Testimony submitted to the Joint Fiscal Committees
on the SFY 2025-26 Executive Budget
Higher Education Budget Hearing
February 25, 2025

Thank you for the opportunity to submit testimony on the 2025-26 New York State Executive Budget. The Schuyler Center for Analysis and Advocacy (SCAA) is a 152-year-old statewide, nonprofit organization dedicated to policy analysis and advocacy in support of public systems that meet the needs of disenfranchised populations and people living in poverty.

Top Budget Recommendations

- Adopt the proposal to authorize dental hygienist to perform additional services and defines collaborative practice dental hygiene.
- Expand investment in the Foster Youth College Success Initiative to $10 million.

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Adopting the proposal that would authorize dental hygienists to perform additional services and define collaborative practice dental hygiene (Section X of the Health/Mental Hygiene Budget Bill) would increase access to essential dental care by allowing dental hygienists to provide essential dental care in settings accessible to New Yorkers who often face barriers to accessing preventive services and treatment.

The budget language would authorize dental hygienists to provide services under a collaborative practice arrangement with a dentist in a much broader range of settings than is currently allowed. Collaborative practice allows dental hygienists to provide care without direct supervision while maintaining a consulting relationship with a dentist. In New York, collaborative practice is currently restricted to facilities governed by NYS Public Health Law Article 28, such as hospitals, federally qualified health centers, and nursing homes.

The budget provision would allow collaborative practice in the following settings:

- Dental offices
- Long-term care facilities and skilled nursing facilities
- Public and private schools
- Public health agencies and federally qualified health centers
- Correctional facilities, public institutions, and mental health facilities
- Drug treatment facilities and domestic violence shelters

Additionally, we urge an amendment to include foster care agencies in the list of eligible programs to expand access to oral health care to this underserved population.

Dental hygienists are essential oral health providers already embedded in communities across the state. This provision would allow them to be more effectively utilized, ensuring broader access to vital oral health services for populations that currently struggle to receive care.

Dental hygienists play a key role in preventing cavities and gum disease either under the supervision of a dentist or independently through a collaborative practice agreement. The collaborative practice model allows dental hygienists to work in cooperation with a consulting dentist, without the need for direct supervision for functions typically performed under general supervision. This model enhances access to dental care, especially in underserved areas, by enabling dental hygienists to work more independently while maintaining a connection with a dentist for consultation and oversight. Currently in New York, collaborative practice is limited to facilities governed by NYS Public Health Law Article 28, such as hospitals, federally qualified health centers, nursing homes, and other healthcare entities.

Recent research has shown that over 2.8 million New Yorkers live in areas that are underserved for dental care.[1] Oral diseases are not equitably distributed across society. People experiencing poverty, living with disabilities, residing in rural communities, seniors, immigrants and refugees, and those from Black, Latino, Asian American, and Native American communities, and those facing complex health conditions continue to suffer disproportionately from oral diseases.[2]

Numerous states have already extended the range of services hygienists can offer and the environments in which they can practice, but New York has not kept pace with national trends.[3, 4] In fact, expanding the types of services that dental hygienists can provide and allowing them to practice in more locations is a well-established approach in other states to improving access to oral health care, especially in underserved communities.[5] Research in these states demonstrates that granting hygienists greater responsibilities leads to better oral health outcomes.[6]

We urge you to support this provision because the evidence from other states and research strongly indicates that expanding collaborative practice dental hygiene would greatly enhance access to care for underserved populations. This is a critical step toward addressing the ongoing dental access crisis in the communities and the populations we serve.

The Schuyler Center urges the Legislature to adopt the Executive Budget's changes to dental hygiene in Section X of the Health/Mental Hygiene Budget Bill to authorize dental hygienists to perform additional services and define collaborative practice dental hygiene, and add an amendment to include foster care agencies in the list of eligible programs to expand access to oral health care to this underserved population.

For more information on this topic, please read our following reports:

- ***From Barriers to Bridges: Redesigning New York's Oral Health Workforce for Equity and Access.*** The Executive Summary is attached to the testimony. The full report is available on our website.
- ***Investing in Childhood Oral Health Equity***. Attached to the testimony.
- ***Visit the Schuyler Center's Future Oral Health Project webpage*** on our website, www.scaany.org

Support Young People Who Have Experienced Foster Care So They Can Pursue Higher Education

Only two to seven percent of foster youth complete a two- or four-year degree. Yet, the best way to ensure that a young person will secure and retain good-paying employment in adulthood is a college education.

The Foster Youth College Success Initiative (FYCSI) was created in 2015 and supports young people who have experienced foster care and are attending college, including by covering costs such as tuition and fees, books, transportation, housing, medical and personal expenses. FYCSI also supports young people with advisement and tutoring. FYCSI supports about a thousand students every year through successful completion of their course of study. More students apply for and receive FYCSI support each year.

A 2024 report by the Rockefeller Institute of Government found that the 10-year old program has been highly successful: FYCSI recipients have higher graduation rates with associate and bachelor's degrees than their peers.[7]

The Executive Budget proposes funding FYCSI at $7.9 million. This is a cut compared to the 2024-25 Enacted Budget's $8.3 million, which included $392,000 added by the Assembly. Fully funding FYCSI at $10 million would allow the initiative to reach more eligible students and fund new students at the same levels as those currently receiving support.

The Schuyler Center urges the Legislature to expand investment in the Foster Youth College Success Initiative to $10 million.

About Us

Schuyler Center is the home of and participates in the leadership of Empire State Campaign for Child Care, a campaign that advocates for universal child care in New York State and the compensation child care providers deserve, and New York Can End Child Poverty, a group dedicating to ending child poverty in New York. Schuyler Center also participates in the leadership of the Child and Family Wellbeing Action Network (CFWAN), advocates, providers, and people impacted by New York's child welfare system working towards a vision of New York where the state prioritizes investing in and implementing policies that strengthen and support children, youth and families; serves on Steering Committees for *Raising New York*, dedicated to the health and well-being of the youngest New Yorkers; *Kids Can't Wait*, focused on reform and improvement of New York's Early Intervention program. Dede Hill, Schuyler Center's Director of Policy, is an appointee to New York's Child Care Availability Task Force and Kate Breslin an appointee to New York's Child Poverty Reduction Advisory Council.

Thank you. We appreciate the opportunity to submit testimony and look forward to continuing to work with you to build a strong New York.

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[1] Center for Health Workforce Studies. (2024). *Oral Health Needs Assessment for New York State 2024*. School of Public Health, University of Albany. https://oralhealthworkforce.org/wp-content/uploads/2024/11/CHWS-Oral-Health-Needs-Assessment-NYS-2024-Final.pdf

[2] National Institute of Health. (2021). *Oral Health in America: Advances and Challenges*. Section 1 - Community. https://www.nidcr.nih.gov/sites/default/files/2021-12/Oral-Health-in-America-Advances-and-Challenges.pdf#page)

[3] Center for Health Workforce Studies. (2024). *Oral Health Needs Assessment for New York State 2024*. School of Public Health, University of Albany. https://oralhealthworkforce.org/wp-content/uploads/2024/11/CHWS-Oral-Health-Needs-Assessment-NYS-2024-Final.pdf

[4] Langelier, M. et al. (2016). *Development of a New Dental Hygiene Professionals Practice Index by State, 2016*. School of Public Health, SUNY Albany. https://oralhealthworkforce.org/wp-content/uploads/2018/02/OHWRC_Dental_Hygiene_Scope_of_Practice_2016.pdf

[5] National Maternal and Child Oral Health Resource Center. (2023). *Networks for oral health integration within the maternal and Child Health Safety Net. MCHB-Funded Projects*. https://www.mchoralhealth.org/PDFs/nohi-overview-profiles

[6] Langelier, M. et al. (2016). *Expanded Scopes Of Practice For Dental Hygienists Associated With Improved Oral Health Outcomes For Adults*. Health Affairs, 2207-2215. https://www.healthaffairs.org/action/showCitFormats?doi=10.1377%2Fhlthaff.2016.0807&mobileUi=0

[7] Rockefeller Institute of Government. (2024). Fostering Success at SUNY: Financial Support through the Foster Youth College Success Initiative. https://rockinst.org/issue-area/fostering-success-at-suny-financial-support-through-the-foster-youth-college-success-initiative/

Expanding Access to Oral Health Care

The Promise

All children deserve to be free from the pain and lasting impacts of dental disease. Good childhood oral health is ensured when families have easy and affordable access to preventive and treatment services. Expanding access to oral health care will reduce health disparities across New York State.

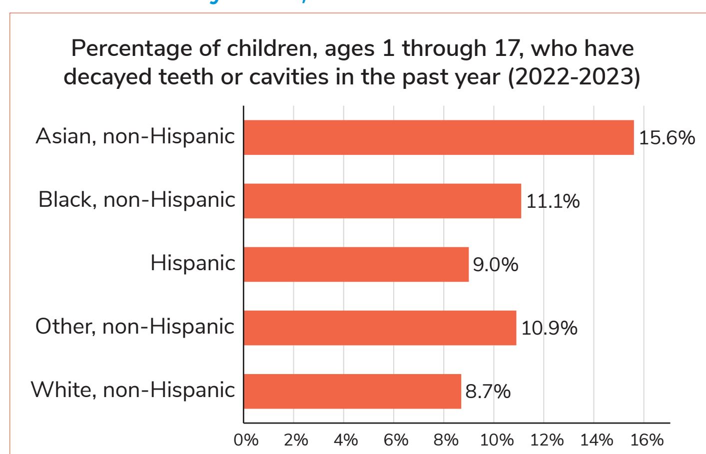
The Challenge

Children's oral health has improved in recent decades, but dental caries (cavities) remains the most common chronic disease of childhood.[1] Improvements in oral health care have not been uniform, with oral health problems disproportionately impacting young children, uninsured children, children living in poverty, non-Hispanic Black children, children from non–English-speaking households (including immigrants and refugees), and children with special health care needs. All of these groups face challenges accessing preventive oral health care.[2]

Structural inequities create barriers to achieving good oral health.

Oral health disparities relate to many of the same social and economic factors that drive other health disparities. Factors such as poverty, racism, education, access to healthy foods, culture, and physical environment all influence oral health status in the same way these factors influence overall health.[3] One significant issue contributing to disparate care is a shortage of dental providers around New York State that accept public insurance, and an overall shortage of providers in lower-income and rural communities.[4] Further, a lack of providers with language and cultural proficiency poses an additional barrier for immigrant and refugee populations.[5]

Racial and ethnic disparities exist in dental disease driven by factors such as poverty, racism, education, access to healthy foods, and more

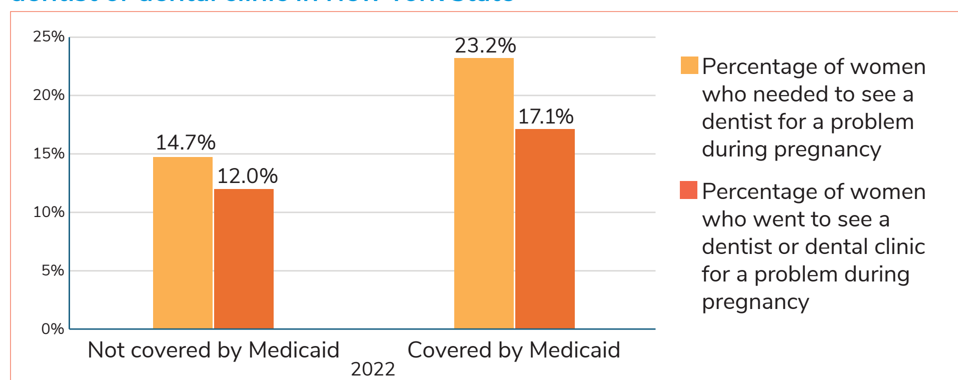


Source: Child and Adolescent Health Measurement Initiative. 2022–2023 National Survey of Children's Health (NSCH) data query.

Pregnant people are particularly at risk for oral disease, yet many cannot access needed care.

Oral health care is particularly important during pregnancy because physical changes during pregnancy make pregnant people particularly vulnerable to oral disease. Further, lack of oral health care during pregnancy can have negative health impacts for both mothers and their newborns.[6]

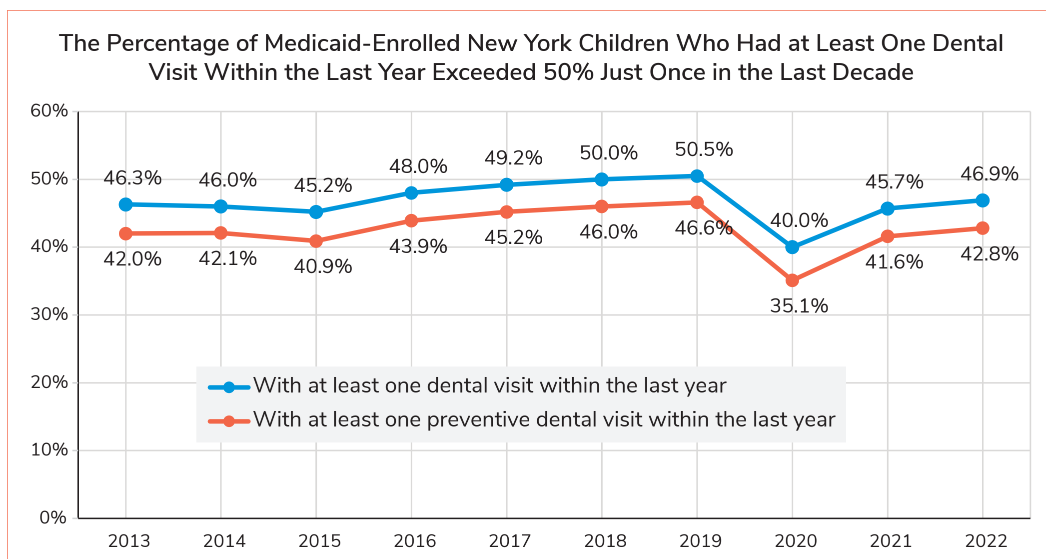
Some pregnant women who needed to see a dentist did not go to see a dentist or dental clinic in New York State



Source: NYS Department of Health. PRAMS Trend Reports.

What We Know

Most oral health problems are preventable, and Medicaid and commercial health insurance cover preventive services. Yet, having insurance is of limited use if there aren't enough dental providers in a community to meet demand, or if providers do not accept public insurance.[7] Over the past decade, utilization of dental services among New York children covered by Medicaid and Child Health Plus was only 50% before the pandemic and, post pandemic, has not recovered to even that rate.



Source: NYS Department of Health. New York State Community Health Indicators Reports (CHIRS) Dashboard.

The Policy Solutions

To improve children's oral health, New York should:

- Expand the oral health workforce by: 1) raising payments to increase the number of dentists in Medicaid; 2) expanding scope of practice for dental hygienists; and 3) allowing dental therapists to practice in New York to expand the number of providers that can provide basic treatment services (filling cavities, extracting a tooth).
- Allow parents to apply fluoride varnish under instruction of a dental provider.
- Fund the NYS Department of Health to provide technical assistance, training, and resources on oral health to early childhood programs.
- Reimburse community health workers and community dental health coordinators to provide oral health education and care coordination.
- Continue to support community water fluoridation.
- Create pilot programs in pediatric and OB-GYN offices to screen for oral health problems, provide preventive services, and refer children to dental offices.

> "A lot of providers left after COVID. We need more dentists that are willing to accept Medicaid. It would be good if there were more providers to shorten the wait time and waitlist."
>
> —Melinda, Parent, *Central New York*

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[1] Crall, J.J., & Vujicic, M. (2020). *Children's Oral Health: Progress, Policy Development, And Priorities For Continued Improvement*.

[2] Corr, A., Wenderoff, J. (2022). *Inequitable Access to Oral Health Care Continues to Harm Children of Color: Analysis of outcomes among third graders highlights gaps in data*.

[3] Krol, D.M., & Whelan, K. (2023). *Maintaining and Improving the Oral Health of Young Children. American Academy of Pediatrics*.

[4] NIH. (2021). *Oral Health in America: Advances and Challenges, Sec. 2A., pp. 21-23, pp. 42-44, pp. 59-64.*

[5] Le, H., Hirota, S., Liou, J., Sitlin, T., Le, C., & Quach, T. (2017). *Oral Health Disparities and Inequities in Asian Americans and Pacific Islanders*.

[6] Hartnett, E. et al. (2016) *Oral Health in Pregnancy. Journal of Obstetric, Gynecologic & Neonatal Nursing, Volume 45, Issue 4, pp. 565–573*.

[7] NIH. (2021). *Oral Health in America: Advances and Challenges. Sec. 1, p. 18; Sec.4 : p. 21*.

*For all sources and computations, go to https://scaany.org/sonyc-sources-2025/