

FY 2027 Executive Budget Testimony

Joint Legislative Public Hearing on Mental Hygiene

February 4, 2026

“Good afternoon, Committee Chairs Krueger and Pretlow, and distinguished committee members.

My name is Jihoon Kim. I serve as President and CEO of InUnity Alliance. I am also a social worker and peer professional by training, and person in long-term recovery.

It’s an honor to be here today representing nearly 150 substance use disorder (SUD) and mental health (MH) community-based organizations. Beyond advocacy, we provide training and are the exclusive certifying body for peer recovery credentialing in New York State. Thank you to Senator Fernandez for your continued support of this work.

Many people do not realize that substance use disorders and many mental health conditions are preventable, and that recovery is not only possible, but expected when people receive timely intervention.

Yet unlike other health conditions, New Yorkers face months-long waits that let treatable illnesses escalate into serious harm, including homelessness and death, at an enormous and avoidable cost.

These impacts are rippling through families and communities, hitting some much harder than others. In 2023, deaths for non-Hispanic Black men 55 and older were nearly triple the national average for that age group. These are grandfathers, fathers, uncles, and brothers.

The death rates we see are only the tip of the iceberg.

The primary drivers of care delays are structural.

Why aren’t we investing more in clinicians and peers who can meet today’s care needs, especially children and underserved communities, who are often hit hardest?

Why are New Yorkers seeking care and needed clinicians forced to navigate insurance red tape focused on cost-cutting over care? We are just shifting the cost.

Why is it taking years to open new services, and why do we fund these lifesaving services in a way that chronically puts access to care at risk?

There are clear, practical solutions, among them:

- *After 15 years without inflationary increases and only minimal adjustments in recent years, at a minimum, we ask, at minimum, for a **2.7% targeted inflationary increase** aligned with this year's Consumer Price Index.*
- *Medicaid Managed Care has added barriers to care rather than reducing costs or improving coordination. We urge the legislature to **carve out behavioral health services**.*
- ***Protect access to care by ensuring sustainable funding** for life-saving programs, such as Office of Addiction Services and Supports (OASAS) vocational and job-placement services and Assertive Community Treatment (ACT) programs.*

These steps are especially urgent as federal policy changes threaten to add further strain, including more frequent Medicaid recertification and work requirements that may not account for people who shift in and out of disability exemption status.

We appreciate the Committee's time and consideration of these requests, and I am available to provide additional information.

FY27 Article VII Legislation

Topic	Description	Position
Targeted Inflationary Increase	Provides a targeted 1.7% Targeted Inflationary Increase	Support, but increase to 2.7%
Scope of Practice	<ul style="list-style-type: none"> Establishes standards for Certified Medication Aides and certain Certified Nurse Aides to administer medication Allows qualified healthcare providers to conduct specific evaluations or provide determinations currently restricted to physicians. Shifts oversight of certain healthcare professionals from the State Education Department to DOH Expands the ability for Physician Assistants to practice without physician supervision in specific circumstances and prescribe controlled substances where otherwise authorized 	Support
Integrated Behavioral Health Services	Provides authorization for OASAS and OMH to jointly license integrated behavioral health services programs	Support
Insurance Coverage for Problem Gambling	Expands insurance coverage for gambling disorder services, explicitly recognizing gambling disorder as part of the SUD continuum	Support
Medicaid	<ul style="list-style-type: none"> Extends Medicaid Managed Care. Eliminates presumptive Medicaid eligibility for children <19 yrs of age with lower income households until a full application review is completed Repeals continuous Medicaid and Child Health Plus eligibility for children under six Amends the Medicaid Buy-In Program for working persons with disabilities, shifting from set premiums to % of net unearned income 	Carve behavioral health services out of Medicaid Managed Care; Oppose other provisions
Telehealth	Extends telehealth equal reimbursement for telehealth and in-person services to maintain access to care and sustain the workforce in community-based settings	Support, but make permanent
Adult Homes	Eliminates the Adult Home Advocacy and Resident Council programs, and Enhanced Quality of Adult Living Program (EQUAL) program	Oppose

2026 InUnity Alliance Legislative Priorities

Topic	Description	Bill Number
Commercial Insurance	Address harmful commercial insurance practices that impose unnecessary administrative obstacles, block and delay access to care, and impose financial hardship on services.	S5241 Fernandez / A6648 Hunter
Medicaid Managed Care	Carve substance use disorder and mental health services out of Medicaid Managed Care	S8309A Brouk/ A8055 Simon
Medicaid Audits	Refocus the audit process so that limited state resources address real fraud and abuse, not harmless administrative errors resulting in penalties that threaten service continuity and access to care.	S4955 Harckham/ A1069A Paulin, S8949 Harckham/A9553 Paulin
Co-pays	Cap the cost share for substance use disorder and mental health services to reduce costs as a barrier to care.	S1763-A Fernandez/ A3148-A Gonzalez-Rojas
Clubhouses	Create a statewide framework for clubhouses, which provide social, educational, and employment support critical to lasting recovery.	S7377B Brouk/ A4878C Tapia
Peer professionals	Permit insurance reimbursement for Certified Recovery Peer Advocate services in inpatient settings, expanding access to proven support that strengthens recovery outcomes.	S1796 Fernandez
Drug-checking	Create a statewide framework for surveillance of the unregulated drug supply to enable faster public health responses to emerging threats through education, awareness, and safe disposal.	S56-B Fernandez/ A808-C Kelles
Telehealth	Make permanent equal reimbursement for telehealth and in-person services to maintain access to care and sustain the workforce in community-based settings.	S354 Rivera/ A6334 Woerner
Re-entry	Provide immediate access to health insurance coverage after incarceration to ensure timely access to addiction and mental health care; a cost-effective measure for successful reintegration.	S614A Rivera/ A1008 Paulin
Excise Tax	Designate revenue collected by the opioid excise tax for the NYS drug treatment and public education fund. Create an excise tax on alcoholic beverages, which will go to substance use disorder programs.	S4595 Fernandez/ A9318 Levenberg + S7641 Fernandez/A9311 Levenberg