Primary Care Development Corporation

Primary Care Development Corporation Testimony for the Joint Legislative Hearing on Health/Medicaid for the 2025-2026 Executive Budget Proposal

To Senator Krueger, Assemblymember Pretlow, and the members of the Joint Legislative Budget Committee on Public Health,

Thank you for the opportunity to provide testimony to the legislature today. Primary Care Development Corporation (PCDC) is a New York-based non-profit organization and community development entity. Our mission is to strengthen communities and build health equity through strategic primary care investment, expertise, and advocacy.

PCDC encourages the legislature and Governor to specifically center primary care in this year's health budget and to shift New York's health system towards primary care as the best means to ensure healthy people and healthy communities.

I. PCDC's History of Impact and Service, With New York's Support

PCDC provides capital and technical assistance to primary care providers in communities that need it the most and unlocks insightful data and analysis to drive effective policy change that strengthens primary care and advances health equity. Since our founding in 1993, PCDC has leveraged more than $1.57 billion to finance over 250 primary care projects. Across the country, these strategic community investments have built the capacity to provide 5.2 million medical visits annually, created or preserved more than 21,000 jobs in low-income communities, and transformed 3 million square feet of space into fully functioning primary care and integrated behavioral health practices.

In New York State specifically, we have worked with health care organizations, systems, and providers across the state on over 3,600 financing and technical assistance projects to build, strengthen, and expand primary care operations and services. Thanks in part to the funding from the New York State Legislature, we have financed and worked with health care facilities and practices in more than 95% of New York's Senate Districts (62 of 63) and in every single Assembly District to increase and improve the delivery of primary care and other vital health services for millions of New Yorkers. In just the last five years, PCDC has provided nearly $80.6 million in affordable and flexible financing to expand access to primary care across New York State.

Through our capacity-building programs, PCDC has trained and coached more than 18,000 health workers to deliver superior patient-centered care, from helping more than 1,000 primary care practices achieve Patient-Centered Medical Home (PCMH) recognition, to working with the Montefiore School Health Program and the New York School-Based Health Alliance to develop the first and only nationwide recognition program approved by the National Committee for Quality Assurance for school-based health centers, to training more than 5,000 staff at over 400 health centers to integrate high-impact HIV services into their practices. Through this work and more, PCDC supports the expansion of high-quality primary care, helping make primary care

affordable, accessible, community-based, whole-person, and integrated with behavioral health care.

A. Continue Funding for the Primary Care Development Corporation

The Legislature included $450,000 for PCDC in the FY25 budget, and we are very appreciative of your continued support. This funding enabled PCDC to undertake important initiatives to understand and better support primary care in New York. In order to continue this important work, PCDC respectfully requests an FY26 appropriation of $450,000.

Last year's allocation enabled PCDC to carry out our critical mission in several ways. We hosted a Primary Care Summit[1] with New York State and national experts to discuss the importance of data in helping to create a more primary-care-centric health system and we will be releasing a report documenting the findings and recommendations coming out of that Summit. We are also building on our 2024 Primary Care Scorecard, creating an on-line interactive Primary Care Dashboard to facilitate easy access to critically important information about primary care and health access outcomes in local communities to support policy making and investment decisions. This Dashboard will be available in Spring 2025.

PCDC's focused research on primary care access in New York State, supported in part by the NYS Legislature, helps policymakers, advocates, providers, and other stakeholders understand the landscape, challenges, and potential solutions to primary care access in the state. The outcomes we have found clearly make the case for investing in primary care and expanding access to quality primary care in disinvested communities, rural communities, and communities of color and include: :

- *New York State Primary Care Scorecard*, https://www.pcdc.org/resource/new-york-state-primary-care-scorecard/.

- *Redlining in New York City: A Lens on Primary Care and Maternal Health*, https://www.pcdc.org/wp-content/uploads/Points-on-Care_Issue-11_Primary-Care-and-Maternal-Health.pdf, which examines access to primary care in New York City through the lens of decades-old redlining practices, and focuses on how today's outcomes for maternal and infant health may have historical roots.

- *2022 Primary Care Legislative Trends*, https://www.pcdc.org/wp-content/uploads/2022-State-Primary-Care-Legislation-Trends-FINAL-1.pdf, an analysis of primary care policy in state legislatures across the country, intended to help policymakers and advocates understand the scope of solutions being considered around the country and to offer potential models for consideration here in New York;

- *Access to Primary Care in New York State: A Special Report During the COVID-19 Pandemic*, https://www.pcdc.org/wp-content/uploads/Access-to-Primary-Care-in-New-York-State_FINAL_August-2022.pdf, which explores how primary care access differs across the state and how COVID-19 created new challenges;

- *Poor Access to Care Drives COVID-19 Outcomes in New York: FederallyQualified Health Centers help reduce community-level COVID-19 mortality*, https://www.pcdc.org/wp-content/uploads/Points-on-Care-_-Issue-7-_-NY-FQHC-Access-and-COVID-19.pdf.

In the coming year, as escalating threats to healthcare access for the most vulnerable New Yorkers continue to emerge, a FY26 allocation of $450,000 to support PCDC's continued research and public education work will be all the more important. We would continue to use this support to provide lawmakers and others with context and data about the importance of primary care to healthy communities, the impact of insufficient primary care, and recommendations on how New York State can do more to safeguard access, quality and affordability to primary care for all New Yorkers, especially the most vulnerable.

II. The Critical Importance of a Primary Care-Centered Health System

Access to primary care is a key social determinant of health recognized by the World Health Organization and the U.S. Healthy People initiative framework.[2] Regular access to primary care is associated with positive health outcomes, especially when addressing heart disease, the leading cause of death in New York State, and other common chronic conditions such as diabetes and asthma.[3] In addition, primary care reduces overall health care costs and is the only part of the health system that has been proven to lengthen lives and reduce population level health disparities.[4]

However, primary care remains overburdened and underinvested. The lack of focus on primary care in the American health system has been called a "medical emergency."[5] That emergency was undoubtedly heightened by the COVID-19 pandemic, which further highlighted existing disparities, as communities with less access to primary care before the pandemic experienced more COVID infections, severe illness, and deaths than communities with better access to primary care.[6]

Over the last two years, the Governor and legislature have recognized that the health system in New York is facing serious challenges, both for patients and for providers, and have put forward a range of proposals to address some of the specific problems, including through elements of the state's 1115 waiver and by choosing to participate in several new federal primary care-focused payment models that are intended to increase investment in primary care and promote multi-payer alignment. However, in order to shift health outcomes and address long-standing health disparities in New York, we must re-orient New York's health care system towards primary care. Investing in primary care will improve the health status of underserved communities across New York State, make New York's health system more effective now, and help keep all New Yorkers protected in the future.

PCDC encourages the legislature to review each health proposal within the budget to ensure that primary care providers, patients, and the primary care workforce are included and prioritized.

A. Invest in Healthier People and Communities by Investing Directly in Primary Care

A recent landmark report from the National Academies of Science, Engineering, and Medicine (NASEM) entitled *Rebuilding the Foundations of Health Care*, concluded that "[w]ithout access to high-quality primary care, minor health problems can spiral into chronic disease, chronic disease management becomes difficult and uncoordinated, visits to emergency departments increase, preventive care lags, and health care spending soars to unsustainable levels."[7] Despite its proven impact, primary care continues to be underfunded and undervalued. In the United States, primary care accounts for approximately 35% of all health care visits each year – yet only about 5 to 7% of all health care expenditures are for primary care services.[8] In contrast, other similarly situated countries spend as much as 12-14% on primary care as a proportion of their total health care spending,[9] at the same time as spending more on social services and social determinants of health.[10] Experts including the World Health Organization and the authors of the NASEM report have called on governments to "increas[e] the overall portion of health care spending in their state going to primary care."[11]

New York consistently ranks below many others in key health indicators such as low birth weight, preventable hospitalizations, and childhood immunizations – all of which can be improved with better access to primary care – yet New York's per person health care costs are higher than the national average.[12] Many parts of New York State lack an adequate number of primary care providers, leaving those communities without adequate prevention, early diagnosis and treatment of common health issues such as diabetes, hypertension and depression.[13] The lack of sufficient funding for primary care drives these disparities, impacting both patients and providers, and leading to inadequate access, low-quality care, worse outcomes, and a burdened and burnt-out workforce that loses experienced professionals and has trouble attracting new ones.[14]

More than 4.7 million New Yorkers live in a Health Resources Services Agency (HRSA)-designated primary care Health Professional Shortage Areas.[15] Projection analysis predicts a shortage of physicians of any specialty by 2030 in New York State, and the COVID-19 pandemic has only exacerbated health care worker burnout, including in primary care.[16] Fewer medical graduates choose primary care in comparison to other specialties, in part because of disparate levels of anticipated income.[17]

Investing more resources into primary care is a critical way to achieve the kind of robust health care system our communities deserve, including by expanding the number and diversity of providers who enter primary care and who accept new patients, including those with Medicaid coverage. PCDC recommends that policy be adopted to ensure that at least 12.5% of any health spending in New York State is on primary care. The annual budget process provides a critical opportunity to invest more in primary care.

1. Include Assembly Bill 1915A/ Senate Bill 1634 in the FY26 Budget

Deliberately investing in primary care is one of the most effective ways to solve these urgent problems, save lives, improve individual and community health, and move toward health equity.

When it is available, accessible, and affordable, primary care is a cornerstone of vibrant, thriving communities and helps keep families healthy, children ready to learn, and adults able to pursue education and participate in the workforce.

The Primary Care Investment Act is a critical building block to address historic underfunding of primary care, requiring New York payers to increase investment in primary care, Increased investment in primary care over time would make care more accessible, increase the number of providers, and support those providers to provide the full range of integrated services most needed in underserved communities, thus improving health outcomes while reducing overall health costs over the long term. The Primary Care Investment Act would:

- Measure the current level of primary care spending in the state by private and public insurers;
- Require state agencies to make that spending information publicly available in annual reports;
- Require insurers that report less than 12.5% of their overall health spending on primary care to increase that investment 1% each year until they reach at least 12.5% and to spend those funds both supporting primary care services directly and strengthening the state's primary care infrastructure.

In order to effectively carry out AB 1915A/SB 1634, agency staff at both NYS Department of Health and Department of Financial Services will need to collaborate to develop guidelines, regulations and ultimately reports that will be made public. Adopting the Primary Care Investment Act into the budget and allocating funding for agency time to effectuate the requirements of this bill would be a significant step forward for New Yorkers' access to quality primary care in their communities.

2. Utilize MCO Tax Revenue to Invest in Primary Care

The recently approved MCO tax, which could generate billions of dollars of additional state revenue, provides another opportunity for New York to invest in primary care. This funding may be time-limited but while it is available, at least 12.5% of the funding should be used to address New York State's most critical primary care needs, including in primary care infrastructure that can be leveraged even after the funding has ended.

Primary care providers, particularly those in small and safety net settings such as community health centers and other practices, rarely have extra funds to support facility improvements, to upgrade their technology, to adapt their electronic health records so that they can integrate with larger systems, or to adopt new telehealth platforms and technologies. In addition, these settings would benefit from support to become PCMH certified, receive incentive funds for meeting quality benchmarks, or access earmarked VAP-like funding for primary care settings.

The Executive Budget allocates some of the MCO revenue to new investments in primary care, including a small proportion of the funding being directed to Federally Qualified Health Centers and some amount of the increase to the physician fee schedule likely to go to primary care

providers, but the allocations are far more limited than the need. **PCDC urges both houses of the legislature to redirect an additional proportion of this new revenue towards primary care.**

3. Policies That Effectuate the Currently Approved Medicaid 1115 Waiver

New York's current Medicaid 1115 waiver has multiple elements but some of the core purposes are to increase investment in primary care, including in the primary care workforce, and to support more comprehensive, team-based, integrated primary care with coordination for health-related social needs (HRSN). PCDC strongly supports these goals and urges the Executive Branch and legislature to implement these elements with a focus on primary care services and providers. Several important ongoing appropriations connected to the waiver have been proposed in the FY26 Executive Budget, including growing the health care, behavioral health, and social care workforce, addressing social needs to improve health outcomes, and health planning and data transparency capacity.

PCDC encourages the legislature to bolster the role of primary care in coordinating patient access to HRSN services, by providing funds to ensure that coordination by primary care is adequately funded and that primary care providers are given appropriate support to meet the goals of the program, for example, to provide the needed HRSN screening. Notably, A1915A/S1634 would result in additional funding to primary care providers for exactly this type of coordination, dovetailing well with both the waiver and overall health goals.

4. Increase Medicaid Rates to Parity with Medicare

Two years ago, CMS's letter approving New York's 1115 waiver proposal included a clear requirement that Medicaid rates be increased for primary care, behavioral health care and obstetrics. More than 7.5 million New Yorkers are currently enrolled in Medicaid, a little over a third of the State's entire population.[18] Medicaid plays a foundational role in helping low-income New Yorkers stay healthy, has the potential to help address health disparities, and can drive overall health system policy. Providing people with Medicaid coverage leads to "better access to health care[;] better health outcomes, including fewer premature deaths[; and] more financial security and opportunities for economic mobility."[19]

However, Medicaid-insured individuals often struggle to find providers who will take their insurance, leading to delayed care and other adverse health outcomes.[20] A critical factor in providers' unwillingness to accept Medicaid is that Medicaid reimburses providers at far lower rates than other insurance programs, including both private plans and Medicare plans.[21] Moreover, even if patients are able to find providers who take their insurance, often wait times for Medicaid appointments can be long.[22]

Congress included in the Affordable Care Act a temporary provision that mandated parity between Medicaid and Medicare reimbursement specifically for primary care providers, but only for 2013 and 2014.[23] Following the expiration of this mandate in 2014, a few states implemented policies to continue Medicaid parity within their jurisdictions. As recently as 2019, Medicaid parity status across the country varied drastically by state with New York ranked 47th overall and

49th when it comes to primary care—specifically for primary care, New York then reimbursed Medicaid providers only 43% of Medicare rates.[24]

The New York State FY2024 Budget required that Medicaid rates for primary care be increased to 80% of Medicare rates, although thus far the receipt of that reimbursement rate appears uneven. In approving New York's waiver application, CMS required New York to raise Medicaid rates to at least 80% of Medicare and noted that "[r]esearch shows that increasing Medicaid payments to providers improves beneficiaries' access to healthcare services and the quality of care received." The waiver also noted that the State will have to sustain rate increases after the expiration of the waiver.

The proposed budget should more clearly delineate how the Medicaid increase for primary care will be fully implemented – the only reference to the discrepancy in Medicaid and Medicare rates is one note in the MCO Tax allocation that indicates that $50 million will be applied to the physician fee schedule to "bring Medicaid reimbursement closer to Medicare rates." PCDC urges the State to ensure that primary care rate increases are prioritized across all primary care practices that accept Medicaid and that those rate increases reach the primary care practices and providers themselves. Further, PCDC urges the legislature and Executive to continue to increase rates until they are at full parity with Medicare rates.

However, while this rate increase supports Medicaid independent practices and hospital ambulatory care organizations, Federally Qualified Health Centers may not benefit from this rate increase because of their specific payment system, which is designed to resource their comprehensive, team-based, whole-person care model, a uniquely and proven effective model for primary care delivery. PCDC strongly supports a solution that also updates base community health center Medicaid rates, which have not increased in almost twenty years, so that they can continue to provide their effective model of critical, comprehensive primary care that is so essential for millions of New Yorkers.

5. Telehealth Payment Parity for Primary Care and Behavioral Health

PCDC believes, as do many other experts and government agencies,[25] that telehealth has proven its merits as a sustainable innovation that can support patient access to quality care as well as giving providers access to reliable revenue streams.[26] PCDC has long advocated for the expansion of telehealth access for patients, given its potential to expand access for underserved patients, but this expansion must be coupled with policies that ensure that telehealth can be provided in a financially sustainable way.[27]

It is critical that health care providers be able to reach their patients when and where they need the care, and as we learned due to necessity during COVID, a provider need not always be in her office to provide quality health care. There should be no blanket reduction in rate based on the provider's location. The proposal in last year's Executive Budget extended previous telehealth parity requirements but failed to allow for full reimbursement parity for all primary care providers, focusing instead only on behavioral health providers but not even including primary care providers, such as licensed Article 28 facilities, who provide behavioral health services. In fact, many behavioral health services are generally provided in primary care settings, including

treatment for depression and anxiety.[28] Further, primary care providers, including those who practice in FQHCs, should have telehealth reimbursement parity for primary care services as well as behavioral health services. PCDC urges the legislature to address the gaps in telehealth parity policy, specifically for Federally Qualified Health Centers.

6. Continue to Protect Safety Net Providers

The FY24 budget included a compromise regarding the 340B program, wherein the pharmacy program was fundamentally changed and 340B providers' access to critical revenue was put at significant risk. The compromise that was reached included specific, direct funding from the state for these safety net providers, and New York State has been as good as its word, ensuring that those funds have reached the providers. As we noted last year, the explicit purpose of the 340B program is "to stretch scarce federal resources as far as possible, reaching more eligible patients, and providing more comprehensive services." By definition, 340B providers serve low-income and disabled patients. These safety net providers use the savings from the 340B program as a financial lifeline that allows them to fund additional care and ancillary services for their patients, increasing overall access to primary care for their communities. It is effectively a form of value-based payment – that can be used without restrictions - and that can support the care management and integrated care that keeps people out of costly acute care.

PCDC appreciates that the NYRx Reinvestment funds continue to be in the budget this year and urges the legislature to continue to protect 340B providers by ensuring that the budget includes NYRx Reinvestment state funds each year in perpetuity.

III. PCDC Supports Additional Proposals That Would Improve Access to Primary Care and Health Outcomes for Underserved Communities

PCDC supports several individual proposals in the Executive Budget policies related to primary care that are likely to improve health outcomes for New Yorkers including: (1) expanding access to air conditioning units for Essential Plan enrollees with persistent asthma; (2) authorizing homeless youth to consent to behavioral health treatment; (3) permitting medical assistants to provide immunizations under the supervision of primary care providers, among other physicians and physician assistants; (4) multiple provisions to expand and protect access to reproductive and sexual health care..

Notably, sexual and reproductive health is relevant across every person's lifespan and sexual and reproductive health care, including abortion, is an essential component of primary care. Primary care providers both directly provide and refer patients to the reproductive health care they need, including birth control, preconception care, counseling, and abortion services, as well as sexual health care such as STI testing and treatment. PCDC was pleased to see the broad efforts to expand and protect access to both reproductive and sexual health care, provided in all types of settings, proposed in the Executive Budget, particularly in the current political environment.

PCDC also supports several proposals aimed at improving processes and structures of health care provision that are likely to lead to more equitable access to care and also more accountable provision of care by large institutions. Specifically, PCDC supports:

1) the proposal to strengthen Medicaid Managed Care contracting and performance, intended to make plans "accountable for their performance";
2) the proposal to require hospitals to report how their community benefit expenses are spent, excluding expenditures that are made "primarily for marketing purposes or if they are more beneficial to the hospital than the community," and also how those community benefit expenditures help support the priorities of New York State, including those found in the Prevention Agenda;
3) the proposal to fund the Department of Health to engage in a comprehensive review of the state's network adequacy standards and increase enforcement of requirements for network adequacy, specifically for the Marketplace.

Finally, while PCDC fully supports the state's continued commitment to the Health Care Facilities Transformation Fund and the ongoing reappropriation of not-yet-used-funds, we continue to urge the legislature to ensure that at least 12.5 percent of these capital funds be used to support primary care. Further, every year, demand greatly exceeds the appropriated resources in this fund, and that will certainly continue to be true in FY26. At the same time, we anticipate reductions in access to federal funds supporting health care capital, including through federal grants, loans and tax credit programs. Therefore, we encourage the Legislature to consider other methods of increasing access to capital for health care facilities, including programs that can leverage private dollars along with public funds.[29] PCDC is eager to work with the legislature and executive branch to develop innovative approaches to capital that could increase efficiency of public programs and reduce burden on agency staff.

IV. Conclusion

Primary care is the most reliable means of improving individual and community health, reducing health disparities, and ultimately lowering health care costs. We encourage the legislature to carefully consider how to best use vital state resources in the health budget to expand access to quality primary care.

We look forward to working with the Governor and Legislature to ensure that the FY26 New York State Budget supports these goals. Please contact Jordan Goldberg, Director of Policy, at jgoldberg@pcdc.org with any questions or to request any additional information.

Thank you for your consideration of PCDC's recommendations.

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