, education, access to healthy foods, culture, and physical environment, influence oral health status in the same way these factors influence overall health.[4] The lack of providers with language and cultural proficiency can pose a significant barrier for immigrant and refugee populations.[5]

Tooth decay is largely preventable. Investing in prevention by increasing access to services, promoting the integration of dental care into primary care, implementing public health programs such as community water fluoridation, and educating families and communities about oral health, will result in better oral health for New York children.

What We Know

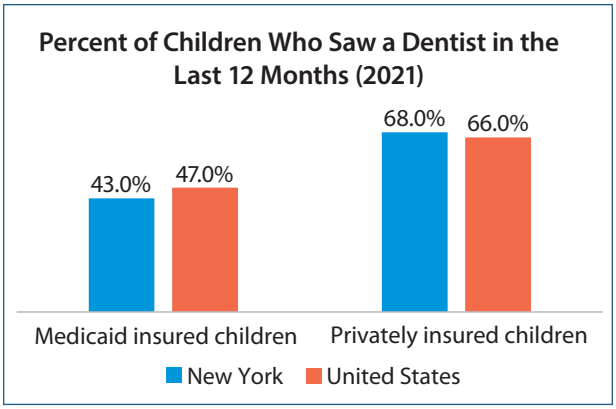
Having dental insurance—public or private—improves access to dental care.[6] Yet utilization of dental services among children covered by Medicaid and Child Health Plus was only 50% before the pandemic and, post-pandemic, has not recovered to even that rate. Among the reasons for low utilization is a lack of dental providers in some geographic areas and a shortage of dental providers accepting Medicaid.[7]

The Percentage of Medicaid-Enrolled New York Children Who Had at Least One Dental Visit Within the Last Year Exceeded 50% Just Once in the Last Decade



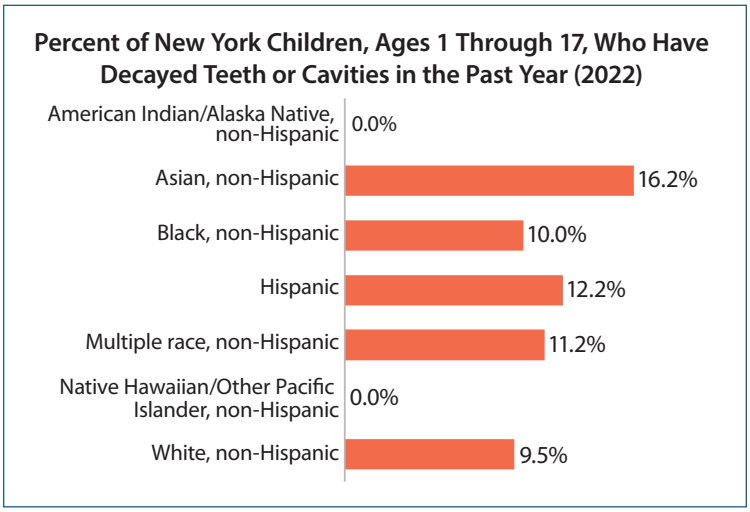
Source: NYS Department of Health. New York State Community Health Indicator Reports (CHIRS) Dashboard

Children With Commercial Coverage Are More Likely to Have a Dental Visit Than Children Covered by Medicaid



Source: American Dental Association. Dental Care Utilization Among Children Dashboard.

Disparities in Dental Disease Exist by Race and Ethnicity, but New York Does Not Have the Necessary Data to Understand Which Specific Population Groups Are Most Impacted and Why the Disparity Exists



Source: Child and Adolescent Health Measurement Initiative. National Survey of Children's Health (NSCH) Data Query.

The results of an inadequate dental delivery system for children covered by Medicaid and Child Health Plus can partially explain the inequity in care. Other factors could include low oral health literacy in families, as well as language and cultural barriers.[8]

Policy Solutions

Most oral health problems are preventable, and many preventive services are covered by Medicaid and commercial health insurance. To improve children's oral health, New York should:

- Expand/strengthen the oral health workforce and consider: 1) strategies to increase the number of dentists in the Medicaid program; 2) expanding the scope of practice for dental hygienists; and 3) licensing dental therapists.
- Increase funding for school-based programs, mobile dental, and tele-dental services.
- Dedicate additional funding in the NYS Department of Health to provide technical assistance, training, and resources on oral health to early childhood programs.
- Reimburse community health workers and community dental health coordinators to provide oral health education and care coordination.
- Allow additional practitioners to administer fluoride varnish and allow parents to apply fluoride varnish under instruction of a dental provider.
- Continue to provide resources for community water fluoridation.

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[1] Crall J.J., & Vujicic M. (2020) *Children's Oral Health: Progress, Policy Development, And Priorities For Continued Improvement. Health affairs (Project Hope)*, 39(10),1762-1769.
[2] Corr, A., Wenderoff, J. (2022). *Inequitable Access to Oral Health Care Continues to Harm Children of Color Analysis of outcomes among third-graders highlights gaps in data*.
[3] National Institutes of Health. (2021). *Oral Health in America: Advances and Challenges*. US Department of Health and Human Services, National Institutes of Health, National Institute of Dental and Craniofacial Research.
[4] Krol, D.M., & Whelan, K. (2023). *Maintaining and Improving the Oral Health of Young Children*. American Academy of Pediatrics.
[5] Le, H., Hirota, S., Liou, J., Sitlin, T., Le, C., & Quach, T. (2017). *Oral Health Disparities and Inequities in Asian Americans and Pacific Islanders*. American Journal of Public Health, 107(S1), S34–S35.
[6] National Institutes of Health. (2021). *Oral Health in America: Advances and Challenges*. US Department of Health and Human Services, National Institutes of Health, National Institute of Dental and Craniofacial Research.
[7] National Institutes of Health. (2021). *Oral Health in America: Advances and Challenges*.
[8] National Institutes of Health. (2021). *Oral Health in America: Advances and Challenges*.

* For all sources and computations, go to https://bit.ly/NYSchildren