

**Joint Legislative Budget Hearing on the 2025
Health/Medicaid Executive Budget Proposal**

Submitted by:
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On behalf of:
Consumer Directed Action of New York

On behalf of Consumer Directed Action of New York (CDANY), I appreciate the opportunity to offer this testimony on the SFY 2025-26 budget. CDANY represents over 50 fiscal intermediaries in New York's consumer directed personal assistance program (CDPAP), as well as thousands of consumers who rely on the program. Our mission is to work to strengthen and improve CDPAP overall. Therefore, as we examine this budget, we do so with a lens of what the state's shift to a single, statewide fiscal intermediary (FI), through its contractor Public Partnerships, LLC, will mean for CDPAP overall.

This change emerged from an underlying foundational premise that CDPAP was growing at unsustainable rates and the only way to curb spending was to move to a single, statewide FI. Today, we have learned that CDPAP growth, when factored in with home care overall, is at pace with the aging population and the move to PPL is actually costing the state money.

This change was promised to be smooth. Since June, when the Department of Health issued its Request for Proposals (RFP), evidence has emerged time and again that this proposal has been deeply flawed since the beginning. Since the rollout of the RFP, the process has been plagued by a lack of transparency, a lack of basic data, legal questions, and consumer and worker concerns that get more and more urgent and pronounced by the day.

Most importantly, this change promised to not impact any of the almost 300,000 older and disabled New Yorkers who rely on CDPAP to live independently in their communities, or the 425,000 people who work for them as personal assistants (PAs). Yet since the state began this so-called transition we have seen wholly inadequate, verging on dangerous, outreach efforts; shockingly low enrollment numbers; repeated privacy breaches that could and should constitute a breach of contract; a failure to meet basic language and cultural needs; and a basic lack of empathy from the company that will become the monopoly governing services in this state.

To protect the health and well-being of the almost 300,000 older and disabled New Yorkers who rely on CDPAP to live in the community, the 425,000 PAs who rely on this program for their livelihood, and the overall healthcare system of New York, this budget must repeal this proposal, choosing instead the CDPAP Accountability Act, a system that uses common sense provisions to license and regulate FIs, ban advertising, increase reporting requirements and transparency, and improve the state's ability to oversee this critical program in ways that granting a monopoly to one private-equity backed company simply cannot.

The fundamental premise for this change has been invalidated

The need for a switch to a single FI was predicated on two ideas:

1. CDPAP was growing at an unsustainable rate of 1200% per year.¹
2. Switching to a single FI would save the state \$200 million in 2024-25, and \$500 million each year moving forward.²

¹<https://www.crainsnewyork.com/health-pulse/kathy-hochul-looks-6b-cdpa-program-her-efforts-cut-medicaid-s-pending>

² https://www.health.ny.gov/health_care/medicaid/redesign/2024/2025_enacted_budget_scorecard.htm

In the months since the budget has passed, both of these ideas underpinning the switch to a single FI have been shown to be false, or at best misleading.

In a report by Michael Kinnucan of the Fiscal Policy Institute, entitled "[How fast is New York's home care program growing?](#)", the author examined the claim that New York's CDPAP program was growing by 1,200% per year. What he found was that, while CDPAP was growing at high rates, the Governor, Budget Director, and Department of Health's claim reflected only half the picture. When looked at in relation to the entirety of Medicaid-funded home care, growth was only 3.9%, consistent with the growth of the aging population in New York.

Hours of Home Care by Model, 2018-2023 (in Thousands)

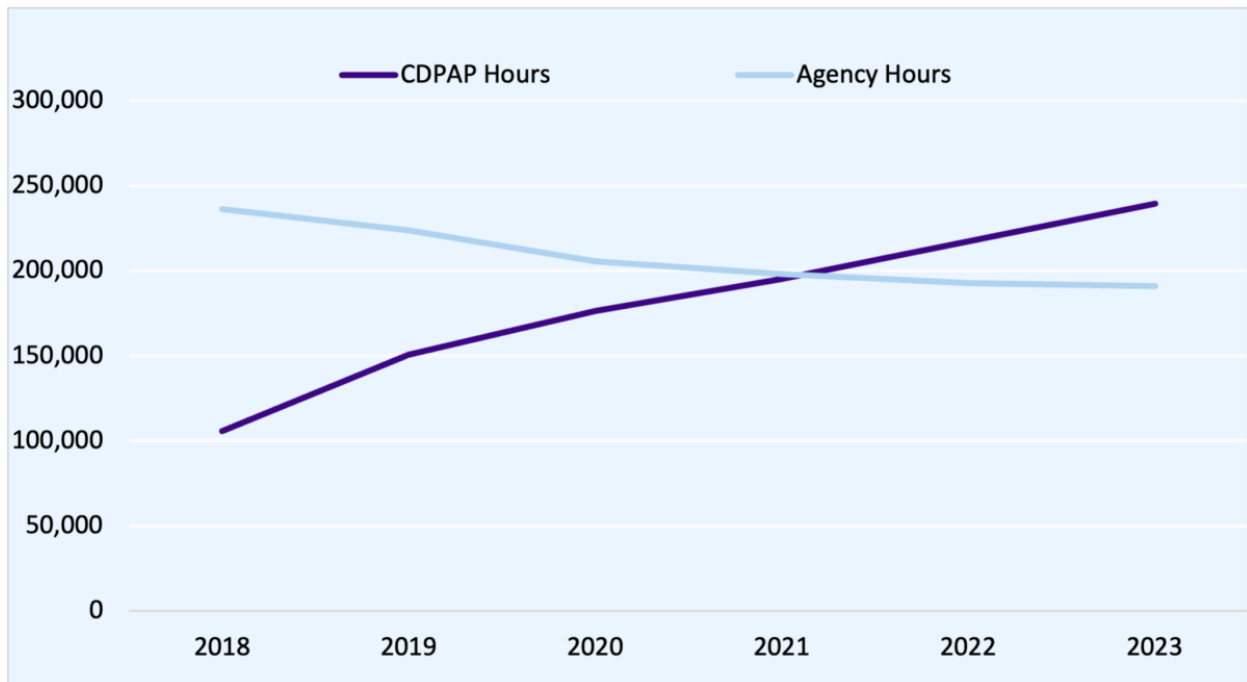


Chart credit to "How fast is New York's home care program growing". Fiscal Policy Institute. Michael Kinnucan. 12/12/2024.

To quote Mr. Kinnucan from his report, "An analyst studying CDPAP in isolation would see runaway growth—but taking the program as a whole, spending growth is far less dramatic."

Indeed, it seems that the reports that CDPAP is growing at out of control rates was based on an incomplete examination of the Medicaid program's growth. Based on the rate differentials paid

to managed long term care plans at the start of 2024³ and data put out by the Department of Health in their RFP on the number of consumers in CDPAP by region⁴, the growth in CDPAP as the preferred method of home care delivery in Medicaid resulted in savings of \$200 million compared to if the same growth had occurred based on usage rates in 2018.

That is \$200 million that the Department's switch to a single statewide FI did not achieve in the same year.

However, the financial damage caused by the switch to a single statewide FI does not stop there. The change is quickly wiping out the savings achieved by the transition from agency-based home care to CDPAP. Since December, 2024, data from electronic visit verification (EVV) vendors provided to CDANY, but verifiable through the DOH, indicate that approximately 21,500 people have switched from CDPAP to agency-based home care. Utilizing the same cost differentials between CDPAP and agency-based home care, this trend has already resulted in annualized increased costs of \$64 million to Medicaid. With the rate of change occurring at about 2,000 people per week, by April 1, the annualized cost increase will be \$105 million annually.

But the failure to achieve savings does not end there. The Aid to Localities bill lines out \$20 million in new spending to independent living centers (ILCs). All of the identified centers receiving a portion of this \$20 million are currently operating as fiscal intermediaries. The identified funds are meant to offset the administrative losses these agencies will incur as a result of the programmatic change. These funds are critical. They allow independent living centers to perform vital programmatic work for individuals with disabilities across the state; however, it continues to undermine the purported savings associated with the switch to PPL, and essentially amounts to paying the ILCs separately for what they were currently receiving as the result of providing a service for before.

Not in the budget, but identified on a scorecard that CDANY saw prior to the Governor's release of the budget, was a \$40 million advance from the state to PPL. This advance is meant to fund PPL's ability to meet payroll costs associated with their takeover of CDPAP. While meeting payroll is imperative, it is important to note that the very need for this advance demonstrates a failure of PPL to meet a fundamental provision of the RFP, which stated that PPL as the contractor must maintain "sufficient liquidity to guarantee timely and uninterrupted payment to all PAs for the duration of the contract term."⁵ PPL's need for a \$40 million advance from the state not only further erodes savings associated with the proposal, it undermines their ability to fulfill this core obligation.

The most egregious increase though are reports of an assurance from the Department of Health on February 5, 2025 that, effective July 1, 2025, managed care plan rates would increase to

³https://www.health.ny.gov/health_care/medicaid/redesign/mrt61/docs/2023-12-13_hcw_min_wage_webinar.pdf

⁴ <https://www.health.ny.gov/funding/rfp/20524/20524.pdf>. Attachment D. Page 32.

⁵ <https://www.health.ny.gov/funding/rfp/20524/20524.pdf>. Section 5.6.2. Page 14.

accommodate reimbursement rates for PPL *in excess* of those previously being paid to FIs, even though the new rates do not account for administrative payments that were incorporated into FIs rates under the old methodology. The Governor, Budget Director, and Department of Health have maintained FIs were abusing the system by collecting excessive reimbursements and that by moving to one FI, we would create efficiencies and lower costs in a way that even two FIs could not achieve. Now, to save their program, those same officials are forcing health plans to provide PPL with even higher reimbursement rates, assuring them higher capitated payments as a reward.

The underlying foundation of the switch to PPL- achieving almost three-quarters of a billion dollars in savings by curbing unchecked growth in the program - has been proven inaccurate on both counts. The reality is that CDPAP, as part of the larger Medicaid home care program, is growing in pace with New York's aging population and offers tremendous value to the state, as recognized by the \$250 million in increased costs that have occurred as a result of the change, with no identifiable savings.

Legal questions about the contracting process

In addition to the notion that the single FI will save the state money being a fallacy, the entirety of the state's contracting with Public Partnerships, LLC (PPL) has raised numerous questions about the integrity of the bidding process as well. From the moment the idea of a single FI was proposed to the day DOH and Governor Hochul announced the award, significant concerns have existed over the legitimacy of the bidding process that unfolded. While much of this is being addressed in court, it poses a significant ongoing threat to how the government is perceived at the very moment in history the state government must do everything it can to ensure transparency and openness.

Concerns about a shift to a single FI began before the budget was even finalized. These concerns were not raised by advocates, but by elected officials. News reports from April 12, 2024, prior to the enactment of the state budget, quoted Assemblymember Kim as saying, "The state should not try to fix broken markets (which the state created) by creating a mega-monopoly system. Picking one winner sounds like a recipe for corruption."⁶

The same article highlighted that, "Over half a dozen sources confirmed that the firm PPL Inc., which describes itself as a "financial management services company" on its website, is being seriously discussed as a candidate to take over as the lone fiscal intermediary that would bill Medicaid and pay CDPAP caregivers."⁷

⁶<https://nypost.com/2024/04/11/us-news/critics-furious-over-hochul-heastie-plan-to-crack-down-on-nys-8-billion-home-care-medicare-program/>

⁷ Ibid.

When the budget was finalized, and the single fiscal intermediary was enacted, over the objections of many on this dais⁸, Comptroller Dinapoli went out of his way to state that “problematic provisions” such as the proposal to move to a single fiscal intermediary “...reduce transparency, competition and State Comptroller oversight over a significant amount of taxpayer supported State spending.”⁹

Since the budget was finalized, additional details have come to light that further cast doubt on the legitimacy of the entire process. For instance, an affidavit submitted by BRIDGES of Rockland County Executive Director and CEO Carlos Martinez asserted that during a meeting with the Governor’s Chief Disability Officer on April 9, 2024, before the budget was finalized, “a staff member from the office of the CDO informed us that the State intended to choose Public Partnerships, LLC, to take over as the statewide fiscal intermediary.”¹⁰

Finally, it has been cited that PPL, on or before July 26, 2024, posted a job description seeking a “Director, Market Implementation.” The first responsibility for this position was to “...oversee the New York market and consumer implementation function and ensure the Customer Experience Operations department’s goals and responsibilities are met in New York.”¹¹ As a reminder, Governor Hochul and DOH announced the award on 9/30/2024.

The contract PPL received to administer CDPAP is, per accounts, a \$40 billion contract over five years. It will determine who serves as the sole provider of services for almost 300,000 older and disabled New Yorkers. Even the slightest appearance of impropriety should be enough to disqualify the process. Instead, this contracting process has an overwhelming appearance of impropriety that should cause the Legislature to reexamine whether or not the proposal it was sold is in fact that proposal it is receiving, and take action to nullify it if it is not.

Implementation presents a severe risk to consumers and PAs

At its heart, this is a discussion not about cost or legal technicalities, but about human beings. Governor Hochul and DOH have maintained throughout this process that PPL is more than ready to take over this program and that a seamless transition can and will occur in three months with no interruption to services. CDANY’s and others repeated calls for caution about the size and scope of this project, the work needed, and PPL’s track record were dismissed.

Consumer and PA privacy violations

⁸<https://www.post-journal.com/news/top-stories/2024/05/change-to-home-care-program-upsets-both-gop-dems/>

⁹ <https://www.osc.ny.gov/files/reports/budget/pdf/enacted-budget-report-2024-25.pdf>. Page 22.

¹⁰ Affirmation of Carlos Martinez. Freedom Care LLC vs The New York State Department of Health; James V. McDonald, in his official capacity as Commissioner of the New York State Department of Health; and Public Partnerships LLC. New York County Supreme Court, Index 131046/2024.

¹¹ Exhibit 22. Freedom Care LLC vs The New York State Department of Health; James V. McDonald, in his official capacity as Commissioner of the New York State Department of Health; and Public Partnerships LLC. New York County Supreme Court, Index 131046/2024.

Problems began to surface even before the transition officially began. Section 365-f of the social services law details how a transition shall proceed in the event that a FI is closing because it is being forced to close pursuant to the issuance of a contract that the FI either failed to apply for or failed to win. Specifically, the law dictates that DOH “deliver written notice forty-five calendar days in advance to the affected consumers, consumer representatives, personal assistants, the department, and any local social services districts or managed care plans with which the fiscal intermediary contracts.”¹²

Conducting a transition in this manner allows all impacted parties to receive notice while maintaining the privacy and confidentiality rights of the consumer and worker. Instead of following this provision of law, and HIPAA, DOH chose to have PPL conduct the transition and force both managed care plans and FIs to provide the information knowing it would be sent, illegally, to PPL.

Prior to Thanksgiving, managed care plans were required to submit information to the Department of Health about all of their members who were in receipt of CDPA. Through emails and phone calls received by consumers from PPL, FIs were aware that this information, which included protected health information under HIPAA, was provided to the company without any consent from the consumers. Many consumers chose to file HIPAA complaints with the United States Department of Human Rights. (NOTE: this recourse no longer exists as the Trump Administration has removed the HIPAA complaint page from DHR’s website.)

On December 6, 2024, the Department of Health issued an [unsigned policy memorandum](#) directing FIs to supply the DOH and managed care plans with all of their consumer and PA information, including:

- Full names of CDPAP Consumer
- Consumer CIN
- Designated Representative and contact information (if applicable)
- Consumer contact information (phone number, email address)
- Consumer preferred language
- PA(s) for each Consumer
- PA contact information (phone number, email address)
- PA wage information.

As FIs were aware that consumers’ protected health information had already been provided to PPL without consumer approval, they were legally prevented under HIPAA from providing this information to the plans or DOH, as they had reason to believe it would be mishandled. The Consumer Directed Personal Assistance Association of New York State (CDPAANYS), our sister organization, wrote a letter to DOH through counsel expressing this and other legal concerns with the memo. While not responding to CDPAANYS’ letter directly, DOH issued a subsequent memo in which they threatened FIs with penalties, including immediate revocation

¹² Social Services Law §365-f(4-d)(c).

of their ability to operate as a FI, if they did not comply with the December 6 directive. CDPAANYS sought judicial relief and on January 17, a judge issued a temporary restraining order preventing DOH from enacting any penalties against CDPAANYS' members for failure to comply, citing a reasonable chance that the organization would succeed on the merits of the case.

This was not even the end of the privacy violations faced by consumers or workers. On January 8, two days after PPL officially began enrolling consumers, PPL issued a memo to their subcontractors (who they call facilitators). In the memo, which was obtained by CDANY, PPL stated, "Facilitators will have visibility into all PAs in the program, regardless of the facilitator they are assigned to. Please refrain from contacting PAs simply because they are visible in the system. Only reach out to PAs you know are directly associated with your consumers."

In plain language, PPL's computer system did not allow them to prevent subcontractors from seeing every worker's information, including social security numbers and health assessments, whether or not the subcontractor had a relationship with the consumer or PA. Worse, their proposed solution was, essentially, "Please don't look."

Call Center failures

From January 6, when PPL's call center first open, things have not gone well. Consumers are routinely reporting long hold times, dropped calls, and PPL operators who could not be heard over bad lines with static or excessive background noise.¹³

When consumers did get through, there was no significant improvement. CDANY and other advocates received multiple reports from consumers that PPL representatives faced a singular purpose of trying to enroll them with PPL, going so far as either refusing or being unable to answer questions and making generalized threats akin to "Well, you have no choice" in an effort to switch from questions to enrollment.

In an apparent violation of New York's wage transparency law, when consumers asked about what their PAs would make under PPL, they were told that they would receive the answer as soon as the PA was signed up with PPL. Multiple consumers filed complaints with both DOL and the New York City Commission on Human Rights regarding the violation of these wage provisions.

For those who got answers, it was not much better. One consumer, after pushing on what the wage for her workers would be, was told "Between \$15 - \$18". The consumer noted that the home care minimum wage, as of January 1, 2025, was \$18.10 in her area and the representative hung up.

Hang ups, as noted, were the norm. Consumers repeatedly reported either waiting so long on hold or so many failures to answer basic questions, that they would hang up frustrated and

¹³ Twitter post by New York Caring Majority. <https://x.com/CaringMRising/status/1877079427344998608>.

more confused than when they began. Other times, consumers reported PPL representatives disconnecting the line on them.

Language failures

New York's network of community-based FIs, combined with consumers' ability to recruit and hire their own workers, has historically meant that CDPAP could rightfully boast that the program solved two of the biggest problems facing the health care system - the language gap and the culture gap.

This was of paramount importance, because in New York, where hundreds of languages are spoken, and even more dialects, the impact of the language gap on health outcomes is very real..

Under PPL, not only can this claim no longer be made, CDPAP cannot even meet the most basic of language requirements. Reports to this point include:

- A consumer called PPL seeking a Spanish interpreter. After approximately 20 minutes of waiting on hold and trying to talk to representatives who only spoke English, she was connected with an Italian interpreter.
- A consumer called PPL seeking a Russian interpreter. She was connected with a Spanish interpreter. When she asked the Spanish interpreter for Russian, she was hung up on.
- A consumer called PPL seeking a Polish interpreter. She was informed by the representative that they could not support Polish.

These are three examples; but they are not the only ones. CDPAP thrives in immigrant communities, where consumers and workers can connect to ensure high quality services are provided in the language spoken by the consumer. It is one of the best networks in our healthcare system. It is unacceptable, but not unexpected, that PPL cannot handle basic requests like Spanish, Russian, or Polish, and it calls into serious question how they will interact with more obscure languages found in communities across our state. It also violates the terms of the RFP and should invalidate the contract on its own.

The transition is not proceeding according to plan

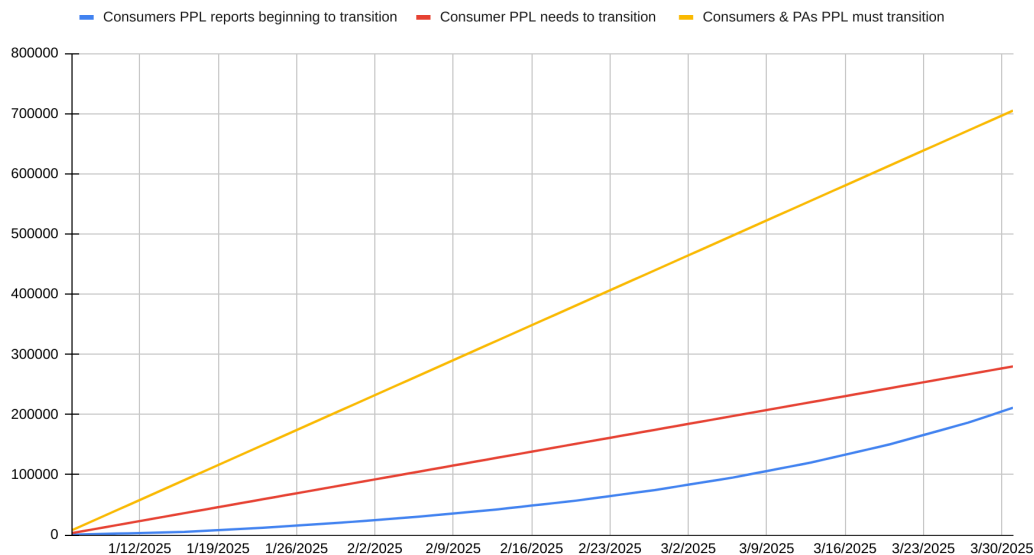
With the problems that we have highlighted, which serve to show only a small sliver of the problems that consumers and workers are facing, it should not come as a surprise that enrollment in PPL is lagging.

With 280,000 consumers and approximately 425,000 PAs, PPL needs to enroll an average of 3,300 consumers per day, or 8,300 consumers and PAs per day, every day, between the day they began operating on January 6 and April 1.

This number grows when it is noted that, in webinars with consumers, PPL noted that consumers should begin the transition no later than March 10 in order to ensure their transition is finalized in time. With this timeline, PPL must at least start enrollment for an average 4,500 consumers each day. If counting PAs, they would need to begin enrollment for an average of 11,200 consumers and PAs per day.

Reality does not reflect this. On January 17, DOH issued a [press release](#) celebrating that, in the first 10 days of operation, PPL “completed or began” “almost 5,000” applications. This represented less than 2% of consumers in the program, and less than 0.75% of all consumers and PAs.

Consumers PPL is enrolling vs Consumers & PAs PPL needs to enroll



To meet the targets necessary for beginning or completing every consumer alone by April 1, they should have had 33,000 consumers completed in this time frame. To meet the targets necessary for consumers and PAs by April 1, that number should have been 83,000.

The next week, DOH [again issued a press release](#) noting that they had “begun or completed” 12,000 consumer applications. While this represented a 120% increase over the previous week’s numbers, it still is significantly lower than what is necessary to meet an April 1 deadline. By this time, PPL should have completed 16,500 consumer applications, and 41,500 consumer and PA applications.

Last week, [DOH’s press release](#) noted that they began or completed enrollment for 22,000 consumers. This still was dramatically lower than necessary to meet an April 1 target, but there was again no recognition of the fact that this number reflects less than 8% of consumers who had “begun or completed” this process with only 58 days until services would be terminated for those who had not finalized a transition.

Transition notices are a problem

PPL's transition is on a timeline that can best be described as ambitious, with New York City, Nassau, Suffolk, and Westchester not beginning to transition en masse until February 10. This means that yesterday was the first time about 225,000 consumers heard about the fact that they would need to transition to PPL by April 1 in order to maintain their CDPAP services.

While the sheer volume of this plan is disturbing based on what PPL has failed to accomplish to this point, the manner in which PPL is conducting notifications is worse.

Consumers are being notified of their need to transition to PPL in a generic text message or email. Worse, this text or email immediately asks the consumer to click a link that requires them to copy a 20 digit tracking number, an 8-digit PPL ID number, and their Medicaid ID number.

The email is not from a government entity. It is not from an entity the consumer knows or has an existing relationship with. It should go without saying at this point that the texts and emails, as well as the websites that these messages bring people to, are written solely in English.

Government and consumer advocates have spent the last 30 years or more teaching people, particularly immigrants and seniors, to avoid clicking links in generic, unsolicited email and text messages. They have spent the last 30 years teaching people not to provide sensitive information like Medicaid ID numbers and social security numbers to people who are sending unsolicited and generic messages.

– REDACTED PPL EMAIL/TEXT TO CONSUMERS –

From: **DoNotReply** <DoNotReply@pplathome.com>
Date:
Subject: Submission Confirmation for CDPAP: CONSUMER NAME
To:

Hi CONSUMER NAME,

Good news! We received your information, and you are ready to start transitioning to PPL as a CDPAP consumer.

Your tracking number is: NY-XXXXXXXXXXXXXXXXXXXXX.
Your PPL ID is: XXX-XX-XXXXXXXXX.
You will need these when calling PPL or your CDPAP facilitator.

Register for PPL@Home using this link: <https://pplathome.pplfirst.com/emailsignup>

Then, use this link to login to PPL@Home: <https://pplathome.pplfirst.com/emailsignin>

Email us at NYCDPAP@pplfirst.com with any questions.

Cheers,
PPL Team

The enrollment forms being electronically submitted by PPL violate all best practices. The majority are destined to, at best, end up in spam folders ignored, and at worst foster countless fraud schemes that pretend to be PPL and scam consumers out of what little they have in the false belief they are keeping their CDPAP.

Consumers will be forced to enroll their own workers

A confusing and, questionable, notification process is not the only reason crises in enrollment are expected. PPL is fundamentally changing consumers' obligations and DOH defined terms in relation to consumers' role and what it means to self-direct.

In New York's CDPAP, an individual is defined as being able to self-direct his or her own services if he or she is "...capable of making choices about his or her activities of daily living, understanding the impact of the choice and assuming responsibility for the results of the choice."¹⁴

PPL has implemented a different definition of self-direction. Multiple subcontractors have told CDANY that PPL has determined that if they enroll all 280,000 consumers, their job will be completed. It is the position of PPL that it is up to the consumers to onboard and enroll their workers because they are "self-directing."

In New York, FIs have always not only administered payroll and benefits, but also onboarded consumers workers. The FI ensures that all the proper documents and records are in place for the PA to begin working and continue working. This means the FI ensures the PA has health assessments completed, tuberculosis tests on file, I-9 forms, tax forms, direct deposit forms, benefits forms, and more. The consumer only needed to worry about directing the PA in matters related to "his or her activities of daily living."

One subcontractor has reported that they (PPL) does not understand what has been going on in New York and that FIs have been "coddling" consumers but that this was going to end. Indeed, PPL is insistent that it will be the responsibility of the consumer, not PPL or the subcontractor, to ensure proper completion of and upload to PPL's system:

- I9 forms, including reviewing and recording all government documents;
- W-4 forms and other Federal and NYS tax documents;
- Direct deposit forms;
- Health insurance forms for those who apply (this involves understanding PPL's rules for which PAs do and do not qualify for health insurance);
- Other benefit forms;
- Wage parity requirements and how PPL meets wage parity; and

¹⁴ Schaffhausen, C. "GIS 08 OLTC/005 Consumer Directed Personal Assistance Program: Clarification of 06 OMM/LCM-1." Division of Home and Community Based Services, Office of Long Term Care, New York State Department of Health. September 9, 2008.
https://www.health.ny.gov/health_care/medicaid/publications/docs/gis/08oltc005.pdf

- Any other HR or employment documentation PPL requires.

If the consumer and/or PA cannot print these documents or upload them to PPL's system, PPL has determined that the consumer is incapable of self-directing and should lose services.

This means that hundreds of thousands of Medicaid consumers, many of whom have never dealt with any of these forms in their life and do not have access to printers, scanners, or even a computer or Internet in some instances, will be forced to learn all of it in days or weeks, or else lose their services.

A Better Option

CDANY strongly supports S1189 (Rivera)/A2735 (Stirpe), the CDPAP Accountability Act, which would repeal the single statewide FI scheme and submit current FIs to common-sense licensure and oversight requirements. It would introduce new reporting requirements on FIs that would create transparency in the number of hours that are authorized, the number of PAs consumers hire, turnover rates for those PAs, wage and benefits information, and more. It would create a registry of PAs so that the state could protect against fraud and abuse, while also protecting that registry from FOIL, in order to protect the privacy of those workers and the consumers they work for. Finally, it would ban FIs from advertising, ending the misleading subway and bus ads that have reportedly cast doubt on the program's legitimacy..

Senator Rivera and Assemblymembers Stirpe's legislation should be incorporated into the budget and enacted, so that we can finally bring the oversight and regulation CDANY has been fighting for since 2012 into this industry.

Conclusion

Whether you supported the move to a single statewide FI or not, Legislators were told that it was necessary to achieve a cumulative \$700 million in state savings over two years and that it would be a simple and straightforward process with no impact to consumers.

It is clear that none of this is true. The plan will cost New York more money than it is currently spending. To say the threat of tens, or even hundreds of thousands of consumers losing their services and workers going without pay is possible is an understatement. At this point it is all but certain.

At every stage, this process has been bungled, and we are seeing the ramifications of that in the so-called transition process playing out as we speak. The incompetence would be comical if so many lives did not hang in the balance.

Last year, Governor Hochul, DOB, and other proponents of the single FI scheme sold you a Honda Civic. The closer we come to April 1, when existing FIs will close and tens of thousands will lose care, it is clear that you've been delivered a Ford Pinto.

It is not too late though. Include the CDPAP Accountability Act in this year's budget and enact meaningful, common-sense licensure and regulation of the existing FIs, increase transparency and reporting requirements, ban advertising by FIs, and improve - don't destroy - CDPAP.