



## **2021-22 Joint Legislative Budget Hearing on Health/Medicaid.**

### **Introduction**

I would like to thank Senator Liz Krueger, Senator Gustavo Rivera, Assembly member Helene Weinstein, Assembly member Richard Gottfried and the other distinguished members of this panel for the opportunity to provide written testimony on the 2021-22 Joint Legislative Budget Hearing on Health/Medicaid. My name is Matina Balou. I am the President of the New York State Speech-Language-Hearing Association (NYSSLHA). NYSSLHA is a statewide professional organization which represents over 18,000 licensed speech-language pathologists (SLPs) and audiologists in New York State.

My testimony will focus on three proposals in the Executive Budget as follows:

- **Administrative Cuts (\$11.9 M) to the Early Intervention (EI) Program (22 State Fiscal Plan)**
- **1% Across the Board Cuts to Medicaid reimbursement for providers (22 State Fiscal Plan); and**
- **Delivery of Telehealth Services.**

NYSSLHA is deeply concerned that \$11.9 million in cuts to the EI program will result in the loss of critical therapies for infants and toddlers in the State. This will lead to a reduced quality of life for disabled children and an increase in long-term costs for special education and other services. **NYSSLHA urges the State Legislature to reject this proposal in the final 2021-22 State Budget.**

The 1% across the board cut in Medicaid reimbursement comes on the heels of a 1% reduction imposed by the Executive in January of 2020. It will result in a loss of access to health care services at a time when many New Yorkers have lost their jobs and their employer-sponsored health insurance due to the COVID-19 pandemic. **NYSSLHA urges the State Legislature to reject this proposal in the final 2021-22 State Budget.**

NYSSLHA supports the removal of location requirements to allow telehealth services to be provided regardless of where the patient or provider is located in a non-facility setting. This will expand access to telehealth services which have been shown during the COVID-19 pandemic to hold real promise for bringing health care services and therapies to patients, including those in underserved communities. **NYSSLHA recommends that this proposal be amended to require payment parity for commercial and government-sponsored health care payers. In addition, we recommend amendments to the bill to ensure that safeguards are in place to prohibit providers from other states or countries from providing telehealth services in New York State, with employees who are not licensed to provide such services in New York State.**

NYSSLHA's comments and recommendations on these Executive Budget Proposals are provided in greater detail below.

### **Oppose \$11.9 Million in Administrative Cuts to EI Program (State Financial Plan)**

NYSSLHA is opposed to the 2021-22 Executive proposal to **severely limit services to children under the Early Intervention program through administrative action.** This proposal, which reduces EI funds by \$11.9 million, would:

- Require that EI services provided through teletherapy be paid at the existing facility-based rate;
- Eliminate back-to-back group services for a child on the same day;
- Limit the size of a group session to six children; and
- No longer authorize back-to-back extended sessions of special instruction or other EI services on the same day for the same child's individualized service plan.

This proposal eliminates critical services to vulnerable infants and toddlers in the midst of the COVID-19 pandemic. Families of disabled children are already struggling to access EI services. According to the NYS Department of Health, there are currently 3,400 fewer therapists in the EI program than one year ago. Agencies and individual therapists are trying to stay afloat and provide services in the face of insurmountable difficulties. This State Budget proposal will drive even more providers out of the EI program.

The original purpose of the EI program was to address the needs of disabled children during the earliest stages of life (ages 0-3) to allow each child to reach their maximum potential and to reduce the costs of institutional care and special education later in life. This budget proposal is a huge step backwards. It will decrease access to the program, reduce the quality of life for disabled children, and increase long-term costs for special education and other services.

The Governor's proposal exacerbates unmet needs for already vulnerable populations of children, and sets up situations where an entire population may well develop complex and costly needs as adults. This plan, if implemented, will mean that **many children who are at risk for long term language impairments, poor academic performance, subsequent under-employment, and possibly incarceration will be excluded from receiving critical services** that could successfully ameliorate these deficits at an early age.

It is important to note that **there is a strong correlation between communication disorders and incarceration.** Children in juvenile detention centers and adults in prison have an exceptionally high incidence of communication disorders compared with the general population. **The State should insure that children with risk factors for incarceration are given every opportunity to live productive lives.**

The elimination of back-to-back group services and extended sessions of special instruction or other EI services on the same day will make it impossible to meet the recommended guidelines for treatment of autism of between 20 to 25 hours per week. Research shows that early diagnosis

of and interventions for autism are more likely to have major long-term positive effects on symptoms and later skills.<sup>12 3</sup> Under this proposal, autistic children will have grossly insufficient access to proven therapies.

NYSSLHA is opposed to limitations on the size of group sessions from 10 to six children. This action would force many agencies to eliminate EI group intervention and will compromise the scope of services that are provided to disabled infants and toddlers in New York State.

Furthermore, reducing reimbursement for teletherapy at a time when it is most needed will prevent countless children from getting the services that they need. It is wholly inconsistent with another 2021-22 Executive Budget proposal to “Expand Access to Telehealth for All.” In an Executive press release (1/10/2021) on that proposal it is noted that “*The COVID-19 pandemic laid bare the inequities in our healthcare system and showed that telehealth is a critical tool to expand access and lower costs for low-income communities.*” Children with disabilities, many of them low-income, deserve the same access to telehealth services.

NYSSLHA recommends an alternative proposal to achieve EI savings called the “Covered Lives Assessment.” We support legislation (A5339 Paulin) to establish a statewide pool from which municipalities and the State would be allocated funds to pay EI costs. The pool could be financed through a long-standing tax paid by insurance companies-the covered lives assessment-and would raise the \$11.9 million-or more- to provide fiscal relief to State and county governments.

**The New York State Speech-Language Hearing Association strongly urges that this administrative proposal be withdrawn from consideration in the 2021-22 State Budget negotiations.**

### **Support with Recommendations: Delivery of Telehealth Services**

NYSSLHA supports the Telehealth Services proposal in the 2021-22 State Executive Budget with recommendations.

This legislation removes location requirements for commercial insurance and Medicaid reimbursement to allow telehealth services to be rendered to patients regardless of where the patient or provider is located in a non-facility setting. In addition, the proposal requires health insurance companies to have an adequate network of telehealth providers to meet the needs of individuals. Health care providers and hospitals are required to disclose if they offer services to patients in writing or through websites.

**Speech-language-pathologists and audiologists are authorized under current State laws to provide telehealth services to individuals covered by commercial insurance as well as**

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<sup>1</sup> National Research Council, Committee on Educational Interventions for Children with Autism. *Educating Children with Autism*. Lord, C., McGee, J.P., eds. Washington, DC: National Academies Press; 2001.

<sup>2</sup> Olley, J.G. (20025). Curriculum and classroom structure. In: Volkmar, F.R., Paul, R., Klin, A.,Cohen, D. (Eds.),*Handbook of Autism and Pervasive Development Disorders*. 3<sup>rd</sup> ed. Vol II (863-881). Hoboken, NY:John Wiley & Sons.

<sup>3</sup> Helt, M., Kelley, E., Kinsbourne, M.,Pandey, J., Boorstein, H.,Herbert, M.,et al. (2008). Can children with autism recover? If so, how? *Neuropsychology Review*, 18(4), 339-366.

**government payors such as EI and Medicaid.** SLPs and audiologists have been providing telehealth services as approved telehealth providers since the Telehealth Parity law took effect in 2016. With the passage of the 2018-19 State Budget, New York State's telehealth law was updated to include EI providers as qualified to provide services to children in their homes under the telehealth program for the purposes of Medicaid reimbursement

Due to increasing demand for quality early intervention services and personnel shortages of EI and Medicaid providers, the quality and quantity of services available for children with disabilities and developmental delays has been negatively impacted. Telehealth services hold real promise for making patients' lives easier, saving money, and bringing specialized care to underserved communities.

**NYSSLHA recommends that this State Budget proposal be amended** to require payment parity across all payers-commercial and government sponsored- for telehealth at the same rate as the provision of in-person services. This is important to recognize the significant costs associated with providing telehealth services and to ensure that those who benefit most from the flexibility of telehealth services, such as low-income patients and those with transportation or child care challenges, can receive services.

In addition, we recommend amendments to the bill to ensure that safeguards are in place to prohibit providers from other states or countries from providing telehealth services in New York State, with employees who are not licensed to provide such services in New York State.

**NYSSLHA supports this State Budget proposal with consideration of the recommendations provided above.**

#### **Oppose 1% Across the Board Cut in Medicaid Reimbursement (22 State Fiscal Plan)**

NYSSLHA is opposed to provisions of the 2021-22 proposed State Executive Budget to enact a 1% across the board reimbursement cut to all Medicaid providers.

Historically, the State's Medicaid program has not adequately reimbursed providers for increased costs and policies such as wages. Providers have not had a trend factor increase to pay for the increase in the minimum wage and the basic expenses of providing care to low-income, elderly, and disabled individuals.

Since the advent of the COVID-19 pandemic in early 2020, New York State has lost millions of jobs as businesses scaled back and closed. As a result, many people lost their employer-sponsored health insurance. In the nine months following the arrival of COVID-19, New York State had a 12% growth in Medicaid enrollment, the largest increase since the September 11<sup>th</sup> attacks. From March to November of 2020, there were over 700,000 new enrollments.

Speech-language-pathologists and audiologists across the State are working to address the emerging of needs of COVID-19 and other patients in schools, private practice, hospitals, clinics, and other health and education settings. SLPs provide services to individuals that have suffered strokes, traumatic brain injury and individuals with autism, Down's syndrome, cerebral palsy,

Parkinson's disease and many other diseases and conditions. Audiologists treat individuals with hearing impairment or hearing loss, and those with hearing disorders including dizziness, tinnitus, balance disorders and auditory processing disorders.

Most people with communication disorders can be helped. Even if the problem cannot be eliminated, speech-language pathologists and audiologists can teach useful and successful strategies to help patients and their family members cope. Individuals may not fully regain their capacity to speak and understand or to hear, but with intervention people can live more independently- an important goal of the Medicaid program.

**NYSSLHA urges the New York State Legislature to reject the 1% across the board Medicaid cuts to providers** and to protect this critical program for our State's most vulnerable residents and the health care professionals who care for patients.

Thank you for the opportunity to provide this testimony.