



Southern Tier Independence Center

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Written testimony regarding Governor A. Cuomo's 2017-2018 NYS Executive Budget Proposal on Health/Medicaid:

Please accept this testimony from Southern Tier Independence Center (STIC) on the Governor's proposed 2017-18 Budget.

STIC is a Center for Independent Living (CIL), a non-residential not-for-profit community based agency serving people with all types of disabilities of all ages as well as their family members and service professionals. We support people with disabilities living independent, fully integrated lives in their communities. Please consider the following requests.

1. **Please oppose the prescriber prevails provision in the Governor's proposal and support prescriber prevails in all health care programs.** A patient's doctor should decide which medications are necessary and insurance companies should not. People with disabilities may have chronic conditions that require a complex combination of medications. In some cases only one specific medication is effective and an alternative medication may have adverse side effects that are harmful to the patient.
2. The Governor's proposal to create a supplemental rebate on the sale of some medications in order to lower insurance premiums may restrict access to some medications for people with disabilities who require that medication. Denying access to medications that have been prescribed to people with disabilities

jeopardizes their health and well-being to the point they may be forced into institutions unnecessarily. **We oppose the creation of the Governor's Drug Utilization Review Board as it is proposed because it does not require input from medical professionals, pharmacists, or people with disabilities who depend on necessary medications. We encourage the Governor to consult with individuals with disabilities who rely on rare medications in developing a replacement to the proposed Board.**

3. The Governor proposes to combat the opioid crisis by making the inappropriate prescribing of opioids an unacceptable provider practice in the Medicaid program. **While we agree that the opioid crisis needs to be addressed, we ask that people with disabilities in severe, debilitating pain and people with terminal illnesses requiring prescription opioids for pain management continue to have access to those medications.** We are pleased that attention is given to stop opioid misuse, but we do not want people to live in severe pain without access to opioid medication when the medication helps them live independently in the community, improves their quality of life, and there is no alternative that proves as effective. We are glad to see that the Centers for Disease Control and Prevention (CDC) provided guidelines for prescribing opioids for chronic pain. Though doctors are not legally obligated to follow the CDC recommendations we are pleased these guidelines exist as opioid use disorder is a legitimate concern. Many New Yorkers have been prescribed opioids appropriately to treat severe chronic pain and as a result patients experience improved quality of life. The prescription fraud and opioid misuse of some should not result in the refusal of prescription opioids for others in severe pain. We feel that prescription opioid use should be monitored closely in every case. NY's prescription drug monitoring programs such as Internet System for Tracking Over-Prescribing (I-STOP) will hopefully decrease prescription opioid abuse and reduce errors resulting from misinterpretation of handwriting on good-faith prescriptions. If prescription opioids are to be discontinued in the best interest of the patient we encourage a step down process be implemented as opposed to physicians discontinuing opioids abruptly without an effective alternative to manage pain.

4. **Please preserve spousal and parental refusal rights. Both are extremely important and improve access to health care.** Eliminating parental and spousal refusal rights will create a myriad of unnecessary financial and emotional stressors for individuals. Spousal refusal right prevents the Medicaid program from denying Medicaid coverage to an eligible individual because his or her spouse "refuses" to

pay for necessary care, and it allows a spouse that is “well” to keep income and assets for his or her own well-being and care. A “refusing” spouse or parent of a minor child should not have to live separate from the Medicaid applicant for the applicant to receive Medicaid benefits. People should not have to spend down and impoverish themselves to receive adequate health care.

5. **A top priority of Delivery System Reform Incentive Payment (DSRIP) Program must be to protect Medicaid beneficiaries and the community based organizations upon which they depend.** This includes measuring patient health care experiences, making improvements accordingly, and investing savings generated by DSRIP into community based organizations.

6. **The State’s allocation of \$225 million to support the direct cost of FY 2018 minimum wage increases for health care workers that provide services reimbursed by Medicaid is not adequate. Please provide a living wage to home care workers.** These workers provide emotionally and physically demanding care to vulnerable individuals. Individuals cannot get care at home because there are not enough people who want to be home care workers due to low pay. The State needs to provide adequate funding to cover added costs associated with new labor laws. Consumer Directed Personal Assistance (CDPA) program is in jeopardy without appropriate funding.

7. **We oppose the Governor’s proposal to eliminate Medicaid payments to skilled nursing facilities for reserving a bed after a resident leaves the nursing facility.** The nursing facility is still required to have a bed available to patients returning from short-term hospital stays. No Medicaid payment to hold the bed creates an unnecessary financial burden.

8. **We oppose the Governor’s proposal to reduce NY’s No Wrong Door System by \$4 million.** NY is in the process of system changes to the State’s Medicaid program that alters the way long term care is delivered. The State must ensure access to comprehensive and accurate information about long term care supports and services and linkage to services is vital.

9. **Please increase funding to \$4.75 million for Community Health Advocates (CHAs).** CHAs assist people in understanding, using, and continuing their health insurance. This increase will allow the program to meet increasing

demands with the many New Yorkers that have obtained health insurance and those with inquires about the possibility that the Affordable Care Act (ACA) will be repealed.

10. **Please establish a high-needs community rate cell so MLTC plans may serve individuals with the highest needs.** The capitation rates do not allow for this, so individuals with significant disabilities may not be able to receive the supports and services in order to live safely and comfortably in the community. A high needs community rate cell will allow individuals the opportunity to live in the community with necessary health care services. Otherwise they may be forced into institutions jeopardizing their rights.

11. **We oppose the Governor's proposal of a \$20 million reduction to the State's investments in the Medicaid Redesign Team (MRT) Supportive Housing workgroup initiatives.** The lack of accessible and affordable housing is a significant barrier for people with disabilities. The MRT Supportive Housing Workgroup has funded programs that assist people with disabilities in transitioning or staying in their community, including the Nursing Home to Independent Living pilot program, the Olmstead Housing Subsidy program, and Access to Home for Medicaid eligible individuals. NY must invest in these programs and make the Olmstead Housing Subsidy a permanent funding source. This will allow people with disabilities and older adults to have accessible, affordable, and integrated housing.

12. **Please remove the 20-visit cap on physical therapy, occupational therapy, and speech therapy.** These limits discriminate against people with disabilities. These limits should allow for an override. Medicare allows for an override and Medicaid Utilization Thresholds provide a procedure for physician overrides.

13. **We oppose the Governor's proposes changes to the eligibility standard for Managed Long Term Care (MLTC) from needing 120 days or more of home and community based services to requiring that individuals must need nursing home level of care and 120 days of care; "grandfathering" in individuals already in MLTC.** People with occasional or chronic mental health needs and intellectual/developmental disabilities without co-occurring physical disabilities

may be assessed below the nursing facility level of care. They may be put in fee-for-service or Medicaid managed care and their health may be jeopardized in the absence of necessary supports and services in that program.

14. The Executive Budget removes transportation as a MLTC benefit. **We do not support the Governor's proposal to remove transportation as a MLTC benefit because it creates a barrier for consumers accessing health care.** Consumers need medical transportation to get to doctor appointments, and it should be affordable and accessible. At least now that it's part of the MLTC package there are guidelines, protocol, and oversight. While we recognize the convenience of aligning the transportation benefits across programs, beneficiaries already experience challenges accessing transportation and understanding their benefits. Transportation is a Medicaid benefit and with that beneficiaries have due process rights when benefits are denied or discontinued. If transportation services are removed from MLTC the State must ensure that beneficiaries are informed of how to access transportation services and informed of their rights to access transportation services.

15. **We support carving out TBI and NHTD Waivers from MLTC.** Since the Department of Health and Jason Helgerson have repeatedly said that the transition of the waivers into MLTC will not save money, there is no reason to disrupt the lives of thousands of people with disabilities, as well as employees in both programs. Both waivers have been proven to be cost-effective and successful in transitioning people from nursing homes into the community where they live with more meaning and improved quality of life. They should be able to live the lives they desire in the community with appropriate supports and services.

Thank you for your time and consideration of these health care priorities.

Respectfully submitted on behalf of STIC,



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