



Testimony on the Health and Medicaid Budget for State Fiscal Year 2024-25

Public Health Solutions appreciates the opportunity to submit testimony on the New York State Fiscal Year (SFY) 2024-25 Executive Budget. Public Health Solutions (PHS) is the largest public health nonprofit serving New York City (NYC). For more than 60 years, we have improved health outcomes and helped communities thrive by providing services directly to vulnerable low-income families, supporting community-based organizations through our long-standing public-private partnerships, and bridging the gap between healthcare and community services. We are a leader in addressing crucial public health issues, including food insecurity and nutrition, health insurance access, maternal and child health, sexual and reproductive health, tobacco control, and HIV/AIDS prevention. Health disparities among New Yorkers are large, persistent and increasing. Public Health Solutions exists to change that trajectory and support underserved New Yorkers and their families in achieving optimal health and building pathways to reach their potential.

1115 Medicaid Waiver

On January 9, the Centers for Medicare & Medicaid Services (CMS) approved New York's \$7.5B Medicaid 1115 Waiver Amendment, effective immediately and through the demonstration period set to expire March 21, 2027. With this amendment, New York seeks to build on investments, accomplishments and lessons learned from past healthcare delivery system reform efforts to scale system transformation, improve population health, deepen integration across the delivery system and advance health-related social need services.

Recommendation:

- Support the Executive Budget proposal to increase State Medicaid spending largely from the \$7.5 billion (over three years) in funding from the recently approved 1115 Medicaid Waiver Demonstration, which is designed to strengthen health equity, reduce disparities, and strengthen access to primary and behavioral health care across the state.

Sexual and Reproductive Health

PHS operates two Article 28 licensed Sexual and Reproductive Health Centers (SRH Centers) in Fort Greene (295 Flatbush Ave Extension, 11201) and Brownsville (1873 Eastern Parkway, 11233) Brooklyn, NY. The SRH Centers have been a trusted resource in their communities for

over 55 years and provide critical care to some of the borough's most marginalized residents. The SRH Centers' services include access to the full range of FDA-approved contraceptive methods as well as patient-centered contraceptive counseling; prenatal care, medication abortion, pregnancy testing and non-directive options counseling; patient-centered reproductive life planning and education; basic infertility services; sexually transmitted infection (STI) education, screening and treatment; HIV education, testing, counseling and referral for treatment; PrEP and PEP, including the NYS PrEP assistance program; behavioral health screening, cognitive behavioral therapy; and related preventive services, such as HPV and influenza vaccinations, cervical cancer screening and referrals for primary and specialty care. We currently serve approximately 2,500 Brooklyn residents a year, and work with 5,000 teenagers to provide sexual health education.

PHS has been a federal Title X Grantee for New York City for over 40 years, administering grants for multiple sub-recipients, including two PHS SRH Centers in Brooklyn. PHS further leverages its expertise to extend the reach of family planning services beyond Title X through its groundbreaking capacity-building model to improve SRH services for those who receive primary health care from non-Title X funded federally qualified health centers (FQHCs).

Through a combination of federal Title X, New York State Family Planning Program (FPP) funding, and billable activity, these centers provide high quality care that is patient-centered, trauma-informed and focused on reproductive justice. However, access to high quality SRH services, particularly among low-income people of color, and the viability of our SRH Centers remain under threat.

When the State's FPP was re-procured after nearly a decade, a change in the funding formula resulting in a cut to PHS' funding from \$837,000 down to \$758,500. Then, Title X funding was also significantly reduced down to \$950,000 from \$1.3 million. With a divided Congress, any increases to Title X are unlikely and continued threats from SRH antagonists remain.

At this critical time, PHS' SRH Centers are in jeopardy due to the funding cuts combined with a decreased patient volume due to the COVID-19 pandemic, staffing challenges and a sharply escalating cost of delivering care which has increased faster than inflation over the same period, with the cost of Medical Care Services for urban consumers increasing by 28%.

PHS is implementing a sustainability plan that continues to address local needs with high-quality services. This includes steadily increasing patient volume and revenue by increasing access points to clinical and non-clinical services in high-need communities through innovative partnership models aimed at distributing resources more widely and equitably, including:

- Developing cost and revenue-sharing models with local clinics that do not cover SRH services; and
- Aggressively pursuing grant-funding opportunities aligned with the Centers' mission and scope

PHS received a \$3.9 million Statewide III Health Care Facility Transformation Grant, to build new sexual and reproductive health center to provide state of the art care and further improve the quality of care and patient experience. This grant will support our capital expenses, however we are requesting support from the Legislature to address our operational deficits.

Without temporary direct support from New York, it is unlikely that the PHS SRH Centers will be able to continue to function.

Recommendation:

- PHS requests an additional \$500,000 to support our SRH centers as we complete our transition towards a diversified, sustainable, revenue portfolio, which is essential to avoid closing our Centers.

Additional Recommendations:

- PHS requests an additional \$1.5 million for the Family Planning Program;
- PHS strongly recommends the inclusion of financial incentives rewarding quality metrics rooted in equity considerations based on the SRH Justice Framework into the State Family Planning Program;
- Support the continuation of dedicated funding for abortion access;
- PHS supports the Executive Budget proposal for a new \$18.3 million program to provide grants to reproductive health facilities that are “at-risk;”
- PHS supports the Statewide Healthcare Transformation Initiatives IV and V, to which PHS will apply;
- PHS supports the Executive Budget proposed changes to allow RNs to collect specimens for Hepatitis B;
- While PHS supports the Executive Budget proposal to amend the Reproductive Health Act to include the prescribing or distribution of contraception by a licensed health care practitioner, we ask that over-the-counter availability of contraceptive pills does not affect Medicaid reimbursement claims from providers dispensing contraception at the point-of care; and
- PHS asks that Medicaid reimbursement for Family Planning Services are not affected by the stated objective of achieving \$200 million in unspecified Medicaid Savings

Maternal and Child Health

Nurse Family Partnership and other Home Visiting Programs:

PHS’ Nurse Family Partnership (NFP), located in Queens and Staten Island, is a nationally recognized, evidence-based nurse home-visiting program for high-risk, low-income first-time mothers, infants, and families. NFP nurses provide home visiting support from

pregnancy until the child turns two years old, helping mothers engage in preventive health practices, promote positive parent-child attachment and child development, and improve women's economic self-sufficiency. PHS' NFP serves more than 300 families per year. PHS is also a provider of Healthy Families under funding from OCFS in Queens and Brooklyn neighborhoods.

NFP is funded in part through a \$3 million annual base appropriation from the Department of Health. This appropriation has been level funded for several years, while programs and staffing costs continue to rise, particularly in NYC.

In addition, we are grateful that the Legislature traditionally adds funding for NFP and have come to rely on this add-on. However, that funding has varied in recent years, making it difficult to effectively plan for continued service delivery. We encourage the Senate and Assembly to support the Executive budget appropriation and provide additional funding for the NFP.

Recommendations:

- Support \$3 million Executive Budget Appropriation for NFP and provide an additional \$1 million legislative add-on;
- Support Executive Budget proposal to allocate \$1.8 million in level funding for Home Visiting Program (which supports the Healthy Families NY program);
- Support new provision to the Public Health Law to allow the Commissioner of Health to issue a non-patient specific standing order allowing all pregnant, birthing, and post-partum people to access doula services without a recommendation from their healthcare provider; and

Perinatal Infant Community Health Collaborative (PICHC):

PHS' Perinatal Infant Community Health Collaborative (PICHC), (previously known as MICHC or the prenatal care assistance program) located in Queens, works to improve health outcomes for vulnerable women and their families before, during and after pregnancy. Community Health Workers (CHWs) provide individual and group health education in a 'stress-free zone' approach, case management, risk screening, and home-visiting, and they connect families to clinical and community-based services. PICHC also coordinates a network of local health, social service, and community providers that increases access, reduces gaps in services, and addresses community challenges, which affect the health and well-being of families. PHS' PICHC serves more than 250 families throughout the borough of Queens each year and co-facilitates the Queens Birth Justice Hub.

In 2022-2023, recognizing the need to shore up the safety net workforce, New York State reinstated the human services cost of living adjustments (COLAs) and implemented the Healthcare Worker Bonus Program (HWB). However, these initiatives left behind most of the public health workforce employed by CBOs, including the PICHC, because they did not meet the eligibility requirements for either program. This oversight left out the trusted frontline workforce best equipped at reaching, engaging and supporting the most marginalized communities in accessing healthcare, social services, and benefits.

Recommendations:

- Support \$1.8 million level funding Executive Budget Appropriation for the PICHC;
- Support Executive Budget proposal for new \$320,000 initiative to reduce infant mortality;
- Supports proposed standing orders for Doula Services;
- Change the COLA statute to be inclusive of all nonprofit human service contracts – including all State Department of Health (DOH) contracts – and support legislation (S.7793/A.8437) introduced by Senator Persaud and Assemblyman Hevesi that would restore the DOH human services COLA;
- Support an automatic annual COLA of 3.2% for DOH programs for Fiscal Year 2024-2025.

Maternal Mortality:

The rate of maternal death in New York State continues to increase. This is especially true for Black, African American mothers. Black, non-Hispanic women are five times more likely to die from pregnancy-related causes than white women. In NYC, the disparities are even more profound: Black women are nine times more likely to die from a pregnancy-related complication than White women. The top causes of maternal death in NYC are hemorrhage, cardiovascular conditions, embolism, and mental health. Risks factors are obesity, economic and cultural barriers, and institutional racism and implicit bias in healthcare centers. CHWs such as those funded under PICHC are critical in preventing pregnancy-related death.

Recommendations:

- Support \$4 million in level funding Executive Budget Appropriation for Maternal Mortality; and
- Support the Executive Budget proposal for a new \$320,000 initiative to reduce infant mortality.

Food Insecurity

Food insecurity affects approximately 1 million children in New York State alone. The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides a Federal grant from the USDA to New York State for supplemental foods, health care referrals, and

nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are at nutritional risk. Supplemental Nutrition Assistance Program (SNAP), also known as Food Stamps, helps eligible community members to purchase the food they need from most grocery stores and other approved food outlets.

Extensive research has found WIC and SNAP to be a cost-effective investment that improves the nutrition and health of low-income families. Women who participate in WIC give birth to healthier babies, children participating in WIC have lower risk of obesity, and children whose mothers participated in WIC while pregnant show improved mental development. SNAP reduces poverty by 14-16% and is considered one of the nation's most effective anti-poverty programs for low-income families with children. Together, these services help lift families out of poverty, improve birth outcomes, and benefit childhood health and academic performance.

WIC:

PHS is the largest WIC provider in the State, now serving nearly 40,000 families per year at 9 Neighborhood WIC sites in high-need areas of Brooklyn, Queens, and the Bronx. PHS also serves as the main manager of WIC vendors, ensuring more than 1,700 food stores that accept WIC checks offer and keep adequate stock of WIC-approved food package items. Our caseload has increased dramatically over the last 18 months, as WIC is a high-impact program available to newly arrived migrant families. However, despite growth in caseload throughout the City, and the complexity of serving a large cohort of people in temporary shelters, WIC funding has not increased, and no coordination mechanisms were created. Migrants receive little information about accessible locations of WIC sites or criteria for enrollment. PHS teams have been visiting shelters and hotels in Queens and Brooklyn to support enrollment in WIC and access to services and is eager to continue supporting if additional state funding to support migrants is made available.

In 2022-2023, recognizing the need to shore up the safety net workforce, New York State reinstated the human services cost of living adjustments (COLAs) and implemented the Healthcare Worker Bonus Program (HWB). However, these initiatives left behind most of the public health workforce employed by CBOs, including the WIC program, because they did not meet the eligibility requirements for either program. This oversight left out the trusted frontline workforce best equipped at reaching, engaging and supporting the most marginalized communities in accessing healthcare, social services, and benefits.

Recommendations:

- Support the Executive Budget Appropriation of \$26.2 million in State support for the WIC program;
- Add additional funding to support coordination and enrollment of migrants in WIC;

- Change the COLA statute to be inclusive of all nonprofit human service contracts – including all State DOH contracts – and support legislation (S.7793/A.8437) introduced by Senator Persaud and Assemblyman Hevesi that would restore the DOH human services COLA; and
- Support an automatic annual COLA of 3.2% for Fiscal Year 2024-2025

SNAP:

PHS assists clients to enroll in SNAP at nearly 20 locations in all five boroughs as well as over the phone city-wide. PHS benefits counselors help clients fill out SNAP application forms and submit them to the New York City Human Resources Administration. They also assist with the necessary documents, provide follow-up, complete re-certifications, mediation, and provide referrals to other programs and social services.

Recommendations:

- Support the Executive Budget Appropriations of \$36.9 million in State support and \$500 million in federal funding for SNAP;
- Add \$500,000 in additional State support to the SNAP program; and
- Support an automatic annual COLA of 3.2% for Fiscal Year 2024-2025 above the 1.5% currently proposed in the Executive Budget for eligible OTDA-funded programs.

Tobacco Control

PHS operates the NYC Smoke-Free program, which works to protect the health of New Yorkers through tobacco control policy, advocacy, and education. The program supports evidence-based, policy-driven, and cost-effective approaches that decrease youth tobacco use, motivate adult smokers to quit, and eliminate exposure to secondhand smoke. We partner with community members, legislators, and health advocates to support local efforts to end the devastating tobacco epidemic throughout NYC, where close to one million residents smoke.

Recommendations:

- Support the Executive Budget proposal and increase funding for tobacco-related programs. It provides a total of \$2.1 million for tobacco enforcement and education, and \$33.1 million for the tobacco use prevention and control program, but cuts the funding added by the Legislature last year;
- Add \$7.5 million in additional funding for tobacco control to restore it to last year's \$40.6 million in total funding.

Health Insurance

Having health insurance coverage has a major impact on one's ability to access and afford needed health care, and on overall health status and economic stability. While uninsurance rates in New York have dropped substantially since the Affordable Care Act roll out in 2013, 5.2% of New Yorkers (approximately one million residents) remained uninsured in 2019. While many are not eligible due to their immigration status, others are eligible for public or subsidized coverage but are not enrolled due to barriers associated with the application process, including lack of technology access or literacy, administrative burden, and language barriers.

For over 20 years, our health insurance enrollment programs - funded by the New York State Department of Health - have been helping New Yorkers to overcome these barriers by providing step-by-step assistance to clients applying for health coverage. Our Navigator program assists individuals and families to apply through the NY State of Health Marketplace, while our Facilitated Enrollment for the Aged, Blind, and Disabled (FE-ABD) program assists individuals aged 65 years or older, and those living with blindness and disabilities to submit applications to the Human Resources Administration. Together, our programs help an estimated 17,000 individuals to apply for free or low-cost health insurance coverage annually and have contributed to a significant decline in the uninsured rate in New York. Our team has been playing a significant role in supporting the State's goal of recertifying millions of New Yorkers for Medicaid coverage since the unwinding of the continuous coverage requirement began in April 2023.

PHS' enrollers speak the language of the community they serve and are trained to provide unbiased in-person and telephonic assistance, walking clients through the entire process, including helping them to understand health coverage options and find the right plan, gathering documents and required information, following-up on application outcomes, and helping them renew their coverage annually. We serve all 5 NYC boroughs and Long Island (Navigator program only).

In 2022-2023, recognizing the need to shore up the safety net workforce, New York State reinstated the human services cost of living adjustments (COLAs) and implemented the Healthcare Worker Bonus Program (HWB). However, these initiatives left behind most of the public health workforce employed by CBOs, including our Navigator program, because they did not meet the eligibility requirements for either program. This oversight left out the trusted frontline workforce best equipped at reaching, engaging and supporting the most marginalized communities in accessing healthcare, social services, and benefits.

Recommendations:

- Support Executive Budget proposal to extend eligibility for the Medicaid and Child Health Plus ("CHP") programs for children under age 6;
- Change the COLA statute to be inclusive of all nonprofit human service contracts – including all State DOH contracts – and support legislation (S.7793/A.8437) introduced by Senator Persaud and Assemblyman Hevesi that would restore the DOH human services COLA; and
- Support an automatic annual COLA of 3.2% for Fiscal Year 2024-2025