



**Testimony delivered to the Joint Fiscal Committees  
on the SFY 2021-22 Executive Budget  
Health/Medicaid Budget Hearing  
February 25, 2021**

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Schuyler Center thanks the chairs and members of the respective committees for the opportunity to submit testimony on the 2021-22 Executive Budget. The Schuyler Center is a 149-year-old statewide, nonprofit organization dedicated to policy analysis and advocacy in support of public systems that meet the needs of disenfranchised populations and people living in poverty. We often work in areas that fall between multiple systems, including physical health and mental health; child welfare; family economic security; and early childhood development.

Schuyler Center is the home and part of the leadership team for Medicaid Matters New York, a coalition that advocates in the interest of Medicaid enrollees. We also serve on the Steering Committee for Health Care for All New York, a coalition dedicated to affordable high-quality insurance for all New Yorkers. Kate Breslin, Schuyler Center President and CEO, has led several recent initiatives, including the First 1,000 Days on Medicaid, Value-Based Payment for Children and Adolescents, and Value-Based Payment Social Determinants of Health and CBOs. For more about Schuyler Center and our work, please visit our website [www.scaany.org](http://www.scaany.org).

**Ensure that All New Yorkers Have Health Insurance**

One of the Schuyler Center's overarching priorities is ensuring comprehensive and strategic investment in young New Yorkers, with special attention to healthy development when their brains and bodies are most rapidly developing, with impacts that can last a lifetime. Affordable, quality health insurance coverage for adults, as well as children, is critical since insurance is the gateway to accessing the services that keep people healthy and treat diseases and conditions early.

Moreover, children's healthy development depends to a large extent on the health and well-being of their parents and caregivers. Ensuring that all parents and caregivers have coverage helps children get the care and family financial stability they need to thrive. It is important to cover all adults because young people will become future parents and their good health will impact the health of their children.

The pandemic has made health insurance more important at the same time layoffs have deprived people of employer-sponsored insurance. There is no time to wait. New York must lead the way to expand affordable and high-quality coverage to all who need it and fund **outreach, enrollment, and retention** activities to find families who do not have coverage.

The Executive Budget proposal to eliminate premiums for Essential Plan coverage is welcome news, particularly during the pandemic. New York launched The Essential Plan in 2016 as an affordable option for low- and moderate- income New Yorkers. Over 800,000 people are

enrolled. The funding to reduce premiums comes from a trust fund established under the Affordable Care Act to help pay for what is New York's Essential Plan. The Executive Budget proposes to use some of that trust fund to eliminate the \$20 premiums, but will also divert millions to insurance companies to reduce their costs for the Essential Plan. Removing premiums will encourage additional participation in the program and reduce the number of uninsured adults.

But New York should go further and also eliminate premiums for Essential Plan vision and dental coverage. These are important health services that are not included in the coverage package, so consumers must pay an additional premium for them. We request that the State use \$150 million of the money that would go to insurance companies to eliminate the vision and dental premiums so consumers can receive coverage that truly meets all their health needs.

The Governor's proposed budget contains \$2.5 million for the Community Health Advocates (CHA) program. Health care and insurance are complicated. They often use terms that people are not familiar with (premiums, co-pays) and rules (out-of-network, denial of care) that are daunting. Using a central, toll-free helpline as well as community and small-business-serving agencies, the CHA program helps New Yorkers understand, use and keep their health insurance. The CHA program also helps consumers resolve problems with insurance billing regardless of the type of insurance coverage.

Helping New Yorkers understand their rights and how to use the health care delivery system will decrease reliance on emergency care services and increase use of preventive care so they can get the care they need at the right time and from the right place.

*Schuyler Center urges the Legislature:*

- *Accept the Executive Budget proposal to eliminate premiums for the Essential Plan.*
- *Eliminate premiums for vision and dental coverage in the Essential Plan.*
- *Support the \$2.5 million appropriation in the Executive Budget and request an additional \$2.5 million to ensure that CHA's can adequately serve all New Yorkers regardless of insurance type.*

**Reject Public Health Reductions**

The Executive Budget proposes to reduce the General Public Health Works funding for New York City by almost \$18 million. This represents a substantial cut in funding on top a cut made last year.

The Executive's explanation for this cut is that New York City receives other public health funding, but the City and state are in the midst of a pandemic, with resources at local health departments at capacity. New York State should be strengthening public health – not eroding the expertise needed to respond to crises and maintain other critical public health functions.

Public health is a vital government function, addressing government's core responsibility for keeping residents and communities safe and healthy. At a time when the State is recognizing the importance of and costs associated with failure to address the social determinants of health, public health programs that prevent or mitigate disease should be strengthened, not cut.

*Schuyler Center urges the Legislature to reject the Executive's unfair and unwise proposal to reduce public health spending in New York City.*

### **Reject Extension of the Medicaid Cap**

New York State Medicaid provides health coverage and access to low-income people and people with disabilities. The comprehensive and responsive design of the program makes health care affordable, enabling families and individuals to meet their health care needs and improve their quality of life.

The Medicaid spending cap was put in place in 2011, as a mechanism to instill discipline in Medicaid spending by establishing a limit on the amount of money allocated toward the program. However, year-to-year efforts to keep expenditures within the self-imposed cap have resulted in reductions to services particularly affecting Medicaid enrollees with disabilities and in need of home health services and people who rely on safety-net providers.

Medicaid enrollment has grown by hundreds of thousands of people in the wake of COVID-19, providing vital health insurance coverage when people across the state lost their jobs and struggle to make ends meet. This means the program is working as intended – protecting people from the loss of necessary health services during an economic downturn.

The COVID-19 public health crisis and associated economic downturn have highlighted the value of a responsive and strong Medicaid program. New York can show the nation that in challenging times, we stand by our low-income families, children, older adults and people with disabilities. To do that, we need a Medicaid program that invests in residents' health, not one that arbitrarily limits health services and care for the people who most need them.

### **Support Telehealth and Access for Consumers**

At the beginning of the pandemic, New York enacted broad changes to telehealth regulations to expand access to critical medical, behavioral, and dental health services during the pandemic. The changes included many services essential for maternal and child health, at a time when people were advised not to travel to an office for care.

The Executive Budget includes language to codify emergency reforms that expanded access to telehealth services during the pandemic. The provisions would allow for individuals to receive telehealth services wherever they are located and create an interstate licensure program with other Northeast states to support telehealth access for specialties that have historically been difficult to access. The Budget would require health plans to offer a network adequate to meet telehealth needs of insured individuals and providers to disclose whether they offer telehealth services.

While many of these changes have been applauded by providers and consumers, disparities and barriers to accessing telehealth services remain. To take advantage of telehealth services, families need compatible devices and broadband service. In addition to improving policies to make telehealth a more viable option, there needs to be concomitant action in broadband affordability and availability so all New Yorkers can secure these and other critical tele services.

*Schuyler Center urges the Legislature to support provisions expanding access to telehealth services and the technology families need to use it, with attention to privacy issues and quality of care.*

### **Increase Early Intervention Funding to Improve Access to Services for Young Children with Developmental Delays and Disabilities**

Early Intervention provides therapeutic and support services to eligible infants and toddlers under three years of age, who qualify due to disabilities or developmental delays. Access to timely services is critical when delays are identified, yet even before the pandemic, data showed that one in four children did not receive mandated Early Intervention services within the required timeframe. The pandemic has disrupted service delivery, with many children missing out on evaluations and services.

Early Intervention provides evaluation and targeted therapy and support services for young children who have developmental delays or specific health conditions, and their families. Specialists work with children to provide the services they need to catch up and increase their chances for success in school and life overall.

New York's low payment rates for Early Intervention providers have driven providers out of the program, jeopardizing services for children across the state. These shortages have impacted children in urban, suburban, and rural communities.

The Executive Budget includes a \$13.7 million reduction in Early Intervention compared to last year's budget. Changes that would achieve the savings include prohibiting the use of back-to-back or extended sessions on the same day. We believe that singling out these services with these broad exclusions would run counter to individual service plans if such sessions were deemed necessary for a child's development.

Schuyler Center is a member of the *Kids Can't Wait* campaign that brings together individuals and organizations from throughout New York with the goal of ensuring our youngest New Yorkers with delays and disabilities receive the services and therapy they need in a timely manner through Early Intervention and preschool special education.

*The Schuyler Center and Kids Can't Wait Coalition urge the Legislature to:*

- *Reject the \$13.7 million cut to Early Intervention.*
- *Include a covered lives assessment to bring badly needed additional revenue into the Early Intervention program and help ensure that commercial insurers pay their fair share for Early Intervention services. The assessment is a small surcharge on commercial insurance policies that should be set at a level to bring in at least \$40 million in SFY 2022.*
- *Require a comprehensive assessment of the methodology used to determine payment for all Early Intervention evaluations, services and service coordination so that rates better reflect the costs of delivering services.*
- *Support the Executive Budget provision to allow continuation of telehealth visits after the public health emergency ends.*

## **Maternal Health**

The Executive Budget contains a number of measures and resources intended to improve maternal health from pregnancy through childbirth and into the postpartum period. We applaud the emphasis that the Governor places on maternal mortality and morbidity and the underlying inequities that contribute to the worsening statistics here in New York and the rest of the U.S. This apparent increase in maternal health funding is inconsistent with the Executive's reductions in funding for maternal, infant, early childhood home visiting contained in other areas of the Budget.

Between 2018 and 2020, New York participated in a national learning collaborative, Moving on Maternal Depression (MOMD). Stakeholders including the NYS Office of Mental Health, the NYS Department of Health, other State agencies and service providers, coordinated by the Schuyler Center for Analysis and Advocacy, have advanced structural changes that prioritize policies proven to strengthen maternal mental health, particularly interventions that prevent, detect and treat, maternal mental health disorders. By improving maternal mental health, the project also aims to improve and strengthen early childhood development and family economic security.

The MOMD project presents an exciting opportunity to create effective policy and practice to improve maternal mental health in New York by drawing upon the experience and expertise of a broad range of stakeholders including women who have experienced maternal mental health issues, experts from government, health providers, and maternal and child advocates. Because we recognize the relationship of maternal mental health to maternal mortality, we support additions to the budget for initiatives in the Executive Budget for expansion of community health worker programs, a data warehouse to support quality initiatives, and developing a curriculum for implicit bias training.

*The Schuyler Center urges the Legislature to support the maternal health provisions included in the Executive Budget and ensure that the increased funding does not strip funding from other essential maternal and public health priorities.*

## **Increase State Funding for Maternal, Infant and Early Childhood Home Visiting**

Maternal, infant, and early childhood home visiting is recognized across the nation as a uniquely effective approach to family strengthening, with myriad benefits to children and families' health, well-being and economic security. Home visiting has been proven to improve birth outcomes;<sup>1</sup> increase high school graduation rates for children who received home visiting services while young;<sup>2</sup> increase workforce participation and lower rates of welfare dependency;<sup>3</sup> and reduce instances of child maltreatment.<sup>4, 5</sup> Home visiting has been proven a cost-effective intervention that yields tremendous savings over the lifetime of children in the form of lower health care costs and improved earnings as adults.<sup>6</sup>

The pandemic has increased the need for flexible home visiting services as new families are isolated and stressed. Home visiting services also can be a way to help mitigate racial health disparities highlighted by the pandemic. Yet, New York State has for years failed to make a substantial investment. As a result, fewer than three percent of New York children ages 0 to 3 live in communities with access to home visiting.

*We urge the Legislature to increase State investment in home visiting to maintain existing programs and expand services to more families. Specifically, to support home visiting programs and infrastructure, we request the following investments:*

- *Invest \$2 million for ParentChild+ to support sustainability at existing sites.*
- *Restore the OCFS/Public Private Partnership grant to restore \$1.3M for two Parents as Teachers (PAT) sites in Rochester.*
- *Restore \$1 million for Nurse-Family Partnership (NFP) to provide a total of \$3.4 million to support sustainability at existing sites.*
- *Maintain \$26.2 million for Healthy Families New York (HFNY) to support sustainability at existing sites.*
- *Restore \$602,000 to the Maternity and Early Childhood Foundation (MECF) to support community-based programs serving children, families, and expectant parents across NYS.*
- *Restore \$369,000 to the Universal Prenatal/Postpartum Home Visiting program which provides the funding for the Maternal Infant Community Health Collaboratives (MICHC) sites around the state.*

### **Restore Funding for the Center for Health Workforce Studies**

The SFY 2020-21 State Budget eliminated \$148,000 in funding for the Center for Health Workforce Studies (CHWS) at the University at Albany School of Public Health. That funding was used to support staff engaged in health workforce monitoring, data collection and analysis, and evaluation and assessment of the adequacy of the health workforce in New York. The pandemic laid bare just how little New York's health systems, educational institutions, and policymakers know about the composition and availability of the health care workforce.

The health workforce is a vital part of New York's health care delivery system. Efforts to improve the quality of health services and expand access to care depend on the availability of an adequate supply of appropriately trained health workers. It is particularly critical now to understand the availability of health professionals in response to the pandemic and to analyze providers of behavioral health to determine unmet need. Data and information on the health workforce are critical to inform workforce development.

As New York continues to reform Medicaid, expand mental health and addiction services and prepare for new health services, robust information about the current workforce is necessary to evaluate existing programs and to plan for future needs. Cutting vital funds to an established, respected program that provides this information is shortsighted and inconsistent with the needs of policymakers.

*The Schuyler Center urges the Legislature to restore \$148,000 in funding to the Center for Health Workforce Studies to ensure they can meet the need for critical health care workforce data to policymakers and the health care industry and pass A.3050/S.3543 to improve health workforce data collection.*

## Do Not Abandon Adult Home Residents

For many years, Schuyler Center has worked with the Coalition for [Adult Home Reform](#) in advocating for improved community and supported housing options for persons with psychiatric disabilities living in adult homes and for better conditions and more robust oversight of adult homes.

The Executive Budget continues funding through the Office of Mental Health, to support the transition of adult home residents with psychiatric disabilities to community-based housing, per court order. The transition has been slow, challenging, and fraught.

The Executive Budget abandons residents of adult homes, following a pandemic year that has left many [residents dead](#) or [traumatized](#), eliminating funding for programs that improve quality of life and provide a voice to residents who are frequently disenfranchised and ignored.

The adult home industry has long been challenged by serious and deep-rooted [problems](#). There have been [reports](#) by public and private agencies spanning 40 years that depict deplorable conditions, unscrupulous financial practices and mistreated residents. In fact, New York settled a court case over that neglect and is now operating a program that works to help residents gain their independence.

The Executive Budget takes two equally cruel and unwarranted actions:

- Eliminates (zeros out) funding for adult home advocacy (\$230,000) contained in the budget for the Justice Center
- Eliminates the Enhancing the Quality of Adult Living (EQUAL) program (\$6.5 million) that flows through the Department of Health.

Advocacy with and on behalf of adult home residents is essential to ensuring residents' needs and rights are protected. Advocates support residents in a variety of ways when they are threatened by operators and when they seek regulatory reform. Elimination of the relatively small, yet critical Justice Center funding will significantly reduce or eliminate the ability of these organizations to provide adult home advocacy:

- The **Coalition of Institutionalized Aged and Disabled (CIAD)**, provides adult home residents with the information and skills they need to advocate for themselves within their own facilities, as well as in the policy arena. CIAD organizers are the only advocates who regularly visit adult homes in New York City; they train and nurture resident leaders, organize residents into resident councils, and educate residents about their rights. CIAD's legislative agenda and organizing objectives are set by a Policy Committee of adult home residents, as well as by its Board of Directors, whose members include residents and former residents.
- **Mobilization for Justice (MFJ)** provides trainings to adult home residents about their rights and represents residents in individual matters and in affirmative litigation. This includes two systemic cases, one challenging discriminatory regulations that exclude wheelchair users from living in assisted living programs, and another which has enabled nearly 1,000 people with mental health disabilities who had been warehoused in large institutions to move to their own apartments with support services. During the pandemic, MFJ has advocated with State policymakers to increase oversight of facilities' compliance

with pandemic guidance, increase testing availability, report complete and accurate COVID infection and death data for adult home residents, and helped residents protect their economic impact payments from theft by facilities.

- **Nassau/Suffolk Law Services Committee, Inc.**, is a non-profit organization with offices in Nassau and Suffolk Counties that provides free civil legal services to underrepresented populations in a variety of legal matters. The project promotes and protects the rights of residents and helps residents understand and enforce their rights. The project provides legal representation and home visits, conducts trainings for residents and advocate groups, and provides advice to residents by phone and in person on matters relating to evictions, finances, public benefits, medical coverage, living conditions in facilities, resident rights, advanced directives, and a variety of other legal issues.
- **Family Service League's (FSL) Ombudsman Program of Suffolk County** administers the Adult Home Resident Council Support Project. The program provides advocacy services for residents in adult care facilities. The project assists residents in establishing councils and provides training empowering residents to present their issues to administration and staff for problem resolution.

Notably, CIAD has not yet received \$225,000 that was appropriated in the SFY 2019-20 Budget, hampering their efforts to assist residents through the pandemic.

The SFY 2019-20 State Budget overhauled the EQUAL program. This year the Executive Budget eliminates it entirely. The EQUAL program gives adult home residents a say in developing quality initiatives inside adult homes. The money allows resident councils to approve projects intended to improve conditions in adult homes and promote the health and independence of individuals. For example, funding is currently allowed to be spent to upgrade the quality of the food and create clothing allowances based on the desires of the residents of the home. The entire program costs \$6.5 million.

*The Schuyler Center urges the Legislature restore funding for adult home advocacy and for the EQUAL program.*

Thank you. We appreciate the opportunity to submit this testimony and look forward to continuing to work with you to build a strong and healthy New York that cares for its most vulnerable residents.

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<sup>1</sup> Percentage refers to Healthy Families NY. See: Lee et al. (2009). Reducing low birth weight through home visitation: a randomized controlled trial; *American Journal of Preventive Medicine*.



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<sup>2</sup> Multiple programs impact child development and school readiness, see: *Home Visiting Evidence of Effectiveness: Child Development and School Readiness*. <http://homvee.acf.hhs.gov/Outcome/2/Child-Development-and-School-Readiness/3/1>

<sup>3</sup> Refers to multiple programs. See: Administration for Children & Families. *Home Visiting Evidence of Effectiveness*. <http://homvee.acf.hhs.gov/Outcome/2/Family-Economic-Self-Sufficiency/7/1>

<sup>4</sup> Reanalysis of Kitzman et al; *Journal of the American Medical Association*.

<sup>5</sup> Dumont, et al. (2010). *Final Report: A Randomized Trial of Healthy Families New York: Does Home Visiting Prevent Child Maltreatment*.

<sup>6</sup> Burwick, Andrew, Heather Zaveri, Lisa Shang, Kimberly Boller, Deborah Daro, Debra A. Strong. (2014). *Costs of Early Childhood Home Visiting: An Analysis of Programs Implemented in the Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment Initiative. Final Report. Mathematica Policy Research*. Retrieved from: [http://www.mathematica-mpr.com/~media/publications/PDFs/earlychildhood/EBHV\\_costs.pdf](http://www.mathematica-mpr.com/~media/publications/PDFs/earlychildhood/EBHV_costs.pdf)