



COMMUNITY HEALTH CARE ASSOCIATION of New York State

**Senate Finance and Assembly Ways and Means
Joint Legislative Hearing: Health
State Fiscal Year 2022-23 Executive Budget Health and Medicaid
February 8, 2022**

The Community Health Care Association of New York State (CHCANYS) is grateful for the opportunity to provide testimony on the Governor's State Fiscal Year (SFY) 2022-23 Executive Budget. CHCANYS is the primary care association for New York's federally qualified health centers (FQHCs), also known as community health centers (CHCs), that serve approximately 2.1 million New Yorkers at over 800 sites each year.

Background

CHCANYS is the voice of more than 70 community health centers – the standard bearers of primary and preventive care for medically underserved communities across the state. CHCs are non-profit, community run clinics that provide high-quality, cost-effective primary care as well as behavioral health, dental care, and social support services, to everyone, regardless of their insurance status or ability to pay. Each CHC is governed by a consumer-majority board of directors who identify and prioritize the services most needed by their communities.

The majority of CHC patients are extremely low income; 90% live below 200% of the Federal poverty level. Our CHCs serve populations that the traditional healthcare system has historically failed: 68% are Black, Indigenous, or People of Color (BIPOC), 28% speak limited or no English, 13% are uninsured, and 4% are unhoused. Nearly 60% of our CHCs' patients are enrolled in Medicaid, CHIP, or are dually enrolled in Medicare and Medicaid. All CHCs provide robust enrollment assistance to patients and, although CHCs do not collect information on immigration status, it is likely that the vast majority of uninsured patients are not eligible for insurance coverage due to immigration status.

In short, CHCs are a crucial safety net for New York's residents of both rural and urban areas, working tirelessly to provide healthcare and social services for people who experience poverty, racism, and discrimination that inhibits their health, well-being, and ability to survive.

SFY 2022-23 Executive Budget Proposal

A. Expand the Governor's telehealth initiatives to ensure payment parity among all remote visit types, regardless of provider location

CHCANYS was pleased to see the Governor recognize the importance of remote visit options and endorse establishment of a pathway for payment parity, regardless of modality. However, the budget language as written does not provide clarity needed to ensure reimbursement for the full range of remote visit options accessible to patients and will create additional hurdles to remote care delivery.

Full reimbursement parity is needed, regardless of patient and provider location. A recent survey of CHCANYS members found that among all telehealth (audio only and audio visual) visits, about 17% occur with both the patient and the provider offsite. Behavioral health services, in particular, are well-suited to audio only, or telephonic care, not requiring special equipment or a specific location. That same



survey of CHCANYS members found that nearly 60% of behavioral health visits are occurring remotely, and 16% of those are occurring with both the patient and the provider located offsite. Given the increased need for behavioral health services since the beginning of the pandemic, recruitment for behavioral health providers is extremely competitive. The ability to provide visits remotely has enhanced CHCs' ability to attract behavioral health providers, as well as other needed health professionals.

Still, many patients continue to be seen in-person, by preference and by necessity. Among all visits (behavioral health, dental, and medical), about 25% are occurring via telehealth (audio only or audio visual). When looking exclusively at medical visits, less than 20% are occurring via telehealth. However, CHCs continue to incur costs associated with operation and maintenance of their physical sites and the infrastructure required to deliver healthcare, regardless of modality or provider and patient locations.

Instead of the Governor's proposal as written in Part V of the proposed Executive Budget, CHCANYS recommends the Legislature advance language that will direct the Department of Health (DOH) to create regulations that establish full payment parity, regardless of modality (audio-only or audio-visual) or patient or provider location. Additionally, CHCANYS continues to be supportive of S.5505 (Rivera)/A.6256 (Woerner), which would provide for payment parity between the delivery of healthcare services via telehealth and services delivered in-person, regardless of modality or patient or provider location.

B. Enact policies to expand healthcare workforce

1. *Allow certified medical assistants (MAs) to perform select clinical and administrative tasks -- including vaccinations -- pursuant to their education and training.*

In 48 other states, certified MAs are recognized and permitted to perform tasks such as providing injections and administering vaccines under the supervision of physicians, nurse practitioners, or physician assistants. Certification as an MA is often the initial exposure to the rewards of a career in healthcare and the first rung on a career ladder which can result in advancement in the medical field to other certifications or licensures.

There is no statutory recognition of MAs in New York. Existing New York State Education Department (NYSED) guidance¹ restricts unlicensed persons, including MAs, to low-level tasks, such as measuring vital signs, conducting administrative duties, and assisting with collection of laboratory specimens.

Certified MAs should be lawfully recognized in NYS so that they can be deployed in healthcare delivery and relieve the workforce shortage pressures being faced by many providers. CHCANYS recommends the adoption of legislation that recognizes MA certification and allows for the performance of specified tasks for which MAs are trained.

2. *Provide payment parity for behavioral health workforce in a DOH licensed facility.*

¹ <http://www.op.nysesd.gov/prof/med/medmedicalassistants.htm>



CHCANYS requests the Legislature to align the definitions of Medicaid billing providers across DOH, Office of Mental Health (OMH), and Office of Addiction Services and Supports (OASAS) licensed facilities to promote better access to behavioral healthcare in all licensure types. For example, as DOH licensed facilities, community health centers are limited to billing only for a limited number of behavioral health providers: clinical psychologists, licensed clinical social workers (LCSWs), and licensed master social workers (LMSWs) under certain conditions. Alternatively, OMH facilities are able to bill Medicaid for a much broader range of providers, including clinical psychologists, LCSWs, and all LMSWs, but also psychiatrists, licensed marriage and family therapists (LMFTs), and licensed mental health counselors (LMHCs). Restricting the type of behavioral health providers that can bill in a DOH licensed facility to the list above is exacerbating the behavioral health workforce crisis in the state by limiting the pool of providers from which CHCs are incentivized to hire.

3. Support the Governor's workforce expansion initiatives.

CHCANYS applauds Governor Hochul's workforce initiatives and goal of increasing the health workforce by 20% over the next 5 years through investment and development of career opportunities. We commend the Governor for advancing healthcare workforce bonuses and ensuring that CHC staff are eligible to receive those bonuses. Further, the proposed investment in the Diversity in Medicine Program, Doctors Across New York program, creation of Nurses Across New York, and proposal to streamline applications for those programs will benefit communities served by CHCs.

CHCANYS is supportive of the proposed scope of practice reforms, like establishing permanency of the Nurse Practitioner Modernization Act and allowing physicians and nurses to issue standing orders for COVID-19, flu, and other respiratory illness tests.

CHCANYS is also supportive of the Governor's proposals to join the interstate medical licensure compact and nurse licensure compact. CHCs have long experienced hurdles to employment for out-of-state providers, leaving an untapped workforce that should be readily utilized to ameliorate the existing workforce shortages. Many CHCs have also highlighted that the same challenges exist for dental and behavioral health workforce who move to New York from other states. While there are no existing interstate licensure compacts for those professions, New York should take the lead in streamlining requirements for out-of-state behavioral health and dental clinicians to receive licensure reciprocity in New York.

C. Repeal the pharmacy benefit carveout

In 2020 and 2021, CHCANYS and other advocates successfully worked alongside the Legislature to delay the implementation of the pharmacy benefit carveout from the Medicaid Managed Care program until April 1, 2023. We thank our legislative partners for sharing our concerns and demonstrating understanding of the catastrophic impact on safety-net providers like CHCs, Ryan White providers, and disproportionate share hospitals if these providers were no longer able to access Federal 340B drug discount savings. These savings are essential to providing critical services for which CHCs do not have other reimbursement.

The 340B program allows covered safety net healthcare providers to access pharmaceutical drugs at reduced costs and enables them to reinvest those savings into initiatives that expand access to care.



Because of the program, safety net providers can offer free or extremely low-cost drugs to individuals without insurance coverage or to those who have high deductibles. 340B savings make it possible for safety net providers to address social needs that impact health and access to care. Much of the work done by community health centers to administer the State's robust COVID-19 vaccination program is supported by 340B reinvestments. Many CHCs use 340B savings to cover unfunded costs such as: conducting vaccine related outreach and patient education; providing vaccinations to staff of behavioral health organizations; and holding vaccination events in communities of color, often at the request of state and local health departments. The pharmacy benefit carveout not only threatens the comprehensive public health response to the novel coronavirus pandemic but will also compromise the State's progress in ending the HIV epidemic.

The pharmacy benefit carveout will cause unprecedented disruptions for the safety net community. Uncertainty over the future of the 340B program undermines the safety net community's long term financial stability. CHCANYS respectfully requests that the Senate and the Assembly fully repeal the pharmacy benefit carveout this year. CHCANYS stands ready to explore alternatives to this policy initiative that would otherwise result in catastrophic consequences.

D. Establish a \$7M rate equity pool to protect community health centers from rate disruptions

Community health centers and rural health clinics (RHCs) have cost-based reimbursement rates that are set annually. Due to the pandemic and the unprecedented service disruptions that impacted costs in 2020, a vast majority of CHCs and RHCs would have experienced catastrophic rate cuts beginning October 1, 2021. The NYS Department of Health has rightfully decided against implementing rate adjustments to CHCs and rural health clinics based on visits conducted during the 2020 calendar year. This action recognizes that community health centers should not suffer prospective rate cuts for providing lower-reimbursed remote care to patients at a time when New Yorkers were urged to remain at home. However, this DOH action has the consequence of the loss of revenue for a minority of community health centers who anticipated rate increases unrelated to and despite the pandemic. Providers most likely to experience this revenue loss predominantly serve rural populations upstate and operate on slim margins. We request that the Legislature provide funding to these safety-net providers by creating a \$7M CHC rate equity pool. These funds would be distributed by the NYS Department of Health and targeted to community health centers that would experience adverse financial outcomes due to the otherwise correct decision related to the 2020 rates.

E. Expand coverage options for undocumented immigrants

CHCANYS urges the Legislature to include a total of \$345 million in their one house budgets to create a state-funded Essential Plan for New Yorkers whose income is up to 200% of the federal poverty level and who are currently excluded because of their immigration status. Currently, 154,000 New Yorkers are uninsured because of their immigration status. The Coverage for All Coalition estimates that one third of these individuals would enroll in coverage if the program became available. Other states —including California and Illinois — have already moved to close this coverage gap using state only funds. Data shows that individuals without coverage are more likely to delay or avoid preventive care for serious and chronic health conditions and are at higher risk of incurring medical debt or bankruptcy. The pandemic has unveiled the systemic health disparities that exist in New York's healthcare system; these disparities



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are exacerbated by lack of access to affordable health insurance coverage. New York State cannot achieve health equity without removing barriers to affordable care.

CHCANYS commends the Chairs of the Senate and Assembly Health Committees for their sponsorship of S.1572 (Rivera) and A.880A (Gottfried) and urges the Legislature to include this health coverage expansion in the adopted budget.

F. Support coverage expansion initiatives

CHCANYS is supportive of the suite of coverage expansion initiatives proposed in the Governor's budget, including the expansion of prenatal and postpartum care in the Medicaid program, extended Medicaid coverage to individuals for one year postpartum, elimination of some of the Medicaid eligibility resource tests, expanded Essential Plan eligibility, alignment between the Child Health Plus (CHP) and Medicaid program, and the elimination of CHP premium contributions for households up to 223% of the federal poverty level. We recommend the Legislature expand the 12-month postpartum Medicaid coverage to all New Yorkers, including undocumented immigrants who are excluded from the full 12-month coverage in the Governor's proposal.

G. Support infrastructure investments

The continuation and expansion of the state's capital infrastructure investments are crucial resources for CHCs to open new and renovate existing sites to better care for New Yorkers in need. CHCANYS is supportive of the Governor's proposal to allocate \$1.6B in a fourth round of Statewide Health Care Facility Transformation grants. We are also supportive of the ConnectALL initiative to provide affordable broadband access to New Yorkers in rural and urban areas statewide, which will have a significant impact on improving access to remote care modalities.

H. Support increased transparency in the Medicaid managed care program

CHCANYS supports the opportunity to increase transparency and maximize value in Medicaid Managed Care through the procurement of Medicaid Managed Care Organizations (MCOs). CHCANYS believes that MCO procurement and the resulting awards can propel innovation, improve care delivery and health outcomes, and better promote value-based care within the Medicaid program. To ensure this, the Request for Proposal (RFP) must be open for stakeholder input through a public comment period and/or a public hearing and resulting bids must be made public. Stakeholders must be given an opportunity to inform selection criteria, scoring, performance measurement, and accountability. Stakeholders should be provided an opportunity to share feedback with the State on existing MCO relationships, including both needed areas of improvement, and infrastructure that currently works well to serve members. Finally, the process must ensure minimal disruptions for Medicaid beneficiaries and providers to preserve continuity of care.

I. Continue funding key health initiatives

1. Patient Centered Medical Homes and Health Homes



The patient centered medical home (PCMH) model of primary care is associated with improved health outcomes and reduced costs. New York developed its own PCMH standard in 2018, incorporating many practice capabilities that are central to the CHC model, such as coordinating patient-centered care delivery, promoting population health, and using health information technology to deliver evidence-based care.

PCMH funding helps CHCs provide high quality comprehensive primary care services and prepare to engage in value-based payment arrangements and care models. Coordinated care management is especially critical as primary care practices work to keep their patients with chronic conditions out of overcrowded emergency rooms, provide post-COVID-19 hospitalization follow-up, and promote COVID-19 vaccination and booster shots. CHCANYS thanks the Legislature for protecting PCMH funding in the past and requests continued support for full PCMH program funding.

New York's Health Home program enhances care coordination for eligible populations. Health Home enrollees have two or more chronic conditions, live with HIV/AIDS, or experience serious mental illness. Once enrolled in the Health Home program, individuals are provided with intense care management to avoid hospitalizations and manage their conditions to prevent healthcare emergencies. CHCANYS expresses support for full funding for the Health Homes program included in the Governor's budget.

2. Diagnostic & Treatment Center (D&TC) Safety Net Pool

The Governor and Legislature have historically supported funding for the D&TC Safety Net Pool to help cover CHCs' cost of caring for the uninsured. As in prior years, this year's Executive Budget includes \$54.4M in state funding, which would draw down a federal match of an equal amount. This funding partially reimburses CHCs for the cost of caring for the uninsured. While New York has dramatically reduced statewide uninsured rates, at some CHCs, more than half of the patients are uninsured. Funding provided through the Safety Net Pool provides vital assistance to CHCs, offsetting costs of caring for the uninsured. Safety Net Pool funding promotes access to primary care, reducing unnecessary hospitalizations and improving health outcomes for all New Yorkers, not just those who have health insurance coverage. CHCANYS supports the Governor's proposal to keep the Safety Net Pool at current funding levels.

3. Health Care for Migrant & Seasonal Farm Workers

CHCANYS supports maintaining level funding for community health centers that operate migrant healthcare programs across New York State. Migrant healthcare funding allows CHCs and other eligible providers to serve over 24,000 migrant and seasonal agricultural workers and their families, a population that has experienced rates of infection of COVID-19 far greater than the general population. It is estimated that 61% of farmworkers live in poverty, with a median income of less than \$11,000 annually. New York's migrant community health centers keep farmworkers healthy by providing primary and preventive healthcare services, including culturally competent outreach, interpretation, transportation, health education, dental care and COVID-19 vaccines. CHCANYS urges the Legislature to maintain the Governor's proposed \$406,000 for the Migrant Health Care program.

4. School Based Health Centers (SBHCs)



New York's 260+ SBHCs, over half of which are operated by CHCs, provide comprehensive primary care, including mental health and dental services, on-site at schools to over 250,000 children throughout the State. For many children, especially those who are undocumented, uninsured, or otherwise don't have access to care, the SBHC is a critical point of care. CHCANYS supports the Governor's proposal and urges the Legislature to maintain current SBHC grant levels.

5. Rural Health Access Networks & Area Health Education Centers (AHECs)

Both the Rural Health Access Network funding and AHEC funding are important resources for rural communities. Rural Health Access Networks are critical coordinators of local health planning and work closely with AHECs to address healthcare workforce needs through partnerships with institutions that train health professionals. CHCANYS supports full funding for both the Rural Health Access Networks and AHECs to ensure rural communities are supported in health planning, including combating COVID-19 and enhancing workforce development opportunities.

Conclusion

To support the primary care safety net and to ensure ongoing access to comprehensive community-based care for all New Yorkers, the Community Health Care Association of New York State respectfully urges the Legislature to:

- ✓ Enhance:
 - Payment parity for all remote care (including audio only), regardless of provider location
- ✓ Authorize:
 - Certification for medical assistants
- ✓ Repeal:
 - The pharmacy benefit carveout
- ✓ Allocate:
 - Funding for an Essential Plan for undocumented New Yorkers
 - Funding to mitigate rate disruptions at a small number of CHCs
- ✓ Support:
 - Workforce investment and expansion initiatives
 - Coverage expansion initiatives
 - Investments in capital & broadband infrastructure
 - RFP for Medicaid Managed Care
 - Funding for:
 - Patient Centered Medical Homes
 - D&TC Safety Net Pool
 - Migrant & Seasonal Farmworkers Program
 - School-Based Health Centers
 - Health Homes
 - Rural Health Access Networks
 - Area Health Education Centers