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Testimony before the NYS Senate and Assembly Joint Hearing on Health
Re: the Executive Budget for SFY 2018-19
Submitted by: Sharon Chesna, APN Education & Advocacy Chairperson
February 12, 2018

Thank you for the opportunity to provide information on the significant and potentially devastating impact of the proposed 20% reduction for a number of maternal & child – and public - health services.

The Association of Perinatal Networks (APN) is a statewide alliance of the 16 perinatal networks operating throughout NYS and our many partner organizations delivering essential maternal infant health and helath supportive services to high risk and high need women of reproductive age with a particular focus on those who are pregnant and/or parenting.

If New York State is to be successful in reaching the vision goals of economic prosperity, an adequate and competent workforce, optimum health and quality of life for all residents; it is essential that we maintain supportive programs and services for pregnant women, newborns and infants. As you undertake the daunting task of developing and passing the 2018-19 NYS Budget and addressing the $4 Billion+ shortfall; we ask that **necessary reductions are applied to areas other than the supportive programs for pregnant women, mothers and babies.**

For both the 2017-18 and the 2018-19 Budgets, the Governor proposed both a pooling of programs within the Dept. of Health and a corresponding 20% cut in funding to all. Although for the 2017-18 Budget, the "pools" were rejected by both the Assembly and the Senate; the 20% funding reduction was passed and resulted in the elimination of a number of important programs as well as the 20% reduction applied to those remaining. Of most significance to APN was the 19% reduction applied to all agencies receiving the Maternal Infant Community Health Collaborative (MICHC) funding. **This funding reduction had significant impact on every MICHC contractor and these agencies CANNOT afford to incur another 20% reduction - it would likely eliminate a large majority of programs and the subsequent lack of services to high need and at-risk women and infants.**

APN surveyed our member and partner agencies to assess the impact of the 2017-18 Budget cut. Of the 23 programs, 9 responded: 6 eliminated or reduced the # of Community Health Workers and/or their subcontract agencies that provided CHW home visiting services. With an average caseload of 30 pregnant, parenting or other status (high risk/high need) women; this equates to lost services for more than 180 women. If we apply the same ratio of impact across all programs, this would indicate that over 500 high-need women have lost out on essential care coordination and home visiting services through the MICHC programs and their Community Health Workers. **A second 20% if the Legislature approves the 2018-19 budget as proposed by the Governor would likely result in the elimination of some of the MICHC contract agencies and loss of services to at least another 1,000 high need/high risk women.**

The 2018-19 recommendation for another 20% cut in funding is totally inconsistent with the goals of the Task Force on Women and Girls, the NYS Maternal Mortality Reduction Initiative, the NYS Prevention Agenda and the First 1,000 Days initiative.

The Community Health Worker model – available only through the MICHC program, is part of the overall NYS plan for home visiting services for pregnant and parenting families. By providing services to at-risk families before and after the birth of their child, when families are most in need of and receptive to help, home visiting programs have demonstrated positive outcomes for families while also providing a significant savings: an estimated $1.75 to $5.70 saved for every dollar spent. Effective initial intervention by trained staff through home visiting services yields cost savings by potentially avoiding government-funded services such as foster care. There are a variety of programs, many evidence-based, through which voluntary home visiting services are delivered, each with a program model, target population, and service design. Researchers have conducted studies with promising results on the effectiveness of various home visiting programs, including up to a 50% reduction in child maltreatment. Home visiting programs have been identified by the Governor in his State of the State message, identified as a core strategy by J. Helgerson and the First 1,000 Days Advisory Group, the NYS Citizens Review Panels, the Schulyer Center on Advocacy and Analysis, and many others. The attached home visiting information sheet details the outcomes associated with these valuable programs.

Some of the state health interventions being considered for consolidation exist to improve the health and wellbeing of New York's mothers and children while many others exist to prevent, reduce, or delay much of the chronic disease burden(which are leading risk factors for prematurity and low birth weight). Protecting and promoting the health of pregnant women and babies and preventing chronic diseases are smart investments for New York State. New Yorkers cannot afford to live without these vital health programs. Moreover, **many of these programs disproportionately affect low income populations. Removing access to vital preventative health services for these communities perpetuates health disparities** which is unjust.

It has long been known that infant mortality, or the death of a child within the first year of life, is a sentinel measure of population health that reflects the underlying well-being of mothers and families, as well as the broader community and social environment that cultivate health and access to health-promoting resources.

Please ensure that NYS provides the supports for women, men, children and communities to be healthy and well and live to their full potential. We urge you to take action to overturn the recommendation of 20% cuts to the listing of Maternal and Child Health Programs identified in the MCH Pool and if possible, consider restoring all or a portion of the 2017-18 20% reduction. Our members are available to provide additional information.