

STATE WIDE

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TESTIMONY

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**JOINT FISCAL COMMITTEES
BUDGET MEETING ON HUMAN SERVICES
FEBRUARY 12, 2025**

**STATE BUDGET ISSUES IMPACTING
OLDER NEW YORKERS AND THEIR FAMILIES
State Fiscal Year (SFY) 2025-2026**

Thank you for the opportunity to testify today. My name is Gail Myers and I am the Deputy Director of New York StateWide Senior Action Council (“StateWide.”) We are a grassroots organization with chapters throughout the state. In addition to the input of our members, we learn about problems in the aging and health care delivery systems from the two helplines that we operate through contracts from the NYS Office for the Aging as a result of state budget appropriations, the Managed Care Consumer Assistance Program and our Patients’ Rights Hotline and Advocacy Project. We also are informed by our Senior Medicare Patrol helpline, funded by the federal government, to protect, detect, and report Medicare and Medicaid fraud. These cases inform us on how the aging and healthcare systems’ policies and practices are affecting residents; we then can inform policymakers to see if system corrections can be made.

Our testimony today will focus on the NYS Office for Aging budget, specifically on programs and services that help older New Yorkers who want to remain in their homes and communities as they grow older through a “social model” of services that can stand alone or supplement the “medical model” of care. We will also highlight some budget issues that impact older residents that are part of Medicaid.

In addition to ensuring adequate funding for the two helplines that New York StateWide Senior Action Council provides through state contracts, our members have prioritized the need to stop Medicaid home care cuts from being implemented, ensure affordable housing, improve access to dental care, and increase transparency and data on core aging services.

Master Plan for Aging

StateWide was part of an alliance of advocates that identified a compelling need for an investment in care and a comprehensive roadmap for meeting the needs of aging New Yorkers. The Governor issued an Executive Order creating the Master Plan in Aging. There is \$1m in the proposed Executive Budget for the Master Plan for Aging development process.

While we anticipate reports expected from the Plan after these budget negotiations are completed, we do not believe that expanded funding to meet current demand and prepare the network of aging providers for forecasted need in the immediate future should wait. Investments are needed now to ensure access to services that are vital to preserving the dignity of older New Yorkers and their ability to age in their community homes.

The Governor’s budget does not include additional funding to improve the capacity of the aging services network or to expand programs and services in other agencies that are supportive of older residents needs. We believe the time is now to make an investment in capacity building.

A. STATEWIDE’S PROGRAMS: INVESTMENT NEEDED TO ADDRESS INFLATIONARY COSTS AND UNMET NEED

1. New York StateWide Senior Action Council’s Patients Rights Hotline and Advocacy Project: A3003/S3003 (Page 7, Lines 47-50).

Our helpline is open to people of all ages and abilities, including concerned friends and family. We are a trusted community resource, and oftentimes the only place a caller can find someone available to answer the phone when they are in crisis.

Our helpline experience helps us keep state policymakers informed of trends and emerging issues so that systemic approaches can be formulated. As such, we were key advocates for new laws and/or funding to address broad patient rights concerns, including safe staffing, the home care worker shortage, health care proxy and surrogate decision making, reducing medical debt and the first in the country hospital observation status notification law.

An increased amount of staff time has resulted from the growing demographic of older New Yorkers and growing complexity of patients rights concerns. Following a dramatic increase in volume during the pandemic, calls have continued to increase in the past several years due to changes in health care settings, from short staffing and poor quality of care in facilities to appeal rights when pre-authorization requests are denied and network capacity issues including provider groups and managed care organizations failing to agree to terms leaving patients with questions about continuity of care. Increased need, spurred in part by our increased community outreach and education efforts, has created a heightened use of this important patient rights resource.

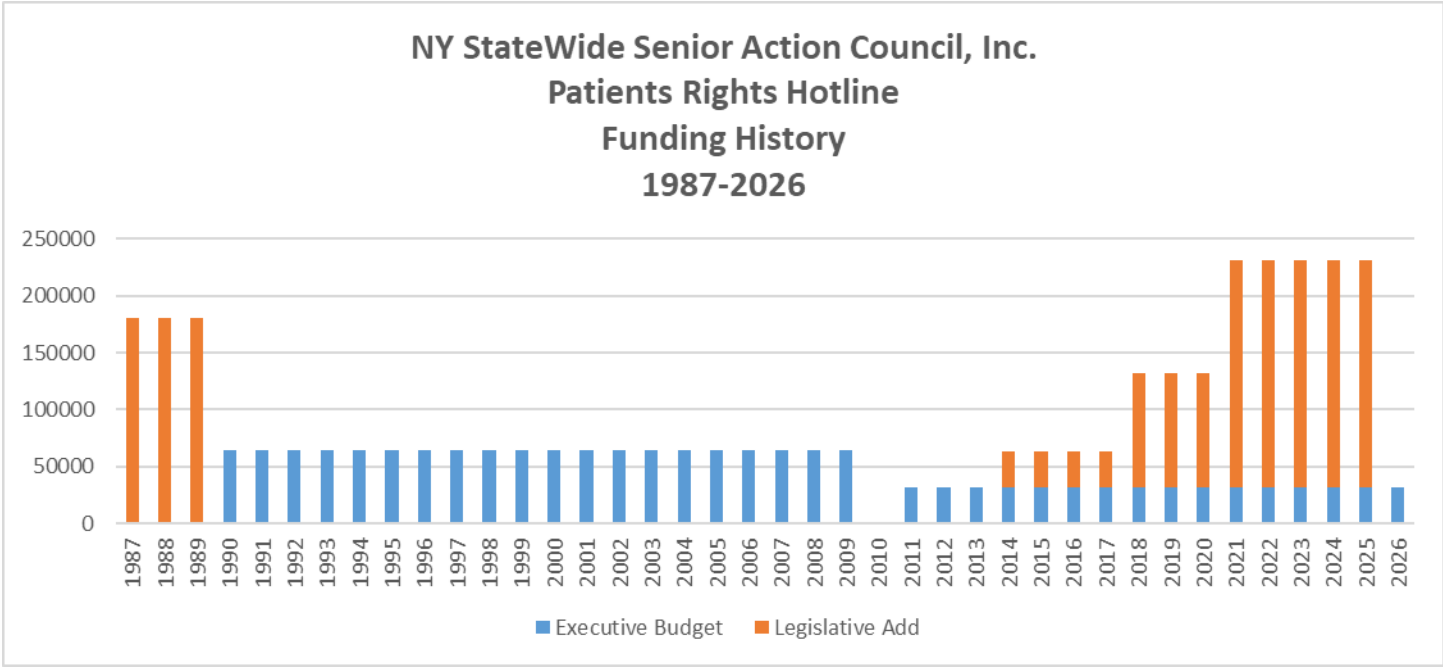
Data on the increase in volume and complexity. In 2025 our hotline’s services spiked. A comparison of our service outputs between 2021 and 2025:

	2020-2021	2024-2025	Increase in Services
Beneficiary Interactions	200	367	184%
Average amount of time spent on interactions (in minutes)	30	75	250%
Outreach Events	30	655	2,183%

Amount of People Reached	5,370	23,794	443%
Extra Projects to meet Emerging Trends	Virtual Family Council	Patients Rights Intake Handbook & Counselor Training	

Funding History: *StateWide's* Patient Rights Hotline and Advocacy Project originally was funded in SFY 1987-88 at \$180,000 annually. Like other not-for-profits, we saw our funding reduced during economic crises, resulting in a cutback in the Project's staff and services.

Our budget history is reflected in the following chart.
 Note: 2026 represents the Executive Budget proposal of \$31,500.



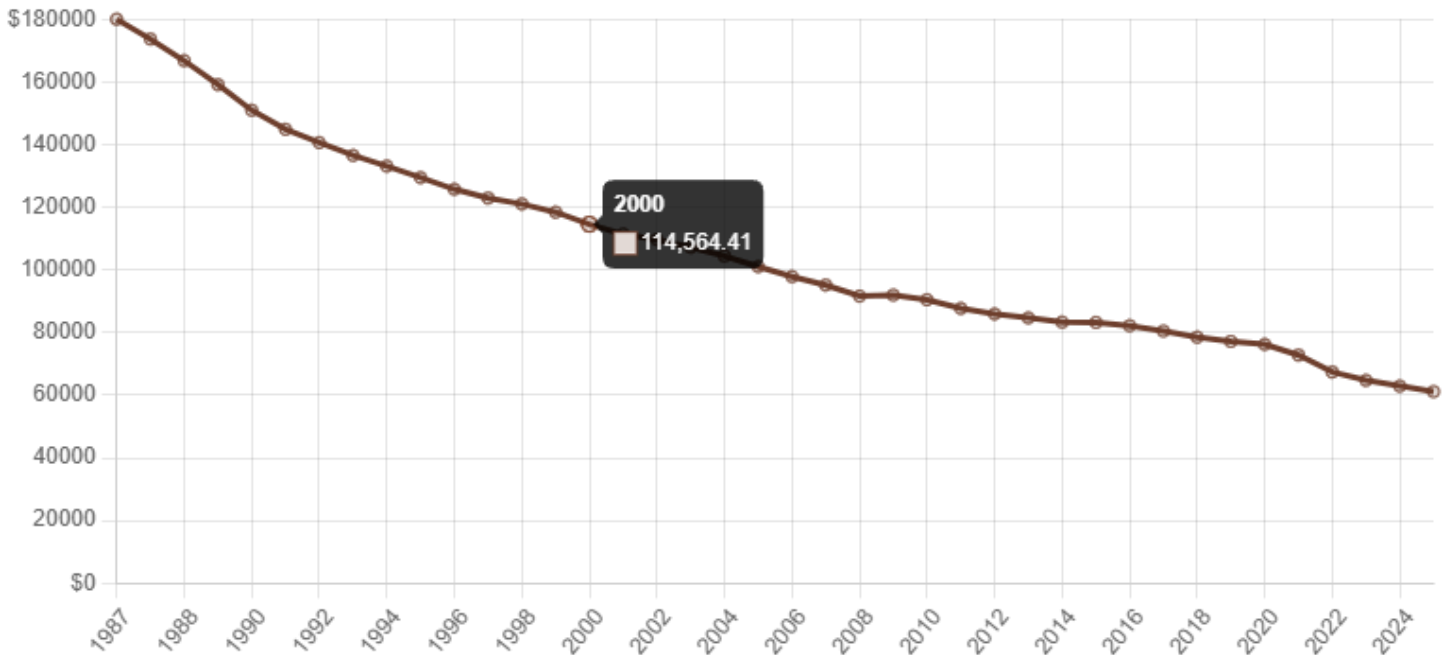
After zero funding in SFY 2010, the Executive included \$31,500 funding (a 50% reduction) in SFY 2012. The legislature restored the 50% cut in SFY 2014 and in SFY2018, \$100,000 funding was added by the Legislature to ensure that the program was viable and meeting the needs of callers. In SFY 2021, the Legislature increased funding by an additional \$100,000, a total legislative appropriation of \$200,000 for final funding of \$231,500. That funding level has been maintained during successive years, with the Legislature's restoration of \$200,000 to the Executive Budget proposal of \$31,500. Once again, the Governor has proposed funding of \$31,500 for SFY2026, a cut of \$200,000, plunging the program further into insufficiency and unable to build the capacity to address immediate and future needs.

Program expansion: At the time, the additional resources allowed *StateWide* to provide thorough, personalized assistance to callers including additional time for more complex cases, more public education, additional staff to support the program and increase our collective expertise. We added a Buffalo office to supplement the work done in our Albany, Central New York, and NYC offices. In 2021, we added expertise with a nationally known expert in nursing home patients’ rights, launching our interactive Virtual Resident and Family Action Council meeting series. In 2024, in addition to ongoing staff professional development, we created a comprehensive, interactive and updateable counselor handbook and provided in-service training so that our current and future staff will be able to easily identify resources answers and tools appropriate for the increasingly complex and varied issues presented by helpline callers.

Funding shortfalls: We are not able to keep pace with increasing need and increasing costs without an additional investment of state funds.

Using inflation calculators, we find that our baseline \$180,000 funding (1987) is equal to \$500,078.35 in today’s dollars (2025). Due to inflation, our buying power has decreased considerably during this time period to meet the staffing, supply and infrastructure needs of this program. Even so, the need for our services has increased exponentially and, with the increase of the elderly population, which will need more health care, hospital, and nursing home services, we can only foresee a further dramatic increase in calls, amount of time spent addressing callers’ problems, and, therefore, a need to increase our capacity.

Buying power of \$180000 over time, 1987-2025



Request 1: Stop the cut to StateWide’s Patient Rights Helpline funding of \$231,500 annually by restoring the Legislative appropriation of \$200,000.

Request 2: Recognizing that our funding has not kept up with inflation trends, that we have never received the Not for Profit/Human Services Cost of Living (COLA) increased adjustments, and that the need and complexity of cases has increased dramatically, we request an additional \$500,000 in funding in SFY 2026, so that total program funding is \$731,500. Note: Our funding request, in inflation adjusted dollars from our 1987 funding, represents only a 32% increase on true value of this program.

2. Managed Care Consumer Assistance Program (MCCAP):

A3003/S3003 Page 6 Lines 54-62 and Page 7, Lines 1-11

Line Item for StateWide’s program is on Page 7, Lines 6-7

StateWide is one of six not for profit providers included in the state budget to provide assistance to Medicare enrollees. *StateWide’s* current funding is \$354,000 and is a specific line item in the SFY25-26 proposed Executive budget.

This funding enables *StateWide’s* certified counselors to assist older New Yorkers and others eligible for Medicare with year round assistance for: choosing the Medicare coverage that best meets their needs; billing problems; enrollment and benefit information on other initiatives including the Elderly Pharmaceutical Insurance Coverage program (EPIC); and community outreach and education on updated coverage issues. Counselors also provide enrollment assistance in the Medicare Savings Program (MSP) that gives low-income Medicare enrollees premium relief and assists in applications for Federal Extra Help for prescription drug assistance.

Additional resources are needed to increase outreach and provide enrollment assistance for the Medicare Savings Program. Failing to enroll in these programs costs these low-income New Yorkers, on average, \$8,000 every year in out-of-pocket expenses. With the increase in income eligibility for MSP included in the SFY 2022-23 adopted budget, and effective January 1, 2023, there is much work that we need to do to educate the community, find eligible Medicare enrollees, provide application assistance and follow up to ensure expanded benefits are being secured. We estimate that an additional 300,000 NYers are newly eligible for MSP.

Funding for this program (\$1,767,000) has been flat for years after a funding cut during the recession. This program, run by community-based not-for-profits, has not been included in the budget’s Cost of Living Adjustment for human services agencies.

Last year, MCCAP saved New York residents over \$11,000,000 on their health care costs. With added funding, we can save New Yorkers an additional \$7,000,000 over the next year.

Request: Add \$1million funding for the MCCAP programs, that would add \$200,399 to StateWide's appropriation, so that we can increase capacity to reach more underserved and hard to reach seniors who are not accessing all of the benefits programs for which they rightfully qualify.

B. NYS Office for the Aging (NYSOFA)

There is an escalating need for services due to the increased number of older New Yorkers and the necessary public policy push to encourage people to receive services in the least restrictive environment in the community rather than in residential institutions. The NYS Office for the Aging's programs delivered by the local offices for aging, including EISEP (Expanded In-Home Services for the Elderly), CSE (Community Services for the Elderly), Wellness in Nutrition and Transportation, are vitally important.

We are pleased that the Governor's proposed budget invests to address unmet need. Besides funding for waiting lists, programs need additional support build the capacity to meet the needs of a growing aging population.

Based on demographics, we anticipate that there will be an increased need for EISEP, WIN and other services provided by local offices for aging. Additionally, if the Legislature and the Governor fail to turn back the Medicaid Home Care eligibility rules adopted, but not yet implemented, as a result of the Medicaid Redesign Team recommendations that change the community Medicaid look back period and increase and change the number of Activities of Daily Living needed to qualify, there will be a surge of new low income enrollees requesting services under EISEP.

Recommendations:

- ***StateWide supports improved transparency and data reporting on funding allocated to NYSOFA for it's core programs – EISEP, CSE and WIN.***
- ***In order to effectively budget to meet the needs of the population, a report should identify anticipated need based on population demographics, not only looking at the number placed on waiting lists. We urge you to require a NYSOFA report that projects need based on a percent of the population expected to need services, compared to the sufficiency of resources or capacity.***

- *Require NYSOFA review the barriers to spending resources on the EISEP home care program to meet the needs of an aging older population and recommend solutions.*
- *Require an annual report to the Legislature, (and be made publicly available) on unmet need describing the barriers that are due to insufficient resources or capacity.*
- *Request and review data on changes in enrollment and capacity of the EISEP program resulting from moving clients between 87% FPL and 138% FPL to Medicaid services under the 2023 Medicaid Income Eligibility increase.*
- *Request and review data on impact on enrollment and capacity of the EISEP program which would result if the Legislature and the Governor fail to turn back the Medicaid Home Care eligibility rules adopted, but not yet implemented, as a result of the Medicaid Redesign Team recommendations that change the Community Medicaid look back period and increase and change the number of Activities of Daily Living needed to qualify.*

Home Care Worker Shortage

Constituents continue to report unmet needs, particularly in home care services throughout the state, regardless of the ability to pay or source of payment (EISEP, Medicaid, Medicare, long term care insurance or private pay.) In part, this is due to the shortage of personal care home care workers.

The state cannot be truly successful in adopting strategies that support aging in place without addressing the shortage of workers. We urge you to address the capacity issues in a comprehensive manner so that the traditional medical/health home care worker shortage and the social model aging/EISEP home care worker shortage are addressed together, and that solutions for one sector do not create further problems for the other. This cannot be a Medicaid only solution.

Recommendations:

- *Provide a livable wage to the home care workforce, including those that work for state funded EISEP services, by paying 150% of regional minimum wage through the “Fair Pay for Home Care Act” and adjust for salary compression within programs that may result.*

Long Term Care Ombudsman Program (LTCOP)

LTCOP is a vitally important program to provide resident advocacy. The program investigates and works toward resolution of complaints made by or on behalf of residents. LTCOP does not have the capacity to have a presence in all adult facilities or to respond to the many requests for

help. We were disappointed to see that the Governor did not include the \$2.5m added by the Legislature last year for these vital services.

Recommendations:

- *Increase program budget, but tie the appropriation to annual reports that detail the progress toward increasing the number of paid staff to the recommended minimum number of staff.*
- *Support recruitment and retention of volunteers to ensure that the program meets national standards for facility visitation.*
- *Require that annual LTCOP reports include the degree of effort to increase the number of family councils in long term care facilities.*
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C. Protecting and Improving Benefits

Elderly Pharmaceutical Insurance Coverage (EPIC)

EPIC is part of the Elder Law, but administered by the NYS DOH that contracts out the implementation of the program. The current contractor is Prime Therapeutics LLC. The EPIC program has been a vital resource for older New Yorkers, has helped individuals afford their prescription drug out of pocket costs – thus removing cost disincentives to adhering to a prescribed medical regimen – and has helped to lift many out of poverty by supplementing their Medicare Part D coverage and providing premium assistance to the lowest income members.

We seek improved transparency of the program, and that any administrative changes are made only following consumer advice and input. We have proposed legislation to address the concerns that have been brought to our attention by consumers that call our Helpline. The bill would keep the application a simple process, have the income brackets adjusted regularly and allow Medicare Part D enrollees under age 65 to apply. Further, it would improve transparency of program operations and provide enrollment data. Lastly, it would require the program to provide referral/assistance for enrollment in MSP rather than only enrollment in federal Extra Help. By doing so, more people would qualify for Extra Help and costs to the EPIC program would be lowered as they are offset by federal funds for lower income New Yorkers.

Recommendation:

- *Support legislation to expand EPIC by including persons with disabilities younger than age 65, so that EPIC works for everyone on Medicare regardless of age,*

- *Support A3605/S3555 to improve the transparency and accountability of the EPIC program by reinstating the consumer advisory panel, restore the requirement for an annual report to the Legislature and reverse administrative changes that resulted in a new and onerous EPIC application.*
- *Furthermore, while we applaud new law to eliminate all cost sharing for insulin for New Yorkers covered under commercial insurance plans, we recognize the state does not regulate Medicare Part D insurance products and the new laws well-intentioned plan to assist diabetics will not apply to Medicare recipients. We are grateful that federal Inflation Reduction Act now limits insulin co-pays to \$35/month for Medicare enrollees, but urge you to mandate that the EPIC program set a zero dollar co-pay for insulin so that older residents enrolled in EPIC receive the same benefit proposed by the Governor.*

Medicaid

StateWide urges improvement in policies that enhance the ability of people to obtain and retain home- and community-based long-term services and supports, which provide for higher satisfaction, lower cost, and abide by the right to live in the most-integrated setting (and uphold the Olmstead v. LC decision.)

Recommendations:

- *Reject the Pharmacy Related Recommendations (HMH Part I) that would allow the Department of Health to eliminate over the counter drugs from Medicaid reimbursement without prior notice and the proposal to eliminate prescriber prevails from Medicaid.*
- *Repeal SFY 2020-21 Medicaid cuts to home care services that created a resources look back of 2 ½ years for new Community Medicaid enrollees, implementation of which has been temporarily delayed due to the federal Maintenance of Effort requirements during the Public Health Emergency, but we anticipate it will soon be in effect*
- *Repeal SFY2020-21 Medicaid cuts to home care for new enrollees that limits access to home care coverage by increasing the number and type of activities of daily living requiring assistance, implementation of which has been temporarily delayed due to the federal Maintenance of Effort requirements during the Public Health Emergency, but we anticipate will soon be in effect.*

Recommendations to improve Medicaid:

- *We urge you to eliminate the asset test for Non-MAGI Medicaid enrollees. Medicaid enrollees (MAGI) on the state's exchange are not subject to an asset test, yet those who fall into the Non-MAGI category (Aged, Blind, Disabled,) are subject to enrollment asset limits. This policy is discriminatory and particularly impacts communities of color who are more likely to have cash saved for emergencies but are less likely to own otherwise exempt resources like a primary home or take steps to shelter their savings.*

We oppose the Governor's proposal to discontinue funding for the Enhanced Quality of Adult Living (EQUAL) Program, which funds efforts to enhance the quality of care and life for residents in adult care facilities.

E. Economic Security

It is vitally important to provide residents with the resources needed to be lifted out of poverty, and to thrive in the community.

Once supplemental federal funding ended for food stamp benefits (SNAP), many families found themselves without the needed resources to keep food on the table. With the benefit cut, and food prices soaring, New Yorkers, including lower income senior households, face heightened food insecurity.

Recommendation:

We support increasing the minimum SNAP benefit for New Yorkers from \$23/month to \$100/month using state funds to fill the gap. Should the federal government increase emergency benefits, the state's contributions would be offset by federal funds.

We support funding for the HEAP program to ensure that no New Yorker faces harsh living conditions in the winter or summer due to lack of federal or state funds for the program.

We oppose the diminution of retiree health benefits. When retirement is considered, future retirees calculate all their anticipated benefits to plan for their needs. They must be able to count on those benefits and costs; therefore, we oppose the Governor's proposal to cease premium relief reimbursement of the Medicare Income Related Monthly Adjustment when the retiree is an enrollee of the New York State Health Insurance Program.

New Yorkers have been reporting concerns about accessing and affording dental care. While the Governor has included provisions related to loan forgiveness and scope of practice changes to ameliorate the provider shortage, there needs to be additional support for affordable dental

coverage, until such time as the NY Health Act is enacted and implemented. While currently Exchange (New York State of Health) insurance plans are only required to provide pediatric dental care, the federal government will soon be issuing an option for states to include adult dental care coverage and the State Department of Health will launch a dental coverage option in 2026. However, that proposed expansion is limited to only people who are purchasing comprehensive medical coverage on the Exchange. We urge that the expansion include people who have Medicare coverage and do not purchase their medical insurance on the Exchange, so that they too can access a state approved dental coverage plan.

Recommendation:

Once the New York State of Health dental coverage is improved, we urge the Legislature to facilitate the opportunity for Medicare enrollees, currently not provided with the option to purchase such coverage, to do so.

Thank you for the opportunity to testify today.