LEAGUE OF WOMEN VOTERS® OF NEW YORK STATE

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TESTIMONY SUBMITTED TO THE JOINT FISCAL COMMITTEES OF THE NEW YORK STATE SENATE AND NEW YORK STATE ASSEMBLY ON 2024-2025 EXECUTIVE BUDGET PROPOSAL HEALTH/MEDICAID

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Thank you for the opportunity to submit testimony. I am Judith B. Esterquest, Healthcare Specialist for the League of Women Voters of New York State. The League is a nonpartisan, grassroots organization with a mission to educate the public to become engaged and informed voters, particularly on issues that further the public good.

As you may know, the League believes all New Yorkers should have access to essential physical and behavioral healthcare, and that New York State, in its regulation of healthcare, must assure our healthcare is high quality, affordable, and equitably accessible — by identifying and reducing current needless disparities of access and outcome, particularly for our most vulnerable and marginalized residents.

The League applauds that maternal, child, and mental health have again received significant attention in this year's proposed budget, but we note a number of specific additional areas where funding and regulation could significantly improve the lives and health of New York residents — 1) for children, 2) for rural and economically-disadvantaged residents, and 3) for providers who serve our most vulnerable residents.

As you know, health is a systemic variable: by improving access to quality care for our most vulnerable residents, we improve overall public health, improving and protecting everyone's lives.

The League appreciates that budgeting is a demonstration of values and priorities, and this year's budget cannot fully achieve agreed goals of quality healthcare for residents, adequate compensation (financing) and working conditions for providers, and affordability for taxpayers. Until single-payer healthcare is enacted within New York State or the United States, New York taxpayers will be using public funds to subsidize for-profit and non-profit corporations, many of which are accruing significant profits or excess revenues from taxpayer dollars.

1. Equitable access for New York's children — to reduce disparities in health outcome

Extending Medicaid Coverage to Children from Birth to Age Six[1] —

This is a recommendation of the American Academy of Pediatrics and many other professional organizations for "continuous eligibility of all individuals from the newborn period to age 6 years, and a minimum period of 2-year continuous eligibility without renewal requirement for individuals ages 6 years to up to age 26 years."[2]

Affordable, accessible, equitable healthcare for children pays a lifetime of dividends for our children; it is also a frontline strategy for improving population health and health equity for NYS.

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[1] FY2025 Briefing Book, p. 71 < https://www.governor.ny.gov/sites/default/files/2024-01/FY2025_NYS_Executive_Budget_Briefing_Book.pdf> and Part M, p.16 of MOS Health & Mental Hygiene Article VII Legislation <https://www.budget.ny.gov/pubs/archive/fy25/ex/artvii/hmh-memo.pdf>

[2] AAP " Medicaid and the Children's Health Insurance Program: Optimization to Promote Equity in Child and Young Adult Health," Nov 2023, <https://publications.aap.org/pediatrics/article/152/5/e2023064088/194465/Medicaid-and-the-Children-s-Health-Insurance>

Providing children who are eligible for Medicaid at birth uninterrupted access to Medicaid for six years (by extending parental income parameters) will eliminate the "churn" of forcing parents to reapply every time a job is lost or won; further, it will allow parents to accept promotions or better jobs without worrying their children will lose healthcare. Medicaid "churn" is costly to families, administratively costly to our State — and costly to our public health.

Most all the required services are already covered by State plans so should not add costs, particularly since routine healthcare for small children is relatively inexpensive. Savings will come from eliminating the administrative cost of churning children on and off Medicaid, the cost of catch-up preventive care, and the cost of crises caused by delayed diagnoses and screening. The savings may well offset any financial cost of motivating providers and managed care administrators to ensure essential care happens on schedule.

We all benefit when small children have well-child visits and get their childhood shots on schedule, when physical and behavioral issues are addressed early. Healthy infants and preschoolers are better prepared for preschool and kindergarten and live healthier adult lives. Enacting this program will require minimal funding while benefiting children, their families, taxpayers, and public health.

Expanded Medicaid Coverage for Doulas:[3] NYS pilot programs have demonstrated the value of doula services — pre-natal, during labor and birth, post-natal. Doulas not only provide experience and counsel to pregnant New Yorkers but they serve as advocates to help overcome the systemic bias and discrimination that the NYS Department of Health associated with disparate treatment and adverse outcomes around maternal mortality and morbidity.[4]

Assuring this equitable and affordable access to prenatal, laboring, and postnatal care will save lives and reduce injury. It will also improve the health of those who suffer lifelong serious injury when treatable health conditions associated with pregnancy go undiagnosed and untreated. Equally urgent, articulating standards and funding those who educate and advocate for mothers in culturally appropriate and effective ways.

The League supports the proposed standing order to increase access to doula services without physician referral, adding doula services as fully covered without cost-sharing to the Essential Plan, and establishing oversight to reduce unnecessary c-sections. We recommend that these measures also include increased training and credentialing of doulas, increased promotion and education to pregnant New Yorkers about the value of using doulas, and further refinements to the DOH database of available doulas, along with a rating system.

2. Equitable access for financially vulnerable New Yorkers — Care shouldn't cause poverty; poverty shouldn't prevent access to care.

Enroll Incarcerated Persons into Medicaid Prior to Release: The budget makes no mention of this reform, which will cost far less than the current cost of releasing people who typically suffer from at least one chronic illness, substance-abuse, and/or mental illness.

Given that the federal government and CMS recognize the value of providing health insurance to the newly released because it reduces recidivism and improves public safety, it is negligent of New York State not to seek the waiver that allows enrollment ninety days prior to release.

Parolees with no way to address their typically serious health problems have more challenges to successful re-entry; untreated health issues harm people's ability maintain employment, housing, family relationships, and sobriety, and avoid re-offending. Enrolling them before release provides access to health services which, if utilized, are associated with reduced recidivism and increased

[3] Briefing Book, pp. 69, 71,73 & Art VII MOS, p. 20.

[4] NYS DOH Report on Pregnancy-Related Deaths 2018, p.5 and following, https://www.health.ny.gov/community/adults/women/docs/maternal_mortality_review_2018.pdf

public safety. The Brennan Center reports that "access to treatment for substance abuse and mental health issues appears to decrease the rates of both violent and property crimes,"[5] while the Brookings Institute notes studies concluding that access to substance abuse treatment has outsized effect on reducing crime.[6] Enrolling these returning citizens into Medicaid is a critical first step, but they will also need counseling and assistance to take advantage of health services. The League supports these expenditures, with the hope that broadening the base of community support that greets released people will encourage full support in future years.

Protect New Yorkers from Medical Debt and Other Burdensome Medical Costs[7]:

The Governor's Budget proposes ways to better **protect consumers from predatory collection of medical debt and to facilitate financial assistance from hospitals** for those who are eligible. The League supports these. The League also applauds the medical debt legislation enacted in 2022 and 2023. These are, however, insufficient, given the pervasiveness of medical debt — which also harms our public health, our safety-net facilities, and the local economies where debtors reside. Low-income New Yorkers, including those earning up to 400% of the FPL, should not be subject to lawsuits that cause them to have to choose between paying down debt or paying for food, housing, heat, and other necessities.

The Budget also includes seeking a **Medicaid waiver for the Aliessa population**, so that those earning up to $350% of FPL are eligible for Essential Care and subsidized premiums on a sliding scale depending on income. While this, on its face appears to have budget implications, it is important to recognize that NYS is already paying for this care, further endangering the already precarious finances of safety-net providers (hospitals and clinics) that already provide significant amounts of largely uncompensated emergency care.

Almost a half million immigrant New Yorkers remain uninsured because they lack documentation. Studies show that residents who fear medical debt avoid and delay healthcare, meaning they do not get preventive care, do not get early-stage diagnoses, do not manage chronic diseases. When their conditions worsen, as such conditions almost invariably do, to the point of needing extremely expensive emergency care, these patients face financial ruin while the full cost falls to others. Covering these residents under Medicaid is estimated to cost above half a million dollars per year, but if these patients seek timely (less expensive) healthcare, that cost could be offset,[8] first, by savings on subsequent, much more expensive emergency care — and second (and perhaps more important), by helping stabilize the public healthcare system.

Funding coverage for all adults would offer a fiscal reprieve for these critical and financially fragile facilities — because they will be paid for their services.[9]

3. Protecting providers in rural and high-need areas — to protect patient access to healthcare

Revitalized Emergency Medical Services, Medical Transportation, and Mobile Para-Medical Community Services[10]: Accessing healthcare in rural (and under-served urban and suburban) communities is already dire and at risk of collapsing. Pilot projects show promise, as do governmental and community provision for the cost of training and for providing benefits such as health insurance, even for volunteer forces.

The range of needs and variation in challenges across New York State requires differentiated support for overcoming these challenges — the complexity of the problem should not cause us to

[5] https://www.brennancenter.org/our-work/research-reports/myths-and-realities-understanding-recent-trends-violent-crime
[6] https://www.brookings.edu/blog/up-front/2018/01/03/new-evidence-that-access-to-health-care-reduces-crime/
[7] Art VII MOS, p. 21.
[8] Fiscal analysis by NYC Comptroller: https://comptroller.nyc.gov/reports/economic-benefits-of-coverage-for-all/
[9] At-risk hospitals: https://www.healthaffairs.org/doi/10.1377/hlthaff.2017.0976
[10] Art VII MOS, pp. 27-28 "Emergency and Hospital at Home," but also p. 26.

reduce the effort needed to find solutions. The statewide healthcare workforce shortages exacerbate these challenges, so the League applauds increasing the range and kind of pilots to address the needs of specific areas and communities, expanding home care collaboration, and making it easier for diverse service entities to work together. The State has a significant role in these pilots and demonstrations, and should increase its initiatives and oversight. Ensuring "comprehensive and efficient emergency medical responses" is a critical — and currently unmet — need.

Workforce Shortages[11] — are dire and dangerous

Workforce shortages in New York are harming residents and the healthcare infrastructure. Homecare workers are the canary in the coal mine. The pandemic caused serious disruption across the nation, with providers retiring and moving to other jobs because of working conditions, staffing levels, and inequitable pay. Emergency use of traveling professionals has further burdened budgets. There is no silver bullet.

The League urges many of the solutions offered in the budget, from allowing providers to work at the top of their licensing to allow those with greater credentials to do more complex work, from joining interstate compacts to reduce expenditures on private agencies and to simplifying the credentialing process for well-trained providers from out of NYS. Compensation and working conditions will also have to be addressed. Demand for workers requires recognizing that supply will increase when compensation increases, especially at the low end of income. Eliminating minimums for CDPAP staff in the most expensive parts of NYS will reduce supply, not increase it; few will choose to work demanding jobs in the eight counties with the highest cost of living in the state, for compensation that may be enough in counties with a cost of living that is half as much or two-thirds as much. We need trained providers at all levels to want to work in healthcare, not fast food or academia.

Broadband and Digital Infrastructure. The League supports all residents having affordable, resilient internet service with sufficient speed and bandwidth to allow every family member to engage in work, school, culture, community service, and telehealth. Today, telehealth, which depends on residential broadband access, cannot reach large swaths of rural New York because commercial providers cannot meet profit targets. Too many rural, small-town, and non-rural families cannot afford commercial rates. New York's Digital Equity priorities should focus first on New Yorkers for whom access is unavailable or unaffordable. Needs analysis and assessment cannot be confined to electronic outreach, and proposals from non-profit digital providers should be encouraged (as likely more sustainable in high-need areas).

Telehealth and Broadband Access Funding: Telehealth offers a promise of transforming healthcare for the millions of residents who face barriers of distance or other difficulty in accessing medical care. The League supports **providing IT funds to providers** serving populations for whom in-person visits are a hardship.[12] The League also supports funding to ensure parity in coverage for **telehealth coverage of behavioral health (including substance abuse) and disability services**, including prescriptions based on those visits, as appropriate.[13]

Recently expanded coverage for telehealth should not be reduced with the waning of the pandemic. We urge New York State to see telehealth/broadband from an equity lens — helping providers connect but also helping our most marginalized patients access the digital world.

[11] MOS, Art VII, 13, 22-24, 33.
[12] MOS, pp. 9 & 26.
[13] MOS, pp 31& 33.

Conclusion

The League greatly appreciates the healthcare reforms implemented by the Legislature and Governor in recent years. That said, disparities in access and in health outcomes reveal continuing challenges. Protecting vulnerable residents means not only ensuring affordable access to quality care but also reducing the fear of medical debt felt by almost half of all New Yorkers. Similarly, we must protect vulnerable facilities that serve high-need communities that are themselves at dire financial risk. Finally, funding those innovative programs that can transform the health trajectories of our most vulnerable residents while reducing crisis expenditures just down the road may well have outsize effect on individual well-being, family health, public health, and productivity, while protecting institutions we cannot let fail.

Thank you.