



**TESTIMONY OF LINDA BEERS, PRESIDENT, NYSACHO AND DIRECTOR OF PUBLIC HEALTH, ESSEX COUNTY, ON BEHALF OF THE NEW YORK STATE ASSOCIATION OF COUNTY HEALTH OFFICIALS BEFORE THE JOINT ASSEMBLY AND SENATE HEALTH BUDGET HEARING**

FEBRUARY 11, 2025

Senate Finance Chair Krueger, Assembly Ways & Means Chair Pretlow, Senate Health Committee Chair Rivera, Assembly Health Committee Chair Paulin, and members of the Joint Health Budget Committee. I thank you for this opportunity to submit testimony for your consideration as you begin to review proposals with respect to the Governor’s proposed 2024 – 2025 New York State Budget. My name is Linda Beers, and I serve as the President of NYSACHO and the Director of Public Health for the Essex County Health Department.

It is an honor and a privilege to represent my colleagues, the Local Health Officials across the state, during today’s budget hearing. I am here today testifying as President of the New York State Association of County Health Officials (NYSACHO), which represents local health departments in New York State. NYSACHO’s mission is to support, advocate for, and empower local health departments’ workforce to promote health and wellness, protect communities, and prevent disease, disability, and injury throughout New York State.

I have served as the Essex County Director of Public Health since 2012, after previously serving as the county’s Director of Services for Children with Disabilities. My career began as a public-school teacher, but I later shifted my focus to supporting individuals living with disabilities. I earned my undergraduate degree at SUNY Geneseo, followed by a Master’s

Degree in Public Health from the University at Albany, and I also hold a certificate in Healthcare Leadership from Cornell University. Throughout my career, I have been honored to receive recognition for my leadership in public health, including the Public Health Leadership Award from the New York State Public Health Association. I am proud to serve on numerous state and regional public health boards and councils, working to advance public health initiatives across New York State.

## **Introduction**

For the past few years, we have come before this body to say that the public health workforce in New York State is facing significant and pressing challenges, and unfortunately, this continues to be true. Ongoing retirements, professionals leaving local government to work in other sectors, increased vacancy rates, shrinking budgets, and other pressures remain a persistent challenge to our members' ability to recruit and retain qualified staff. While this trend exists across the board in all titles, local health departments continue to experience long delays in filling open positions for public health nurses, administrative staff, public health engineers, and environmental sanitarians (sanitarians identify and examine hazards in food service establishments, vector control, lead poisoning, and other environmentally related areas). Since the end of the COVID-19 pandemic response, we continue to face what I call the "What keeps us up at night" questions, examples of which include "Will the staff at my department and those of my colleagues, have the ability, training, and resources to face the next large-scale public health emergency?"

State-level budget actions must consider the current state of New York's public health workforce and infrastructure. The state actions must also consider that there is a level of uncertainty related to the public health space because we do not yet have a line of sight on what potential changes could come from the new administration at the federal level. While we may have limited control over those policy decisions, the state can act to ensure that public health in New York is funded at an appropriate level so that we can assure the

public that they will continue to receive critical public health services which are mandated by New York State Public Health Law.

Part of this consideration includes looking at current budget actions and future legislative priorities as they impact funding reductions or expansion of statutory responsibilities without commensurate funding. These all impact the viability of the public health workforce to maintain or expand beyond current levels of public health services we all seek to assure are available to our citizens.

### **Article 6 State Aid for General Public Health Work**

The work of LHDs, and general public health work, is funded under Article 6 of the Public Health Law. The last increase to Article 6 funding, in 2022-23, was a significant step towards reversing decades of disinvestment in the infrastructural funding supporting LHDs provision of the core public health services. Article 6 funding is needed to provide a base level of protection for communities. Article 6 funding is used by the counties to support core public health services such as vaccinations, tuberculosis, STI, and HIV testing and treatment, newborn home visits, chronic disease prevention initiatives, reproductive health services, blood lead level investigations, and overdose prevention, just to name a few.

While NYSACHO appreciates that the Executive Budget maintains the current Article 6 funding, when factoring in inflation and other economic factors, maintenance in funding acts as a cut in funding. We would advocate for an increase in the base level of Article 6 funding so that the public health departments have the resources to not only maintain their current services but to expand them. In addition, the current funding level is perpetuating an inequitable funding change to the Article 6 funding for New York City that was enacted in 2019. That year, the state aid formula for New York City was adjusted to reduce the city's reimbursement above the base grant from 36% to 20%, which is 16% less than the rest of the state. Consequently, the City has been losing over \$90 million annually in state public health funds. The state justification for this reduction was that New York City alone

received separate allocations of federal public health funding that supported core services.

Given the noted uncertainty about changes coming from the federal government, this restoration of the funding level for New York City this year is critical. New York City will be particularly vulnerable if additional funding is lost. Since 2019, the city has seen a 12.7% decrease in Article 6 supported staff, weakening its ability to respond to public health challenges. However, this is not just a local or downstate issue. Infectious diseases do not respect jurisdictional boundaries, and as a densely populated global hub of tourism and commerce, New York City's public health infrastructure plays a crucial role in preventing the spread of public health threats nationwide.

The decrease in the Article 6 reimbursement rate not only continues to shortchange our citizens residing in New York City, compared to the rest of the state, but also poses a significant challenge to health equity. New York City is home to the largest portion of Medicaid recipients in the state and the largest populations of Black, Indigenous, and people of color, with the most low-income individuals in the state residing within their jurisdictional boundaries. To meet our shared objective of safeguarding and enhancing the health of all New Yorkers, we must invest in all communities throughout the state where persistent and generational health disparities persist.

This year's Executive budget presents an opportunity to emphasize public health and the State's commitment to assuring fair access to public health services throughout the state. As we navigate a federal landscape that is uncertain regarding its impact on public health, it is essential that the State shows that public health remains a top priority. This means restoring the base grant to New York City as well as increasing the Article 6 appropriation across the board.

For your review, NYSACHO has analyzed the appropriations related to public health investments and reductions in the Governor's proposed 2025 – 2026 budget and compared them to the final funding levels from the 2024 – 2025 enacted state budget. We have

included this full analysis as Appendix 1 to this testimony. There are a few proposed cuts and public health areas where funding falls far short of statutorily required public health interventions that we wanted to bring to your attention.

## **Executive Budget Proposals and the Impact on Local Health Department's (LHDs) Essential Role in Protecting Communities**

### **Lead Poisoning Prevention**

Lead Poisoning Prevention is a public health priority in New York State, and NYSACHO fully supports policies and programs aimed at eliminating childhood exposure to lead. However, as lead poisoning prevention measures have been passed and signed into law, adequate funding for these initiatives has not been included or allocated. The Executive Budget proposal does not address this now longstanding budget shortfall for implementing the 2019 law that lowered the actionable elevated blood lead level to 5 ug/dL. Based on an analysis conducted by NYSACHO membership in 2019 when the EBLL was lowered the current lead appropriation is at least \$36 million below what is needed to effectively serve those children with elevated blood lead levels of 5 ug/dl or higher. The science on lead is clear – any exposure is harmful. While New York has done well to enact policies in this space, those policies cannot be effective if they are not paired with appropriate state funding. To ensure adequate protection in this area, we must identify a dedicated, and adequate, revenue stream for the LHDs to perform these services.

### **Protecting Public Water Supply from Harmful Contaminants: Increasing Funding to County Drinking Water Enhancement Grants**

Local health departments (LHDs), which oversee and monitor public water systems, play a critical role in ensuring compliance with state and federal drinking water regulations. New York State's public water supply is facing an increasing number of threats, from road salt contamination and emerging unregulated chemicals to aging infrastructure, extreme weather conditions, and harmful algal blooms. These departments are responsible for

conducting sanitary surveys, issuing public water system notices, monitoring over 100 contaminants, and responding to infrastructure failures, all of which are essential to maintaining safe drinking water for communities. However, despite these mounting challenges, state funding for county Drinking Water Enhancement grants has remained at the same level for over a decade, even as the demand for oversight and technical assistance has grown. While New York State has made substantial investments in Clean Water Infrastructure and Water Quality Protection—totaling \$2.5 billion since 2017—the portion allocated to county-led drinking water programs remains at just 1% of this funding.

Without increased financial support, local health departments struggle to maintain current programs, let alone expand efforts to address emerging threats to drinking water safety. To ensure the continued protection of New York’s drinking water, we urge the Governor and State Legislature to increase Drinking Water Enhancement grant funding by 1.5%—a modest yet necessary step to support county health departments in their mission to safeguard public health. Additionally, we call for stronger partnerships between state and local entities responsible for drinking water oversight and for greater recognition of the strain placed on the public health workforce due to years of underfunding. Investing in prevention and protection now is far more cost-effective than waiting for the next public health crisis to emerge.

### **Tickborne Disease Institute Funding**

The Executive Budget proposal eliminates the \$70,000 allocation to tickborne disease. While this is a small appropriation, it remains the only dedicated funding for education and outreach regarding Lyme and tickborne diseases in New York State, and this funding has been significantly reduced over several years, even as tickborne disease vectors and exposures have expanded throughout New York State. New York State has over 7,000 reported cases of Lyme Disease annually. Based on data from 2018, New York State had the second-highest number of cases of Anaplasmosis (11%), and these cases continue to increase. In 2011, New York had less than 4% of cases. Similarly, New York saw a 58.3% increase in the incidence of babesiosis reported between 2011 and 2019. This increase is

evident in the cases annually reported to the LHDs. Tickborne diseases often have both acute and long-term health effects for those infected. The late illness health consequences of anaplasmosis can include respiratory failure, bleeding, organ failure, and death (CDC). Babesiosis can cause hemolytic anemia, where red blood cells are destroyed faster than they can be replaced, posing a risk to those with weakened immune systems (CDC). A rise in tickborne diseases is just one of the health impacts of extreme weather trends as ticks thrive in warmer and more humid climates. Tick identification, public education, and outreach are key tools for the prevention of tickborne diseases, and the elimination of the sole State funding dedicated specifically to addressing tickborne disease is concerning.

## **Executive Budget Proposals and the Impact on Local Health Department's (LHDs) Role Supporting Children, Families and Pregnant Persons**

### **Early Intervention – Proposals Impacting Provider Capacity**

New York State's Early Intervention Program (EIP) is in crisis. Our programs for those children ages zero to three, who require EIP services, are failing New York's children and their families. Access to providers delivering services to these children continues to erode throughout all areas of the State, with persistent delays in services, and providers leaving to serve other populations with better reimbursement rates and fewer system barriers. The rollout of the EI-Hub, the data system that runs the administration and billing for the EIP, has been fraught with problems. While we continue to work with the New York State Department of Health to address system issues, we are already seeing providers forced to discontinue service provision to EI children because of the impact of their ability to be paid for service due to ongoing barriers to EI Hub functionality.

The functional barriers created by the EI-Hub rollout are exacerbating the central barrier to providing services to these children, and their families, in New York State, which is provider capacity. In a recent survey conducted by NYSACHO in August 2023, counties reported

that there were 7,360 children across New York State waiting for EI services. This represents a 28% increase in children waiting for services since 2022 and an over 500% increase in children waiting for services from 2020. While speech-language services are the highest area of need, waitlists exist for services across all provider types.

The Executive Budget state financial plan references several administrative actions, related to providing services to children ages zero to three who require EI services, with little detail provided. Any administrative actions that indicate savings to the State raise concerns regarding potential impacts on provider reimbursement, increasing the likelihood that these providers will opt out of serving our EI families. We urge the Legislature to request more detailed information from the Executive branch regarding these actions and how they plan to ensure that we do not further undermine an already fragile system of care in the EI program.

### **Assuring Access to Healthy Food**

NYSACHO applauds the Governor's ongoing commitment to addressing a key social health care need, food security, through her proposal to provide universal free school meals in all public, charter, and non-public schools participating in the federal school lunch and breakfast program. This program will ensure that all students have access to nutritious meals necessary to ensure that they are healthy and ready to learn, improving both student health and educational outcomes.

### **Budget Reductions Impacting Maternal and Child Health**

We note that the Executive budget again reduces recommended funding for the Nurse-Family Partnership (NFP) funding, family planning funding, and school-based health centers funding, as has been proposed for several years. The legislature has restored funding to these programs in past years, and we urge you to continue to maintain that strong commitment to these programs. NFP is an evidence-based, and nationally



recognized, home visiting model supporting eligible first-time parents, with a proven record of improving maternal and child health outcomes.

Family planning remains critical to assuring that people of reproductive age have access to reproductive health services. The proposed reduction to this funding in the Aid to Localities appropriations bill seems misaligned with New York's stated commitment to protect and improve this access in New York State.

Finally, the Executive Budget proposal once again reduces funding in support of school-based health centers. For communities using these services, school-based health programs improve access to care, including better management of chronic conditions such as asthma and diabetes, mental health, and reproductive health services.

These proposed cuts to programs impacting maternal and child health will undermine the stated priorities of improving access to care, and NYSACHO urges the legislature to restore funding to these programs.

## **Executive Budget Proposals and LHDs Efforts to Reduce Opioid Overdoses and Overdose Deaths**

The profound and ongoing loss of life and human impact of opioids and substance use on New Yorkers is tragic and requires continued resources and intervention tools to combat the tragic consequences of the opioid epidemic in our state. We are seeing improved trends in opioid-related fatalities and support the Executive Budget proposals that will provide additional access to life-saving interventions to assist persons using drugs in accessing treatment for substance use disorders.

Many persons who use drugs interact with the healthcare system in emergency settings outside of an ongoing patient relationship with healthcare providers. NYSACHO supports the governor's proposal to allow the administration of buprenorphine by EMTs and to allow emergency care providers to prescribe a three-day supply in alignment with federal policy.

The governor’s proposal would allow persons who use drugs to immediately initiate maintenance, treatment, and/or detoxification while allowing time to make linkages to ongoing care and services for those seeking to initiate or reconnect to services for substance use disorder management.

## **Executive Budget Proposals to Protect Access to Emergency Medical Care and Other Access to Care Improvements**

### **Emergency Medical Services**

New York’s mix of volunteer and paid emergency medical care services is eroding. Our local health departments report losses in volunteers, challenges in maintaining coverage, and lack of availability for care and transport to medical centers in communities throughout the state. NYSACHO strongly supports that Emergency Medical Services be designated as an essential service in statute, . We defer to our EMS colleagues at the local level to provide their recommendations and expertise to the legislature on other executive budget proposals around EMS services.

### **Healthcare Workforce Shortages**

Local health departments continue to be impacted by ongoing healthcare workforce shortages, particularly in the hiring of public health nurses. Competition with hospitals and other healthcare providers is such that governmental public health agencies struggle to offer competitive salaries and compensation packages. In 2023, in NYSACHO’s annual local public health workforce enumeration survey, local health departments reported a 29% vacancy rate in registered nursing positions. There are local health departments that have reported nursing positions remaining vacant for a year or more. The Executive Budget proposes that New York State join the Interstate Nurse Compact. Forty-three states now participate in the compact, which includes national testing requirements that provide a standard assurance that nurses from compact states are appropriately trained, regardless of where they received their education. NYSACHO believes that the healthcare sector

nursing shortages warrant that New York State explore this option to assure that nursing needs in both the clinical and public health sectors can be met.

## **Conclusion**

During a challenging time for public health, New York State must maintain our strong public health protections, resources, and tools that ensure all New Yorkers are afforded basic public health services.

My colleagues and I look forward to working with you to develop the policies and identify the resources and services, necessary to maintain and grow New York's public health infrastructure. Please do not hesitate to call us locally, or contact the NYSACHO office, for assistance as you work to strengthen public health policies in New York State.

*Contact: Sarah Ravenhall, MHA, CHES, Executive Director, the New York State Association of County Health Officials, 518-475-8905 or [sravenhall@nysacho.org](mailto:sravenhall@nysacho.org)*

## Appendix 1

Category/Appropriation	2024-25 SFY Enacted	2025-26 Executive Budget Proposal	+/- Change 2024-25 to 2025-26	+/- % Change 2024-25 to 2025-26
<b>Article Six/Core</b>				
Local Public Health Article Six (26815)	\$230,042,000	\$230,042,000	\$0	0.00%
Children and Youth w/Special Health Care Needs (29917)	\$170,000	\$170,000	\$0	0.00%
Local Public Health Services Program Account (22097)	\$4,625,000	\$4,625,000	\$0	0.00%
State Aid for Immunization & Communicable Disease (32429)	\$7,520,000	\$7,520,000	\$0	0.00%
Public Health Campaign - TB (26839)	\$3,845,000	\$3,845,000	\$0	0.00%
Public Health Campaign - STD (26834)	\$777,700	\$777,700	\$0	0.00%
TB Treatment, Detction&Prevention (29912)	\$565,600	\$565,600	\$0	0.00%
Water Supply Protection (29813)	\$5,017,000	\$5,017,000	\$0	0.00%
Commissioner's Emergency Fund (29975)	\$40,000,000	\$40,000,000	\$0	0.00%
<b>Nutrition Services - SNAP</b>				
WIC Component (26821)	\$26,395,000	\$26,395,000	\$0	0.00%
Homeless Component (26822)	\$57,797,000	\$34,547,000	-\$23,250,000.00	-40.23%
Nourish NY (59032)	\$54,250,000	\$50,000,000	-\$4,250,000.00	-7.83%
PCAP (26841)	\$1,835,000	\$1,835,000	\$0.00	0.00%
<b>Categorical Funding</b>				
Family Planning/Cervical Cancer Vaccine (32424,26824)	\$38,757,300	\$37,757,300	-\$1,000,000.00	-2.58%
Adolescent Pregnancy Prevention (26827)	\$8,505,000	\$8,505,000	\$0.00	0.00%
Office of Minority Health (29995)	\$266,000	\$266,000	\$0.00	0.00%
Rape Crisis Centers (81116)	\$4,500,000	\$4,500,000	\$0.00	0.00%
Infant Safe Sleep (SIDS) (29964)	\$15,000	\$15,000	\$0.00	0.00%
Cancer Services (26926)	\$19,825,000	\$19,825,000	\$0.00	0.00%
Indian Health Program (26840)	\$41,742,000	\$36,742,000	-\$5,000,000.00	-11.98%
Lead Poisoning Prev. Act/Primary Prevention (32425)	\$14,604,000	\$14,604,000	\$0.00	0.00%
Hypertension (29965)	\$186,000	\$186,000	\$0.00	0.00%
Rabies (29973)	\$1,456,000	\$1,456,000	\$0.00	0.00%
Early Intervention Program (26825)	\$204,999,000	\$204,999,000	\$0.00	0.00%
EI Respite Services (29971)	\$1,758,000	\$1,758,000	\$0.00	0.00%
School Health (26922)	\$15,144,000	\$11,320,000	-\$3,824,000.00	-25.25%
Tickborne Disease Institute (29963)	\$69,400	\$0	-\$69,400.00	-100.00%
Obesity and Diabetes Programs (26925)	\$5,970,000	\$5,970,000	\$0.00	0.00%
Tobacco Enforcement & Education (29916)	\$2,174,600	\$2,174,600	\$0.00	0.00%
Tobacco Use Prevention & Control (29549)	\$33,144,000	\$33,144,000	\$0.00	0.00%
Children's Asthma Education (29962)	\$170,000	\$170,000	\$0.00	0.00%
Rural Health Network Development/Rural Health Access (29597)	\$9,410,000	\$9,410,000	\$0.00	0.00%
Sexuality related programs (26832)	\$12,000,000	\$12,000,000	\$0.00	0.00%
Universal Prenatal/Postpartum Home Visiting (29939)	\$1,847,000	\$1,847,000	\$0.00	0.00%
Healthy Neighborhoods (29893)	\$1,495,000	\$1,495,000	\$0.00	0.00%
Health Promotion Campaign (26833)	\$430,000	\$0	-\$430,000.00	-100.00%
AIDS Institute	\$133,562,570	\$130,292,870	-\$3,269,700.00	-2.45%
Public Health Leaders for Tomorrow (29968)	\$261,600	\$261,600	\$0.00	0.00%
Ending the AIDs Epidemic (26923)	\$15,000,000	\$15,000,000	\$0.00	0.00%
Nurse-Family Partnership (26838)	\$4,200,000	\$3,000,000	-\$1,200,000.00	-28.57%
Lead Rental Registry (StateOps 59030)	\$18,536,000	\$16,816,000	-\$1,720,000.00	-9.28%
Housing and Healthcare programs for children with asthma (59086)	\$2,130,000	\$2,130,000	\$0.00	100.00%
Reducing infant mortality (59087)	\$320,000	\$690,000	\$370,000.00	100.00%
Increasing Perinatal quality (59088)	\$700,000	\$700,000	\$0.00	100.00%
Dental care for Native Americans (59089)	\$2,500,000	\$4,500,000	\$2,000,000.00	100.00%
Community PH Programs Senate/Leg Initiatives Assembly	\$3,000,000	\$0	-\$3,000,000.00	100.00%
<b>Total all</b>	<b>\$1,031,516,770</b>	<b>\$986,873,670</b>	<b>-\$44,643,100.00</b>	<b>-4.33%</b>

Other Agency Funding	2024-25 SFY Enacted Budget	2025-26 Executive Budget Proposal	+/- Change 2023-24 to 2024-25	+/- % Change 2023-24 to 2024-25
PreK 4410 Program (21706)	\$1,035,000,000	\$1,092,000,000	\$57,000,000	5.51%
Healthy Families (OCFS 13928, 13911, 13959)	\$57,162,200	\$57,241,000	\$78,800	0.14%
Clean Water Infrastructure Act (NYSDEC/Capital Projects 25722)	\$500,000,000	\$500,000,000	\$0	0.00%
Lead Abatement (DHCR/Capital Projects 31542)	\$20,000,000	\$20,000,000	\$0	0.00%

Red indicates reduction from prior year final budget funding and unless otherwise indicated does not indicate any changes in existing funding formulas or language. Numbers in parentheses are reference numbers in the appropriations bills that can be used in searches for specific appropriation lines.