

# *Medicaid* **Medicaid Matters New York** *Matters*

Testimony to Assembly Ways and Means and Senate Finance Committees  
Joint Legislative Budget Hearing on Health/Medicaid  
January 23, 2024

Thank you for the opportunity to submit testimony on the Governor's proposed Health/Medicaid budget. Medicaid Matters New York is the statewide coalition focused on advancing the interests of people who are served by Medicaid in New York. In 2023, Medicaid Matters marked its 20<sup>th</sup> anniversary of bringing the interests of New Yorkers to Medicaid policymaking and budget debates. We are proud to have over 100 coalition members participate in our advocacy. Among our members are people covered by Medicaid and their family members, community-based organizations, community-based providers, legal services agencies, policy and advocacy organizations, statewide associations, and more.

The time between the release of the Executive budget and the deadline for submission of this testimony this year was particularly short. Advocates' role in the budget process is to analyze the budget proposals and respond to them based on our policy goals and priorities. This is an arduous process that includes time-consuming consultation with colleagues and partners, particularly in aiming to accurately represent the interests of our broad, diverse coalition and the interests of people with lived experience. This is not helped by having such a short timeline. The testimony herein reflects our understanding of the budget proposals and the positions we believe to be most salient at the time of the drafting of this testimony.

Medicaid Matters New York urges consideration of the following preliminary budget positions:

## Support

- Continuous coverage in Medicaid and Child Health Plus from birth to age six (learn more in [the Schuyler Center's one-pager on this issue](#)); add language from legislation (A.8146, Gonzalez-Rojas/S.7747, Brouk) not already included in Article VII language.
- Improvements to the Hospital Financial Assistance Law to expand access to needed hospital services and further protect New Yorkers with low income from medical debt.

- New subsidies for Qualified Health Plans in the New York State of Health Insurance Marketplace for people with income up to 350% of the federal poverty level.
- Imposing liquidated damages for managed care plans that fail to comply with the managed care model contracts.

### Oppose

- Elimination of wage parity for home care workers in the Consumer Directed Personal Assistance Program (CDPAP).
- Elimination of “prescriber prevails” provision for the Medicaid pharmacy benefit to allow a person’s health care provider to make the final decision as to whether a prescription is filled rather than the NYS Department of Health NYRx program.
- Ability of NYS Department of Health NYRx program to eliminate coverage of over-the-counter medications without public notice or comment.
- Delay of coverage of long-term services and supports in the Essential Plan.
- Elimination of funding for and repeal of the Enhanced Quality of Adult Living (EQUAL) program, which funds quality of life enhancements (like clothing, other personal items, room air conditioners, etc.) for people who live in adult care facilities, the majority of whom are people with low income who are covered by Medicaid.

### Add

- *Coverage4All* (A.3020-B, Gonzalez-Rojas/S.2237-B, Rivera), to expand Essential Plan coverage to all New Yorkers including immigrants who are undocumented.
- Increasing the asset limit for Medicaid eligibility for people with disabilities and older adults and repeal the asset test thereafter (A.5940-A, Kim/S.4881-A, Cleare).
- *Fair Pay for Home Care*, to address the home care workforce crisis by increasing wages for home care workers (S.3189, May).
- Repeal restrictions to home care access based on the need for at least three Activities of Daily Living (ADL) (A.6346, Paulin/S.328, Rivera).
- Repeal the 30-month look-back period for eligibility for community-based long-term care.
- Additional funding for the Community Health Advocates (CHA) program.

## Needs further examination

- Support Medicaid data matching for the purpose of eligibility determination for the Women, Infant and Children (WIC) nutrition program; in the State of the State briefing book, but there is nothing in the budget bills reflecting the intent to do this.
- Determine the impact on consumers of the cut to the Health Home program, particularly to children and families who are served by Health Homes Serving Children.
- Deepen understanding of investments in mental health to understand how what is proposed would improve access to and quality in community-based mental health services, not just inpatient beds.
- Ensure the stakeholder process for determining the proposed unallocated reduction in Medicaid long term care be done with robust, meaningful consumer and consumer advocacy involvement.
- Consider the overall ramifications of procurement of Medicaid managed care plans; refer to [Medicaid Matters' statement on procurement](#) when it was proposed in 2022, laying out a variety of considerations from the standpoint of consumer protections and managed care plan oversight.

Medicaid Matters believes New York needs a Medicaid program that delivers quality health care and services to all who need them. While not perfect, New York Medicaid has a long history of providing care and services to meet the needs of people with low income and people with disabilities.

With a few exceptions, this year's proposed budget does little to give more New Yorkers access to affordable public coverage, promote access to needed services, and advance health equity. In fact, there are proposed actions that would cause harm and loss of services. The Governor has cited several reasons why she believes Medicaid spending needs to be curtailed. One factor is the resumption of the redetermination process (suspended during the federal public health emergency), which began last year, and which has seen more people stay on Medicaid than the state anticipated. This is a good thing, as it means people are keeping coverage rather than becoming uninsured. It also means the State will incur unanticipated cost associated with keeping people covered. To account for the cost, the Governor is proposing to cut Medicaid in several areas, including in ways that will have a detrimental impact on people with low income and people with disabilities.

The proposed budget reflects systems changes and funding associated with the recent approval of the Medicaid 1115 Waiver amendment. The initiatives proposed in the waiver amendment are worthy but are not enough to eliminate systemic inequities. Medicaid Matters has long brought recommendations to the table to do that, which would go a

long way to eliminating inequities across our systems of care and services. Read more in our comments on the state's amendment proposal [here](#).

The Medicaid program must meet people where they are, support community-based services, protect safety-net providers, and promote health equity. The state budget must reflect these goals. We need investment to protect and enhance access to care for historically marginalized New Yorkers, including immigrants, people living independently in their homes, and the safety-net providers that serve them.

Medicaid Matters stands ready to work with the Legislature as one-house budget positions are drafted and a final budget is negotiated with the Governor. We are happy to answer questions and to serve as a resource on the impact of the budget on New Yorkers served by the Medicaid program.