February 2020

Medicaid Matters

Medicaid Matters New York

An Alternate Perspective on the 2020-21 Budget

Medicaid consumer advocates reject the Governor's claims about the current Medicaid budget situation. Instead, Medicaid Matters will be measuring budget discussions based on the following:

- The seating of the Medicaid Redesign Team (MRT II) – which is not representative of the New Yorkers served by Medicaid – with the sole purpose of cutting Medicaid to find billions of dollars in this year's budget is irresponsible and robs democracy from the budget process.
- The notion that we have a Medicaid deficit is false. Medicaid spending has exceeded the global spending cap, which is outdated and does not account for the program we now have. The global cap must be reconsidered.
- New Yorkers need a Medicaid budget that realistically pays for the services that keep people well, living independently in their homes, and free from economic ruin.
- There are resources to pay for Medicaid and other vital services. Our state leaders must have the courage to raise revenue, rather than accepting austerity.
- Community-based long term services and supports save money. The Consumer Directed Personal Assistance Program, personal care, and home care must be preserved. The *Olmstead* decision demands it.
- Shifting Medicaid costs back to counties, including New York City, exacerbates inequities and has the potential to harm consumers. It moves Medicaid financing in the wrong direction and should be rejected.
- The State spends billions of dollars on contracts that provide eligibility and enrollment services by a large corporate entity. Those contracts must be reexamined, and we need new oversight controls on large corporations that work on the State's behalf.

New York needs a transparent process that includes meaningful engagement of consumers and advocates and reasonable negotiations between the Executive and Legislature. And above all, we must all remember why Medicaid matters the most: to provide for the millions of New Yorkers who rely on it every day.

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February 24, 2020

Statement on Governor Cuomo's Proposed FY 2020-21 Budget and Medicaid Funding

Put forward by (in alphabetical order):

- Campaign for New York Health
- Child Health Now
- Consumer Directed Personal Assistance Association of New York State
- Health Care for All New York
- Medicaid Matters New York
- New York Association on Independent Living
- New York StateWide Senior Action Council
- Save NYC Public Health

New York's Medicaid program is a lifeline for millions of New Yorkers and their families. It ensures that low-income New Yorkers receive appropriate care that allows them to live healthier lives with basic financial security. As the progressive leader of the nation, New York has thoughtfully built a Medicaid program to be proud of and should not impose cuts without meaningful community and legislative deliberation.

We, the above organizations, respectfully call on Governor Cuomo and the State Legislature to bear the following principles in mind:

- This year's Medicaid budget should not be handled through a Medicaid Redesign Team (MRT) process, but rather through the more transparent legislative process wherein the Governor proposes, the Legislature responds via one-house bills, and three-way negotiations and conference committees finalize an agreement. This process allows the public to provide comments directly to their duly elected officials.
- The Medicaid "global cap" should be eliminated and replaced with a transparent and accountable global budgeting process that appropriately considers demographic shifts, inflation and other relevant factors. Likewise, the 2% annual growth cap for the overall state budget should also be eliminated.
- The counties' "local share" should not be increased. Rather, the state should continue to take over more and more of the financing of Medicaid from counties, as it has been doing in recent years.
- The Governor and Legislature should fill in any budget deficit by raising new revenues or spending existing reserves. They should do so in ways that do not fall upon everyday New Yorkers, but rather require large corporations and the ultra-rich who have benefited from decades of state and federal tax cuts to once again "pay their fair share" of taxes. The Budget Justice for New York campaign has come up with a variety of suggestions

worthy of serious consideration. Additional revenues must also be considered to inoculate New York State from any further impact from Federal decisions that will negatively impact revenue for our Medicaid program.

We support a publicly-accessible MRT process with an extended timeline for thoughtful review and public comment. An MRT process outside the budget session should be governed under the following conditions:

- A diversity of consumers and consumer advocates have an equal share of roles as true stakeholders who have a vested interest in the outcome of any MRT process.
- The MRT's work should not be driven by bottom-line budget concerns, but rather focused on what's actually needed by people who are enrolled in Medicaid.
- All MRT meetings must be open to the public in full compliance with the NYS Open Meetings Law, or at the minimal all MRT meetings and public comment sessions must be announced at least 7 days in advance, including hours and locations. Evening and weekend times should be prioritized, and public comment sessions must be held in various regions across the state and accessible via public transportation.
- Public hearings and meetings should ensure full engagement of all New Yorkers, especially provisions for language and interpretation for people with limited English proficiency and sign language for people with hearing and speech impairments. In addition, assistive technologies should be used to enable people with disabilities to fully participate in the MRT process either in person or remotely. All meeting notices must state that reasonable accessibility accommodations will be made for anyone who needs them.
- Any MRT scoring system of proposals must be created through a set of agreed upon criteria. The scoring should include the full-dollar value of any funding cuts, a full analysis of the benefits of the proposal, an analysis of the expected or possible effect on access to care and on the quality of care, and full opportunity for inclusion of dissenting analyses, positions and alternative proposals to be included in the final report.

New York is rightfully proud of the work we have done to dramatically reduce the number of uninsured and underinsured residents of this state. Much of that effort has been focused on enrollment in Medicaid. New York's Medicaid program has always stood as a standard for the rest of the nation to strive toward, we cannot blame the very growth we are lauding to create a false narrative of deficits.

If we want to reflect New York's progressive values, we must protect Medicaid and make any changes in an open, transparent process that protects the core benefits of the program millions of individuals and families rely on for basic services. As organizations, and advocates, we call on the Governor and Legislature follow the above principles in order to protect our state's vital Medicaid system.

Budget Forum Testimony
2/29/20

The governor laments the inhumanity of having to reduce funding for Medicaid ***recipients*** this year, but fails to point out that he increased the funding for Medicaid ***providers*** last year-- the first increase since 2008. Also suspect is the "discovery" this year of the 1.7 billion Medicaid shortfall, which was in fact a previous year's shortfall-- but that year was an election year and such news bodes poorly for a Democratic governor up for re-election. While many of us have come to expect the 'politicking' always going on in the background of our politics, we don't get cynical because some lawmakers get it right. If the governor is looking for a solution to the medicaid shortfall, he need look no further than his own legislature's bill, The New York Health Act.

If the goal is to control health care spending in New York, while providing universal coverage to all New Yorkers, the New York Health Act is the answer. The first study done in 2015 by Professor Gerald Friedman, chair of the Economics Department at the University of Massachusetts, showed that the New York Health Act would do just that, while saving New York $71 billion a year. Data from the RAND corporation, in their analysis of the act in 2018, echoed a similar message showing that the NYHA, while covering everyone, including long-term care, and eliminating all deductibles and co-pays, will save more than $11 billion in 2022 and even more in future years.

Of note, just weeks ago, the prestigious medical journal Lancet published a review of a single-payer, Medicare for All

plan for the nation, undertaken by a group of Yale epidemiologists . The Yale investigators said that taking into account both costs of coverage expansion and the savings that would be achieved through the Medicare for All act, they calculate that a single-payer, universal health care system is likely to lead to a 13% savings in national health care expenditure equivalent to more than 450 billion annually and save more than 68,000 lives.

This is of course on the Federal level but single-payer plans whether for New York State or the country on the whole point us in the direction we need to go. Of course New York could lead the way. It was one lone Canadian province which was first to adopt a single payer plan for all of Canada, with the rest of the provinces then following suit. New York could lead on the State level and/or follow on the National level, but the direction we must go is clear- people need and must get- universal, affordable health care!

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Good Afternoon,

I am Tony Setteducate

I noticed that the state legislator recently voted to give Governor Cuomo a $50,000 raise, $25,000 this year and another $25,000 next year. I got a $22.00 increase in my Social Security benefit this year and then the state reduced my SNAP benefit by almost $10.00. Is that the way We The People is supposed to work?

I am here today to speak for those without a voice, the most vulnerable people of New York, those that depend on Medicaid in order to keep living. I am one of those people.

New York leads the nation in prioritizing affordable, quality coverage, despite aggressive efforts to harm it at the federal level. Yet, looking at the cuts being made to healthcare it seems that our governor is taking lessons from President Trump.

New York City provides a majority of the money to feed the state's budget, yet we continue to get crapped on. Now we are told to limit our spending on Medicaid or take the excess from our city budget. The Governor's plan is to reward counties that keep Medicaid costs down and punish large cities with large populations of needy people, people like me. Doesn't he know that medical costs continue to rise year after year greater than the rate of inflation. How will it affect moms who turn to public hospitals for breast cancer screenings, first graders in public schools who need vaccinations against diseases? What about older people who need a caretaker and have no family able to take on the responsibility? Where does Cuomo expect to dump them?

Anthony Feliciano, Director of CPHS testimony

2020 NYS Senate Manhattan State Budget Forum

Saturday, February 29th

New York Academy of Medicine, 1216 Fifth Avenue

The Commission on the Public's Health System is a citywide health advocacy organization and we coordinate several large coalitions of public health advocates, community based organizations,, and unions representing the interest, concerns, and sound policies that have been developed through our joint expertise and with low-income, immigrant, and communities of color, and other marginalized and disenfranchised New Yorkers. Save NY Public Health Campaign, Save Our Safety-net Campaign, Communities Together for Health Equity, The People's Budget Coalition, Coalition to Protect Medicaid, are some of the citywide alliance we help coordinate and or lead around health equity in decisions, funding, access, and quality of public health care services and programs.

The Executive Budget for FY2021 is primarily focused on addressing an estimated gap of $6.1 billion, of which more than $4 billion is identified as a Medicaid deficit or "structural gap" that exceeds the state's self-imposed "Medicaid Global Cap" limiting year-to-year increases in state Medicaid spending. The Executive Budget proposal calls for the appointment of a new Medicaid Redesign Team (MRT II) to develop specific proposals to reduce the Medicaid gap by $2.5 billion but does not provide much in the way of specific details as to how the gap is to be addressed. The cost saving proposals to be developed by the MRT II, however, are supposed to avoid negatively impacting the availability or quality of health services.

The state has already reduced Medicaid funding through executive action in the form of a 1% across the board reduction in Medicaid provider reimbursement rates implemented on January 1st as part of a midyear savings plan. This action will reduce Medicaid funding by $559 million in FY2020 and an additional $851 million thereafter.

CPHS is generally opposed to any cuts to Medicaid spending, which provides health coverage to about 6.2 million New Yorkers, or about 30% of the population. Medicaid was created to assist very low-income people (especially children) with medical expenses. Primarily it is our poorest and most vulnerable New Yorkers who rely on Medicaid. Adequate Medicaid funding and reimbursement rates are critical to keeping vital safety-net providers open and caring for our communities.

In 2019, Governor Cuomo angered and shocked community health groups by cutting $65 million in State Article 6 matching funds to vital NYC public health programs, many led and run by community-based organizations (CBO's) and hospital providers. We responded by creating the Save NY Public Health Campaign (SNYPH-C) and were able to advocate for the Mayor and City Council to identify city funds to cover the state loss. The Campaign is a growing coalition that continues to demand the full restoration of the City reimbursement rate.

The new Medicaid Redesign Team (MRT II) announced by the Governor is disproportionately composed of representatives that do not have the backs of communities and community-based providers. The new MRT process and the mandate it has been given by the Governor is unacceptable and it will negatively impact Medicaid health services. We believe MRT II must present a progressive health care vision and make recommendations that establish equity in the distribution of health care funding for safety-net facilities, vital health programs, and to begin to address and eliminate disparities in care and in community health outcomes.

We oppose:

• Across-the-board Medicaid cuts and a self-imposed 3% growth spending cap for Medicaid. New York City and the 57 other counties should not pay more for Medicaid than all other local governments in the nation combined.

• Additional $18 million cut to Article 6 Funding

• Creation of a new Medicaid Redesign Team (MRT) that has been instructed to find $2.5 billion in cuts to the state's Medicaid budget. This is in addition to cuts implemented by executive action that could amount to almost $1 billion in additional cuts. Half of State Medicaid costs are covered by a federal match, so MRT II would effectively need to identify $5 billion in savings to generate $2.5 billion for the State and localities.

• Restrictions on the Consumer Directed Personal Assistance Program (CDPAP). The proposed rulemaking creates a tiered reimbursement rate for fiscal intermediaries that pay personal aids who provide the home-based support services for the elderly and disabled.

Medicaid and Public Health Funding

- Stop the cuts to Medicaid. The counties' "local share" should not be increased. Rather, the state should continue to take over more and more of the financing of Medicaid from counties, as it has been doing in recent years. Across the board cuts Adequate Medicaid funding and reimbursement rates are critical to keeping community-based organization and vital safety-net providers open and caring for our communities.
- Restore last year's funding and reject further cuts to Article 6 funding. New York is the only county to receive this discriminatory cut. These state funds help support critical services provided by local health departments, including immunizations; tuberculosis outreach, education and testing; infant mortality reduction initiatives; mental health; navigation of the health care system; and sexual and reproductive health. New York City's reimbursement for this program was cut by 16%, resulting in a $65 million in lost funding to essential city public health programs.

- Identify and recommend revenue enhancements, including new taxes or levies to support the Medicaid system and other safety-net services, and to improve historical inequities to address the social needs of low-income communities, immigrants, communities of color, people with disabilities, women, children, and people with chronic illnesses.
- Allocate $532 million to create a state-funded Essential Plan for ALL New Yorkers up to 200% of the federal poverty level who are currently excluded because of their immigration status (introduced as A5974/S3900).
- Promote a principle of shared sacrifice. Create an assessment on placing a cap on salaries of hospital executives. There should be a review of current salaries in calculating the Medicaid reimbursement rate for each facility. Much more savings would be derived from capping the extent to which Medicaid reimbursement rates consider the multi-millions received in salary and compensation packages of CEOs. Medicaid should not be subsidizing these expenses. If you review the 2017 IRS Form 990 filings for just four large hospital systems in the NY City area: Northwell, NYU Langone, New York Presbyterian and Mount Sinai. You would find that 75 executives in these four hospital systems received compensation in excess of $500,000. The total direct and indirect compensation of these 75 individuals totaled $161,115,047 or an average of $2,148,201.

  Applying the $500,000 annual cap to the sample of 75 individual executives of these four systems would result in an excess compensation assessment fee of $123,615,047. Applying this concept throughout the state would easily generate enough money to offset the state Medicaid gap.

- Pass the New York Health Act in 2020. The bill will start the multi-year process of establishing a universal, single-payer healthcare program. In the meantime, important steps must be taken in this legislative session to expand coverage and address affordability barriers for residents who need relief in the interim.

- The Medicaid "global cap" should be eliminated and replaced with a transparent and accountable global budgeting process that appropriately considers demographic shifts, inflation and other relevant factors. Likewise, the 2% annual growth cap for the overall state budget should also be eliminated. The cap has a similar effect of a block-grant. It weakens the safety-net Infrastructure. It limits the long-term capacity and resources of critical providers of care and community-based organizations to succeed in meeting the needs of patients and people accessing services in underserved areas. Medicaid cap and funding system for Medicaid needs revision to account for the demographic changes and increased health care needs of New Yorkers that are the real drivers of the budget gap.

Medicaid Redesign Team II

This year's Medicaid budget should not be handled through a Medicaid Redesign Team (MRT) process, but rather through the more transparent legislative process wherein the Governor proposes, the Legislature responds via one-house bills, and three-way negotiations and conference committees finalize an agreement. This process allows the public to provide comments directly to their duly elected officials. If we want to continue with this body, then certain changes need to occur:

- Establish governance that is more democratic, representative and dominated by the patients and communities that rely on Medicaid, not just the health care industry and insurance companies.
- Extend the timeline for MRT II for a more thoughtful review and comment period.
- Ensure that the charge of the MRT II looks at cost saving measures that do not impact access and eligibility but instead looks at where real waste is happening (i.e. Administrative or overhead expenses).
- Empower the MRT II to identify and recommend revenue enhancements, including new taxes or levies to support the Medicaid system and maximize the drawdown of Federal matching funding.
- Develop an MRT process that goes beyond a few public hearings and an online submission process for receiving recommendations from the public.
- Require all public hearings to be accessible by geography and transportation. This includes access for people with all types of visual, mental and physical disabilities.
- Foster provisions at public hearings and meetings for language and Interpretation to people with limited English and sign language for people with hearing and speech impairments.
- Require that all MRT II meetings be open to the public in full compliance with the NYS Open Meetings Law. All goals and targets of the MRT should be publicly discussed, and the decision-making process must be transparent and accountable.
- Insist that an MRT scoring system be created on proposals through a set of agreed upon criteria. The scoring should include the full dollar value of the cuts, a full analysis of the benefits of the proposal, an analysis of the expected or possible effect on access to care and on the quality of care, especially to low-income communities, immigrants, communities of color, people with disabilities, women, children, and people with chronic illnesses, and full opportunity for inclusion of dissenting analyses, positions and alternative proposals to be included in the final report.

Protect the Healthcare Safety-net

The Governor announced his 30-day amendments to the Executive Budget. In those amendments there is a repeated offense to health equity- The extension of what is called the Transition "Collar" for the Indigent Care Pool. NYS distributes a total of $3.6 billion in DSH funds including a subset of $1.1 billion called the ICP. The current ICP methodology only distributes 85% of the funds based on actual care provided to uninsured patients and Medicaid enrollees. The remaining 15% of funds ($140 million) is spent under a "transition collar" which was intended to limit a hospital's losses. This old formula continues to reward some hospitals that fail to serve uninsured patients. Given the Medicaid deficit, the Legislature must ensure that funding is going to the safety net providers who are serving Medicaid and uninsured patients. We must:

- HMH Modify Part F, Section 21, Indigent Care Pool (ICP)
- Minimize the impact of across the board cuts to Medicaid to health care safety net providers. Some hospitals need additional funding to serve the most marginalized, and to provide free and reduced-cost care. Some hospitals are doing well financially and can better absorb cuts. In a truly equitable system, every hospital has enough funding to provide a quality care to all its patients.

- Pass legislation that redirects state and federal funding to the health care safety net, which provides needed services for the uninsured and Medicaid patients in hospital care. A.6677B (Gottfried) S5546A (Rivera). The bill achieves the following objectives:
  - ✓ Eliminates the ICP transition collar without hurting safety net and at-risk/other needy hospitals;
  - ✓ Increases Medicaid rates for safety net and at-risk/other needy hospitals;
  - ✓ Provides a fairer distribution of hospital funding based on need; and all benefits are achieved without additional cost to the State general fund or Medicaid global cap.

Social Determinant of Health

The State's Delivery System Reform and Incentive Payment Program demonstrated that medicine alone can't lengthen US lives, reduce emergency room use and hospitalizations. We know that we must continue investing outside the health care system. Federal Center for Medicare & Medicaid Services rejection of DSRIP 2.0, passing of Public Charge and federal cuts to safety-net programs places communities at risk of losing access to essential services that support healthy living. The Governor own Executive Budget and what I called his "Medicaid Hit" Quad known as the MRT II only makes the current climate attacking our communities worse. The same communities continue to be implicated by these decisions makes it critical to invest, not cut and close the budget gap through increased taxes, surcharges and fees on economic actors that have profited from the changes in federal tax laws and/or from state health spending. The saving can be distributed to address all forms of social determinants of health (education, housing to name one of two).

To identify cost-savings strategies that support community wellness, please consider the following recommendations:

- ✓ Codify into law the Bureau of Social Determinants of Health (BSDOH) in the State Department of Health; The BSDOH has served an important body bridging the gap between the community and the state. Sustaining this Bureau is critical for the systemic and statewide efforts addressing SDOH.
- ✓ Invest in SDOH; Preventative measures have proven to be a cost-effective strategy to the healthcare system. Through the DSRIP process, addressing social determinants of health through community collaborations was recognized as a key and effective strategies to address poor health outcomes and unnecessary hospital visits. It is important that these strategies are not compromised.
- ✓ Invest in the strategies identified by Communities Together for Health Equity strategic plan; To bridge the gap between clinical systems and the community, the State invested in the development of regional CBO networks. Each regional network has developed a strategic plan to ensure sustained community engagement in healthcare delivery to address SDOH. These plans have the potential to serve as a roadmap for the systematic integration of community engagement to ensure SDOH are prioritized. Attached is our report.

In Conclusion:

Structural racism is a fundamental causes of health disparities. When we do not value lives because of the color of their skin, their physical or mental capacity or income bracket, it makes it easy to propose punitive cuts to programs and services they rely on. We can't devalue Medicaid and other safety-net

programs and all we ask that our Senators and Assembly members hold strong on their responsibility to advocate with and on their behalf.

MRT has been hastily processed to minimize community voices and involvement. We are talking about life and death for marginalized communities like people with disabilities, immigrants, and communities of color. Let's avoid serious economic repercussions that would make the fiscal crisis worse. Currently, some of NYS' most effective programs and models operate in the red, utilizing grant funding, instead of thriving & growing with fair & adequate Medicaid funding. Given the existing unfair and punitive imbalance in money flows between New York and the federal government, any cuts to Medicaid will only increase the net amount that New York loses to the federal government

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My name is Debby Teplin, and I am a member of Indivisible Harlem.

I come here today to speak not for myself, but on behalf of my patients. I am a native New Yorker who is fortunate enough to be firmly planted in the middle class, with a good job and health insurance. My patients are not.

I am a health care provider and I work in a clinic that serves only poor women. I understand that the governor wants to balance the budget, but must the poor bear the burden of this? Cuts to Medicaid will unfairly impact our most vulnerable. The clear answer to the $6 million problem is for New York to create a fair, just and equitable tax system. As much as I love living here, I have to say that New York has long coddled its rich – and we have some VERY RICH people in this state...as a matter of act, over 80% of the uber-wealthy live in a few neighborhoods right here in NYC. New York taxes people with extreme wealth at absurdly low rates, as well as offering outrageous tax breaks to companies and corporations. In addition, our property taxes unfairly burden our middle and working class residents. We need to tie property taxes to income and wealth in order that the middle and working class can continue to live in New York.

New York cannot only be a state where the wealthy flourish. Tax justice means additional taxes on those that can easily afford it, to help us fund well documented needs in our state. Tax justice will regulate our economy to align it with democratic values.

I urge you not to be swayed by the false assertations that additional taxes will cause corporations and the ultra-rich to leave.

I urge you, our legislatures, to vote for changes that will make New York the standard bearer for budget justice, and make New York a state where all can live and flourish.

Good Afternoon,

I am Tony Setteducate

I noticed that the state legislator recently voted to give Governor Cumo a $50,000 raise, $25,000 this year and another $25,000 next year. I got a $22.00 increase in my Social Security benefit this year and then the state reduced my SNAP benefit by almost $10.00. Is that the way We The People is supposed to work?

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New York leads the nation in prioritizing affordable, quality coverage, despite aggressive efforts to harm it at the federal level. Yet, looking at the cuts being made to healthcare it seems that our governor is taking lessons from President Trump.

New York City provides a majority of the money to feed the state's budget, yet we continue to get crapped on. Now we are told to limit our spending on Medicaid or take the excess from our city budget. The Governor's plan is to reward counties that keep Medicaid costs down and punish large cities with large populations of needy people, people like me. Doesn't he know that medical costs continue to rise year after year greater than the rate of inflation. How will it affect moms who turn to public hospitals for breast cancer screenings, first graders in public schools who need vaccinations against diseases? What about older people who need a caretaker and have no family able to take on the responsibility? Where does Cuomo expect to dump them?

THE GERIATRIC MENTAL HEALTH ALLIANCE OF NEW YORK

New York State Budget Forum
Sponsored by the New York State Senate Manhattan Delegation

New York Academy of Medicine
February 29, 2020

Testimony by:

Lisa Furst, LMSW, MPH
Director, Geriatric Mental Health Alliance of New York
Assistant Vice President, Center for Policy, Advocacy and Education
Vibrant Emotional Health
(Formerly the Mental Health Association of New York City)

Thank you, Senators Krueger, Benjamin, Hoylman, Jackson, Kavanagh and Serrano, for convening this budget forum. I am Lisa Furst, the Director of the Geriatric Mental Health Alliance of New York (GMHA), an advocacy and education coalition with nearly 3,000 members, administered by Vibrant Emotional Health. The GMHA has been an active participant in advancing sound behavioral health policy and practice for older adults in New York State for more than 15 years, having been instrumental in securing the passage of the New York State Geriatric Mental Health Act of 2005.

I am urging you to advocate for adding $2 million to the NYS Budget for 2020-2021 to increase funding for the Geriatric Mental Health and Chemical Dependence Demonstration Grants Program. This program, enacted by the Geriatric Mental Health Act, and operated by the New York State Office of Mental Health, has not had an increase since its inception, despite its documented success in developing self-sustaining services for older New Yorkers with behavioral health needs.

These demonstration projects have been funded through several cycles, and is now in its fourth iteration. Phases 1, 2, and 3 focused primarily on integration of physical and behavioral health services in both physical and behavioral health care settings.

These demonstrations have resulted both in useful lessons in the implementation of new programmatic concepts and, very importantly, in improved physical and behavioral health outcomes. Findings have been translated into ongoing services after the initial funding, despite structural barriers, making these models sustainable after an initial investment by the state.

The current phase of demonstration projects, which began in 2017 and will continue until 2021, is an ambitious effort to develop "triple partnerships," collaborations among local mental health, substance abuse, and aging service providers. It is anticipated that these, too, will result in sustainable, community-based, integrated models of care for older New Yorkers.

While these projects unfold, there is an opportunity, with increased funding, **to establish new demonstration projects to help older adults with serious behavioral health problems to age in the community (i.e., "age in place").** This is critical for New York State's efforts to achieve long term care reform by decreasing reliance on very expensive, and often undesirable, institutional services. This would include the movement of older adults from institutions (state hospitals, nursing homes, adult homes, and prisons) into community settings. It would also include providing supports to enable those who now live in community settings to remain there by providing home and community-based services to address their physical and behavioral health needs.

Unfortunately, New York State has done far too little to address the vast demographic shift that began in 2011 that will result in there being a greater number of older adults than children in within a relatively short period of time. Adding $2 million to the geriatric mental health and chemical dependence demonstration grants won't address all the needs emerging from the changing demography, but it would lay the groundwork for much more significant developments over time, and will address the current challenges faced by the growing population of older New Yorkers living with behavioral health disorders.

The GMHA looks forward to partnering with the New York State legislature to continue to make New York a state where the emotional well-being of all of its residents can flourish, and thanks you for your consideration.

Planned Parenthood®
Care. No matter what.
Planned Parenthood of Greater New York

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Testimony of Planned Parenthood of Greater NY
NYS Senate - Manhattan Budget Forum
Regarding Priorities for the 2020-2021 Fiscal Year Budget

February 29, 2020

Planned Parenthood of Greater New York (PPGNY) values the opportunity to submit testimony on the proposed FY2021 Executive Budget. In January 2020, PPGNY was created through the merger of five Planned Parenthood affiliates that provide primary and preventive sexual and reproductive health care services. We operate 30 health centers state wide and provide more than 200,000 patient visits per year.

For more than 100 years, Planned Parenthood of Greater New York has transformed access to reproductive and sexual healthcare, empowering millions to make informed health decisions. Our mission of providing quality, confidential and inclusive health care to all has made Planned Parenthood of Greater New York a trusted provider in communities across New York. For many, Planned Parenthood of Greater New York serves as a primary provider of care and for some, their only provider. The health and educational services provided by PPGNY's 30 health centers play a crucial role in health care access, and supporting families and communities.

Today we face many particularly complex challenges. Currently, the federal administration has implemented new policies and rules changes that have rolled back decades worth of progress made towards equality. On the federal level, the biggest direct setback for Planned Parenthood of Greater New York has been the changes in Title X funding which forced us to withdraw from this program.

The New York state budget is an outward expression of our state's vision and values and it serves as an opportunity to stand apart from the concerning federal landscape and to advance initiatives that support f New Yorkers in accessing the care, education, and services they need and deserve.It is in this spirit that we offer the following comments and specific requests relating to the proposed 2020-21 Executive Budget.

Article 6 Restoration for NYC

Funding request: Restore Article 6 state matching for public health funding in New York City to be the full 36% matching applied to other localities.

Article 6 is a state matching grant to incentivize localities to invest in public health. It also helps community based organizations increase positive local health outcomes. In the state budget for FY20, the matching level was cut from 36% to 20% for New York City only. This resulted in a reduction of around$65 million of public health funding in New York City.

Nicole Palamé is one of the cofounders of New Yorkers for Safer Streets (NYFSS). NYFSS was was formed in October 2019 following a daytime shooting at a children's playground on the Upper West Side and amid growing concerns that our city felt and is less safe. In four months, NYFSS has grown to represent 3,000 families who reside in New York City. Our families are experiencing crime at more frequent rates and report an increase in scary encounters with unsheltered mentally ill individuals. The lack of education and allocation of funding to manage seriously mentally ill unsheltered individuals is a big factor.

On behalf of NYFSS families of we strongly advocate that funding given to OMH & Homeless Housing focus on addressing unsheltered seriously mentally ill individuals living on the streets of New York City through increased utilization of Kendra's Law, a public awareness campaign on Kendra's Law, increased implementation of Assisted Outpatient Treatment (AOT), and long-term supportive housing for seriously mentally ill individuals who are unsheltered.

There are approximately 4,000 unsheltered individuals living on the streets and subways in New York City. Studies show that the majority of this segment of New York's homeless population are people who suffer from mental illness. The current model compels these individuals to shelters, hospitals, and even jail, all of which often exacerbate the problem, don't focus on rehabilitation and self-care, and come at a huge taxpayer expense.

We support Bill # A02414 to improve care for people with serious mental illness, and to streamline and improve the Assisted Outpatient Treatment (AOT) program & (Kendra's Law). We want AOT and Kendra's Law to be more readily used for and accessible to unsheltered mentally ill. Funding for OMH must be directed to educate the public on Kendra's Law and how to utilize it. Additional funding to educate the courts, parole officers, and the criminal justice system on using AOT is necessary. Increased utilization of Kendra's Law and increased court mandated AOT are the key to getting this population off the streets, keeping them off the streets, and providing them the best chance to transform at no great expense to taxpayers. Supportive housing has the greatest positive impact on this segment compared to other segments where housing alone is often beneficial and when implemented can also save taxpayers.

Data supports increased utilization & public awareness of Kendra's Law can have a significant and positive impact. When in place, AOT is highly effective and reduces costs to care for mentally ill individuals. Supportive housing has the greatest impact on seriously

mentally ill population and does not increase the cost to care for them.

- Nearly 40% of New Yorkers with serious mental illness are not receiving treatment, according to the NYC Department of Mental Health and Hygiene. And less than 35% of New Yorkers who could qualify for AOT are currently under court-ordered treatment.
- AOT reduces homelessness, needless hospitalizations and incarcerations by approximately 70 percent, saving taxpayers 50 percent of the cost of care.
- Kendra's Law is under-utilized because it is under-publicized and generally misunderstood; it should be a priority to educate the public on how it can be utilized.
- OMH should commit funds to a public campaign to encourage the use of Kendra's Law as a first logical step to getting seriously mentally ill unsheltered individuals treatment. Education about Assisted Outpatient Treatment (AOT) and when to implement it is needed for local governmental units, providers of services, judges, court personnel, law enforcement officials, and the general public.
- Current social media campaigns focus on mental health and not serious mental illness.
- Data shows that individuals recognize they need help after they receive initial treatment but don't proactively commit to treatment. Raising public awareness and increasing the utilization of Kendra's Law are in the best interest of the unsheltered seriously mentally ill, most of whom are not capable of accepting treatment, and for thousands of families who believe that public safety should be a priority.
- Studies confirm that supporting housing expenditures extend to many groups along the homeless spectrum but the cost savings are truly significant only in the case of seriously mentally ill. The approach of providing housing first without services as a solution doesn't work for the unsheltered mentally ill. Thus, long-term supportive housing for seriously mentally ill must be fully funded.

It is imperative that New York commit funding to publicize Kendra's law and increased utilization of this law is necessary to compel seriously mentally ill individuals living on our streets to treatment. AOT must be utilized and implemented more readily by the courts and the state should prioritize funding in New York City for supportive long-term housing for the unsheltered mentally ill population.

This investment ultimately reduces the taxpayers' expense, provides the best chance for these individuals to get well, and reduces the risk this population poses to public safety.

Warmly,
Nicole Palamé & NYFSS Leadership Team

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The New York City Department of Health and Mental Hygiene noted that this funding cut would eliminate the operating funds of school based health centers which provide primary care for families and children, lead to the closure of sexual and reproductive health centers and the closure of 2 tuberculosis clinics.[1] Failure to restore Article 6 funding jeopardizes services for the most vulnerable New Yorkers. We request a full restoration of these funds.

Protect Publicly Funded Reproductive Health Care

Funding Request: Maintain the Executive Budget's proposed $14.2 million increase in funding for family planning services to address the loss of federal Title X funding and provide a legislative addition to the Family Planning Grant of $1,000,000.

access to reproductive and sexual health service are essential to bodily autonomy. Our futures can be shaped, positively or negatively, by our ability to access affordable quality reproductive health care and information. Decades of research and investment in federal and state programs has helped break down barriers to preventive reproductive and sexual health care, specifically for those who couldn't access the care they needed.

Since 1970, Title X, the nation's family planning program, has played a critical role in facilitating access to high-quality, affordable, reproductive and sexual health care for people with low incomes, uninsured people, and people who have historically faced barriers to care, including communities of color. Through a diverse provider network, grant funds enable the delivery of primary and preventive services include: wellness exams, lifesaving cervical and breast cancer screenings, birth control, contraception education, testing and treatment for sexually transmitted infections (STIs), and HIV testing – so that cost is never a barrier to care.

Historically, Title X funding in New York has been granted to two entities, the New York State Department of Health and Public Health Solutions, a nonprofit organization working to improve health outcomes in New York City by providing direct services and supporting community-based health organizations. In 2017, 50 subgrantee agencies used Title X funding to serve more than 311,000 patients across New York State — 67% of whom fall below 101% of the federal poverty level.[2] For decades, Title X has served as a programmatic foundation, and important fiscal support of the state's Family Planning Grant – comprising about 19% of grant funds overall. Simply, Title X funding played an indispensable role in our efforts to provide care and coverage to all. Without it, we risk destabilizing a needed and

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[1] NYC Health Department. (n.d.). NYC Health Department Notes on the Governor's Executive Budget.

[2] [1] National Family Planning and Reproductive Health Association. 2018. The Title X Family Planning Program in New York. https://www.nationalfamilyplanning.org/file/impact-maps-2017/NY.pdf [2] Rachel Benson Gold and Lauren Cross. 2019. "The Title X Gag Rule

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trusted provider network, and affordable access to primary and preventive reproductive and sexual health care in New York.

Unfortunately, that risk is a reality, both here in New York and across the country. Last year, the Trump-Pence administration finalized an unethical rule, designed to fundamentally alter and undermine this 50-year old program. This "gag rule" compromises care by imposing coercive counseling standards for pregnant patients, prohibiting referrals for abortion care, and levying insidious cost-prohibitive physical and financial separation requirements on Title X providers who also provide abortion related services.[3] The rule went into effect on July 14, 2019.

These dangerous new provisions consequently forced longstanding Title X grantees and providers out of the program, including the New York State Department of Health, Public Health Solutions, and Planned Parenthood.

The loss of this funding threatens providers' ability to continue delivering high-quality, affordable, unbiased reproductive health care to all who need it. Together, New York State's family planning provider network was facing a total loss of over $14,000,000 as a result of the federal government's gag rule. Recognizing the value of the Title X program and the federal threats it faces, the Executive and Legislature took the necessary steps to create a contingency fund in the amount of $16 million in the FY20 budget. This action restored necessary funding to the 50 subrecipient providers in New York, but it will expire on March 31, 2020.

PPGNY strongly supports the inclusion of an additional $14.2 million dollars in the proposed Executive Budget to restore the loss of Title X funds for the subgrantees of the Department of Health and Public Health Solutions. In many cases Title X health centers serve as an entry point to the healthcare system. New York State must preserve access to care, especially for the most vulnerable.

Further, years of stagnant state investment in the Family Planning Grant places these safety-net providers in a precarious position. Limited financial resources and the rising cost of delivering care challenge family planning providers as they seek to attract and retain nurses, doctors, and clinicians in a competitive marketplace, expand their services to meet community need and engage hard to reach populations in dire need of care. We are forced into austerity, to do more with less, and the impact hits the most vulnerable in our state, who lack access to care and support services.

We request that the Legislature advance a $1 million dollar addition to the state's Family Planning Grant. These additional funds are necessary to preserve the delivery of care as it stands today. This investment

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[3] Is Wreaking Havoc—Just as Trump Intended." Guttmacher Institute.
https://www.guttmacher.org/article/2019/08/title-x-gag-rule-wreaking-havoc-just-trump-intended

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will aid in our collective vision of healthier communities and individuals who can exercise reproductive autonomy enabling them to explore and achieve their educational, economic, and family aspirations.

Instilling Agency and Power: Adolescent Pregnancy Prevention Funding

Funding Request: Maintain funding for the Comprehensive Adolescent Pregnancy Prevention program (CAPP) at the Executive Budget level of $8,505,000.

The Comprehensive Adolescent Pregnancy Prevention program (CAPP) is a unique, multidimensional grant, connecting youth to the care and education they need to lead healthy lives. The program emphasizes comprehensive, evidence-based, age-appropriate sexuality education (CSE), social and emotional development—including healthy relationships—and decreasing disparities in health outcomes for all New York adolescents.[4]

New York ranks in the worst ⅓ of the country for unplanned teen pregnancy, and our rates of STIs—especially among teens—are rising at an alarming rate. Three in five new infections in New York State are in teens and young adults, despite this age group representing only 14% of the state's population, according to the Department of Health.[5] In 2017, one of every 10 students nationally reported confronting sexual violence in the past year – an experience more common among females (15%) than males.[6] Youth who identified as gay, lesbian or bisexual were significantly more likely to report sexual violence in the past year (22%).[7]

We need programs and policies that prepare our young people for healthy lives and relationships. Research underscores that comprehensive sex education (CSE) accomplishes these goals, as it lowers rates of unintended teen pregnancy, STIs, sexual violence, and bullying, among other positive impacts on the health and wellbeing of our youth.[8] Despite this fact, New York has no educational requirement around comprehensive sexuality education, creating inequitable education and resources. In this void, CAPP serves a critical purpose, providing evidence-based programing and connections to care for youth, enabling them to develop skills critical to healthy lives and relationships.

Investing in our youth is investing in our future, which is why effective programs like CAPP are so

4 Act for Youth. (n.d.). "The CAPP and PREP Initiatives." Accessed January 23, 2020. http://actforyouth.net/sexual_health/community/capp

5 New York State Department of Health. (n.d.). Reducing Sexually Transmitted Diseases (STDs) among NYS Young People. Accessed January 29, 2020. https://www.health.ny.gov/statistics/diseases/communicable/std/docs/reducing_stds.pdf

6 Elizabeth Witwer, Rachel K. Jones, and Laura D. Lindberg. 2018. Sexual Behavior and Contraceptive and Condom Use Among U.S. High School Students, 2013–2017. Guttmacher Institute. https://www.guttmacher.org/report/sexual-behavior-contraceptive-condom-use-us-high-school-students-2013-2017

7 *Ibid.*

8 Advocates for Youth. 2009. Comprehensive Sex Education: Research and Results. https://www.advocatesforyouth.org/wp-content/uploads/storage//advfy/documents/fscse.pdf

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critical. Funding for the CAPP program has been flat, since the program was reduced by approximately $2 million in FY18. It is critical that moving forward this program receive no further reductions to ensure that these valuable educational services in communities are maintained across the state.

Further, we look forward to working with the legislature and executive to advance age-appropriate, medically accurate comprehensive sexuality education for grades K-12 in all New York schools. All young people deserve the knowledge, skills, information and resources necessary to make healthy and informed decisions about their bodies. This is foundational education for our youth, and it should be regarded as such.

Continued Efforts to Address Maternal Mortality

Funding Request: Maintain $8 million over 2 years to continue and support efforts to decrease maternal mortality and morbidity rates.

In 2019, the Legislature and Executive took decisive action to implement needed policy and state funding to address the concerning rise in maternal mortality that is disproportionately impacting communities of color. Despite our progressive policies surrounding access to women's health care, New York State currently ranks 30th out of 50 states in its maternal death rate.[9] Black women are 3 to 4 times more likely to be impacted compared to white women; in New York City, that rate hurtles to 12 times.[10]

The Executive Budget appropriates eight million dollars over the next two years to fund initiatives aimed at curbing our unacceptable rates of maternal mortality and morbidity and the disparities that are too prevalent. PPGNY strongly supports the continuation of this funding and efforts to address the systemic causes of the glaring racial and economic inequities within our maternal health system. It is estimated that 60% of pregnancy related deaths are preventable, and we have a moral obligation to do everything in our power to keep them from happening.[11]

Marilyn Kacica MD, MPH. 2018. Reducing Maternal Mortality & Morbidity Surveillance & Action. Lecture presented at 2018 New York Maternal Mortality Summit.

Preserving the Vision and Promise of the State's Medicaid Program

[9] Marilyn Kacica MD, MPH. 2018. Reducing Maternal Mortality & Morbidity Surveillance & Action. Lecture presented at 2018 New York Maternal Mortality Summit. https://nyam.org/media/filer_public/f4/57/f4571d2c-26c6-482f-8387-00f9268c963c/marilyn_kacica_slides.pdf
[10] New York City, Department of Health (n.d.). Retrieved from https://www1.nyc.gov/assets/doh/downloads/pdf/ms/pregnancy-associated-mortality-report.pdf
Peterson EE, Davis NL, Goodman D, et al. (2019). Vital Signs: Pregnancy-Related Deaths, United States, 2011-2015, and Strategies for Prevention, 13 States, 2013-2017. Morbidity and Mortality Weekly Report; 68: 423-429. Retrieved from https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm?s_cid=mm6818e1_w#suggestedcitation
[11] Peterson EE, Davis NL, Goodman D, et al. (2019). Vital Signs: Pregnancy-Related Deaths, United States, 2011-2015, and Strategies for Prevention, 13 States, 2013-2017. Morbidity and Mortality Weekly Report; 68: 423-429. Retrieved from https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm?s_cid=mm6818e1_w#suggestedcitation

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Access to healthcare is a human right. For decades, our state has been a national leader in building a robust Medicaid program to meet needs in our communities, enabling access to coverage and care for millions of low-income New Yorkers. As we confront the fiscal challenges facing the program, we must ensure that we hold at the center of the discussion the needs of the most vulnerable New Yorkers enrolled in the program, and their providers.

Past efforts to reform the system have left out the voices of consumers and community-based providers. Their voices and experiences bring innovative opportunities to strengthen the quality and sustainability of the program, ensuring reform reflects communities needs, and address the way individuals engage in the healthcare system. While the budget does not appear to contain direct cuts to eligibility or services, we are concerned that the proposal to reconvene the Medicaid Redesign Team with the intention of identifying $2.5 million in program savings by April 1st, is destined to repeat past failures of system reform – lack of transparency, diminished consumer and provider engagement, and unsustained success.

We urge the legislature's full engagement in this process and call for the robust inclusion of directly impacted communities/individuals and community-based providers in any decision about reforming the program. We must ensure that we center the needs of those enrolled in Medicaid. Reform must not burden low-income New Yorkers who rely on the program for necessary coverage, and the providers who care for them. Reductions to provider reimbursement will have a disproportionate impact on smaller providers that predominantly serve low income, uninsured and underinsured New Yorkers. For many, Planned Parenthood of Greater New York is their primary source of care, and for some -- their only source of care. An open and transparent process that meaningfully engages a diverse array of stakeholders is critical if we are to successfully pursue reforms that reflect the state's longstanding commitment to a robust and sustainable Medicaid program.

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We thank you for your time today and look forward to continuing to work with you in shaping the SFY 2021 budget.

Testimony of Risa A Levine 2/29/20

My name is Risa Levine. I represent RESOLVE: The National Infertility Association, one of over 50 members of the Protecting Modern Families Coalition, supporting the Child Parent Security Act, which should be included in the 2020 NYS Budget.

I first testified in front of the Assembly to reverse the ban on compensated gestational surrogacy in 2013. This ban was enacted after the Baby M case, when a woman was inseminated with the sperm of the intended father, carrying a fetus comprised of her own egg, and changed her mind about fulfilling her contractual obligations after birth. Thereafter, NYS criminalized these contracts.

Today, gestational surrogacy – where the surrogate has no genetic connection to the embryo she carries - is practiced all over the United States for the benefit of infertile and cancer patients who cannot carry a pregnancy to term, or gay couples who lack the necessary body parts to do so. Physicians, mental health professionals, surrogates, and intended parents agree that having no genetic connection is healthier, as supported by the majority report of The 2017 Task Force on Life and the Law.

The Task Force recommended: (1) legalization of compensated gestational surrogacy; (2) protections to safeguard all parties; and (3) non complying surrogacy agreements remaining unenforceable.

The progressive CPSA was drafted to resolve disputes over parentage in surrogacy, finding that surrogacy is different from adoption. Lack of clarity over parentage after birth is awful for a baby: whose insurance governs? Who makes medical decisions? Who has financial obligations?

As a longtime supporter of Senator Liz Kreuger, a former constituent, and patient at a fertility clinic in her district, I am gratified by Senator Kreuger's recognition that compensated gestational surrogacy is a viable form of family building to which New Yorkers should have access.

However, an 8 day waiting period sustains the current risks: If a surrogate is not bound by her contract, then how can the other party be? It flies in the face of contract law, putting the surrogate at risk of becoming an unwilling parent. And infertile people who desperately want to become parents, fear a surrogate, in the hormonally charged 8 days after birth, may take their baby away. This is not

rational. The alternative bill would extend the barriers to surrogacy in NYS, or return the parties to the Baby M status quo, an unfortunate backwards step.
Fear of trafficking is not the same as evidence of trafficking. New Yorkers have been traveling to the 47 states where surrogacy is not prohibited, with no claims of trafficking, but rather, building families filled with love.

The CPSA has been thoroughly vetted by all of the stakeholders to surrogacy contracts, most especially the physicians and attorneys specializing in this area, and should be included in the 2020 Budget.