

NYS 2019-20 Joint Legislative Budget Hearing on Health/Medicaid Housing Works Testimony

February 5, 2018

Thank you for the opportunity to present testimony to the Joint Budget Hearing on Health and Medicaid. My name is Charles King, and I am the President and CEO of Housing Works, is a healing community of people living with and affected by HIV/AIDS. Founded in 1990, we are the largest community-based HIV service organization in the United States, and provide a range of integrated services for low-income New Yorkers with HIV/AIDS – from housing, to medical and behavioral care, to job training. Our mission is to end the dual crises of homelessness and AIDS through relentless advocacy, the provision of life saving services, and entrepreneurial businesses that sustain our efforts.

Housing Works is part of the End AIDS NY 2020 Community Coalition, a group of over 90 health care centers, hospitals, and community-based organizations across the State. I was proud to serve as the Community Co-Chair of the State's ETE Task Force, and Housing Works is fully committed to realizing the goals of our historic New York State plan to end our HIV/AIDS epidemic by the year 2020. And am also a proud member of the New York State Hepatitis C Elimination Task Force.

I am testifying here before you today because I believe that 2019 will be a historic year of legislative achievements for the NYS Senate and Assembly, including an exciting opportunity for the Legislature to bring new energy and ambition to addressing the State's longstanding health crises. Especially now, New York State must lead the nation on public health.

Governor Cuomo's Executive Budget does not rise to this historic moment, and while the Governor has advanced some unique and groundbreaking initiatives, such as ending the HIV/AIDS epidemic and hepatitis C elimination, health care proposals in the Executive Budget fall dangerously short on concrete commitments to achieve those goals. We have asked the Governor to make the following urgent changes to the health care proposals in the 30-day amendments to the Executive budget, and we call upon the Legislature advance the initiatives outlined below, whether or not the Governor takes action.

First, I must give credit where credit is due. Housing Works and the End AIDS NY Community Coalition strongly support the Ending the Epidemic health systems investment included in Governor Cuomo's fiscal year 2019-20 Executive Budget, and urge the Senate and Assembly to support this initiative in the one-house budgets.

Housing Works also asks the Legislature to build on Governor Cuomo's \$5 million initial investment in the Executive budget toward eliminating the State's hepatitis C (HCV) epidemic by expanding hepatitis C testing, linkage, treatment and prevention programs statewide. More than 230,000 New Yorkers, are living with chronic hepatitis C infection, and 50% are unaware of their status.ⁱ In 2017, an alarming 13,588 new HCV cases were reported in the State,ⁱⁱ with 61% of newly reported cases diagnosed outside of NYC.ⁱⁱⁱ In 2015, an estimated 979 New Yorkers died from HCV related causes.^{iv} With highly effective new treatments that can cure HCV in eight to twelve weeks, and proven harm reduction strategies to prevent transmission, NYS has the tools to control and eventually eliminate HCV. We strongly urge the Senate and Assembly to include an additional \$10

million, for a total \$15 million investment, in the State's hepatitis C response in the Senate and Assembly one-house budget bills.

While the Executive Budget health proposals are visionary and praiseworthy in some areas, they must be challenged in others. The proposed \$26.85 million cut to New York City health care through reducing the rate of the Article 6 State match for health care funds by 16% is an unacceptable proposal that would severely damage health services in NYC and put lives at risk. We call on the Governor to immediately reverse these cuts in his 30-day amendments, and we call on the Legislature to take action if the Governor insists on advancing these catastrophic and inhumane cuts to NYC health programs.

We call on the Governor and Legislature to include funding in the enacted budget to offset Federal cuts to New York STI and TB funding in order to maintain and strengthen the State's STI and TB responses. The Federal cuts are hitting New York State during a spike in STIs—in 2016 there was a 7% rise in Chlamydia cases (116,843 cases), a 17% increase in Gonorrhea (34,111 cases), and a 4% rise in early Syphilis (6,274 cases).^v New York State has the third highest burden of TB in the United States, and data from the Center for Disease Control and Prevention (CDC) estimated a 6.3% increase in the number of TB cases in New York State last year,^{vi} putting our state on the path to the highest TB burden in the country. These TB cases are concentrated in 11 counties in the State putting the health of the people in these areas at greatest risk.

We also urge the Governor and Legislature to reverse the proposed \$5 million reduction to the Medicaid Health Home program, which will cut life-saving services and care coordination to the highest-need New Yorkers with chronic health conditions, including HIV/AIDS, serious mental illness, and substance use disorders. The Health Home program was already greatly reduced in last year's budget and simply cannot sustain further cuts. The Executive Budget proposal will disincentivize intense care management over an extended period despite the fact that this additional care management is necessary for individuals in the program.

Furthermore, the Executive budget's proposal to establish a universal health care access commission with report due a year from now recklessly kicks the can down the road while hundreds of thousands of New Yorkers go without insurance. Housing Works urges the Legislature to take immediate action in the one-house budget bills to establish a state-funded Essential Plan to expand coverage to all immigrants in New York State who earn less than 200 percent of the federal poverty level. Based on an analysis by Community Service Society, total expected enrollment would be 111,100 individuals in need, including 27,400 people who currently rely on Emergency Medicaid and 83,700 people who are currently uninsured. This proposal could be partially financed with revenue from an individual mandate fee and we have identified other potential sources of revenue to finance this proposal. To live up to this moment in history, the Legislature must act to immediately to expand coverage for uninsured immigrants in New York while also advancing the transition to a single payer system with lower costs and better coverage.

Finally, the Executive Budget does far too little to address the overdose crisis, which has taken the lives of 20,059 New Yorkers since Governor Cuomo's first year in office^{vii viii ix} (and that horrifying death count from the Center for Disease Control does not include deaths during 2018). The Governor has failed to lead by not using his authority to authorize an Overdose Prevention Center Pilot, even though he made an explicit promise to community members to authorize a pilot last year and to do everything in his power to reduce overdose deaths. In addition to supervised consumption

spaces being a well-documented intervention that has proven to work in other jurisdictions, the HIV and hepatitis C are overlapping epidemics, particularly for people who inject drugs, so the Overdose Prevention Center Pilot authorization will not only save lives in the most immediate terms, it will also have longer-term positive health effects. We are extremely disappointed that Governor Cuomo has not followed Mayor DeBlasio's lead in authorizing a research pilot that would demonstrate the efficacy of these programs here in New York.

In the face of the Governor's inaction, we urge the Legislature to lead a unified, statewide and public health focused effort to combat the State's opioid epidemic, starting with piloting five Overdose Prevention Centers across the state in partnership with existing Syringe Exchange Program sites. The State must also create new syringe exchange program sites and harm reduction programs in underserved neighborhoods and counties, and expand Health Hubs, drug treatment in State prisons and jails, and overdose prevention services statewide. We urge the Senate and Assembly to include \$3 million in funding for the Overdose Prevention Center pilot in this year's one-house budget bills. We need your leadership to create an evidence-based, comprehensive public-health approach to addressing the overdose crisis.

For the past 30 years, New York has been the epicenter of the national HIV/AIDS epidemic, with many tens of thousands of deaths due to this epidemic, and thanks to the Ending the Epidemic plan we have now seen three consecutive years of record-breaking progress toward ending our epidemic. Preliminary New York State Department of Health (NYS DOH) 2017 HIV surveillance data show continued progress toward achieving our ETE goals. Unfortunately, however, the data also show that our progress is largely driven by NYC outcomes, while the rest of the State lags behind. We believe that the critical difference between NYC and the rest of the State is access to critical housing supports. In Upstate and on Long Island, as many as 4,200 low-income households living with HIV remain homeless or unstably housed.

As my testimony before yesterday's Joint Legislative Budget Hearing on Housing explains in further detail, Housing Works and the EtE Community Coalition were extremely pleased that Governor Cuomo's 2020 Executive Budget includes our proposal to provide \$5 million in funding to enable local departments of social services across the State to partner with local health payors and community-based organizations to pilot innovative strategies to provide access to rental subsidies in line with local fair market rents and the 30% rent cap protection. The NYS funding would leverage a dollar-for-dollar match dollars from the local partner, for a total potential \$10 million HIV housing investment that would build upon the existing HIV Enhanced Shelter Allowance to provide meaningful housing supports for low-income people living with HIV in participating local districts Upstate and on Long Island. Ample evidence shows that dollars spent on HIV housing not only improve individual and community health but also generate Medicaid savings from avoided emergency and inpatient care that more than offset the cost of housing.¹ It is time to invest public dollars wisely, in housing as HIV health care.

Upon a closer read, however, it is clear that the Executive Budget pilot initiative is structured in a manner that will undermine its success. As currently written, the appropriations language would limit local partners to managed care organizations and require these MCOs to continue as sole funders of the initiative beyond the one-year appropriation. This language virtually ensures that no local social

¹ Basu, et al. (2012). Comparative Cost Analysis of Housing and Case Management Program for Chronically Ill Homeless Adults Compared to Usual Care. *Health Services Research*, 47(1 Pt 2): 523-543.

services district will be able to propose a successful plan, undermining the intent of the pilots to support local innovation to fund meaningful HIV housing assistance. As you may know, as a result of similar flaws in the language of last year's HIV housing budget initiative not a single local district provided the needed HIV rental assistance enhancements and not a single person with HIV living Upstate or on Long Island was housed.

The EtE Community Coalition has therefore proposed amendments to the pilot program language (attached to this testimony) to support its success—specifically: i) to allow entities in addition to managed care organizations (such as DSRIP Performing Provider Systems or other entities that invest to improve HIV health outcomes) to partner with local districts to provide the local matching funds; ii) to allow local partners with approved plans to determine the best use of savings realized through the pilots to continue to meet the housing needs of their low-income community members living with HIV infection; and iii) to add implementing EFLA language so that local districts know that the pilot initiatives can continue beyond the one-year appropriation.

We urge the Legislature to support this critical \$5 million pilot by including the amended appropriations and EFLA language in your one-house budget bills. We believe that this \$10 million investment will support sufficient housing subsidies to finally afford equal access to safe, stable housing for households living with HIV in every part of NYS. Without meaningful action in this ye In October of 2014, Governor Andrew Cuomo appointed a Task Force of 66 experts to create a detailed blueprint for how the State can end HIV/AIDS as an epidemic and get from 3,300 new HIV diagnoses per year in 2013 to below 750 new HIV infections per year by the end of 2020. That Task Force completed its work three months later, and at a ceremony in front of the Lesbian, Gay, Bisexual, & Transgender Community Center in April 2015, the Governor publically endorsed the Blueprint and committed to its full implementation.

ar's budget to meet HIV housing need in Upstate New York and on Long Island, we face the very real possibility that New York State will reach our goals to the AIDS epidemic by 2020 only in New York City, while failing to do so in the rest of the State.

Housing Works asks for the Legislature to be bold when it comes to addressing the State's public health crises. Our progress against the State's AIDS epidemic shows us what can be achieved by implementing evidence-based policies. Together, we can not only push the AIDS epidemic beyond the tipping point and secure our State's place as the first jurisdiction in the nation and the world to end its HIV/AIDS epidemic, but we can also eliminate hepatitis C, end overdose deaths, and expand health coverage to all New Yorkers. These are not dreams, they are future realities if you act now.

Thank you for your time.

Sincerely,

Charles King

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Charles King

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- ⁱ Hart-Malloy, R, Carrascal, A, DiRienzo, AG, Flanigan, C, et al. (August 2013). Estimating HCV Prevalence at the State Level: A Call to Increase and Strengthen Current Surveillance Systems. *American Journal of Public Health*, Vol. 103, No. 8.
- ⁱⁱ NYS DOH. Communicable Disease Electronic Surveillance System and NYC DOHMH, Bureau of Communicable Disease, Viral Hepatitis Program.
- ⁱⁱⁱ NYS DOH. Communicable Disease Electronic Surveillance System as of August 2017
- ^{iv} CDC, National Center for Health Statistics. Multiple Cause of Death files. Accessed at <http://wonder.cdc.gov/mcd-icd10.html> on Feb 15, 2017.
- ^v New York State Department of Health, AIDS Institute. Ending the Epidemic Summit Presentation, December 2018. Page 18.
- ^{vi} U.S. Centers for Disease Control. Trends in Tuberculosis, 2017.
<https://www.cdc.gov/tb/publications/factsheets/statistics/tbtrends.htm>
- ^{vii} U.S. Centers for Disease Control and Prevention. National Center for Health Statistics. Drug Overdose Mortality by State. 2017.
https://www.cdc.gov/nchs/pressroom/sosmap/drug_poisoning_mortality/drug_poisoning.htm
- ^{viii} U.S. Centers for Disease Control and prevention. MMWR. Increases in Drug and Opioid Overdose Deaths — United States, 2000–2014. (2016) <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6450a3.htm>
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<https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6414a2.htm>