

Good morning.

My name is Denise Olivo. I am a parent of a child who was enrolled in the New York State Medical Indemnity Fund, and I am also a Licensed Master Social Worker.

I have brought a photo of my son with me today. I am not presenting it for sympathy, but as a reminder that the decisions made in this budget hearing affect **real children** and **real families**.

Families like mine were required to enter the Medical Indemnity Fund as part of our legal settlements, **surrendering significant portions** of our financial recovery in exchange for the State's promise to fund medically necessary care for life.

The issue before us today is **not** whether the Fund should exist. The issue is whether the **State is honoring the obligation** it assumed when families were required to enter it.

According to the most recent actuarial analysis of the Medical Indemnity Fund—the 4th Quarter 2024 Pinnacle Actuarial Report, published in March 2025 and reflecting data through December 31, 2024—the Fund carries **substantial long-term** liabilities for current **participants**. In 2025, the Legislature appropriated approximately \$211 million—nearly four times prior annual funding levels—to keep the Fund operational and prevent closure. This makes clear that the question before this body is not whether the Fund costs money, but whether those dollars are being spent in a way that actually **preserves access to care**.

What remains missing is transparency.

Families and lawmakers still do not have clear, routine reporting that shows how Medical Indemnity Fund dollars are allocated—how much is paid to providers, how much is consumed by administration, and how decisions are made when services are **denied, delayed, or interrupted**.

At the same time, families are **experiencing real harm**. In my own case, the Fund **stopped** paying for nurses who had provided medically necessary care to my son for seven years; care the Fund had long known about and previously approved—based on documentation timelines that could not realistically be met.

The Medical Indemnity Fund **does not operate** a provider network. Families are required to find care in the open market, but are then expected to comply with administrative rules that **shift** financial and operational risk **onto families** caring for medically fragile children.

I want to be very clear about what I am asking for today.

As part of the health budget, I am asking the Legislature to take three concrete actions:

First, **require mandatory public reporting** on Medical Indemnity Fund expenditures. Actuarial reports show that multiple families receive annual benefit payments exceeding one million dollars, yet families and lawmakers have no clarity on whether these funds go toward provider

reimbursements, administrative costs, or direct payments. This breakdown is essential to understand how funds are truly being used.

Second, direct the Department of Health to **revise** MIF administrative policies so that medically necessary care **cannot** be interrupted due to **procedural timelines** or requirements that do not reflect **real-world care realities**, ensuring that families are not punished by unworkable administrative hurdles.

Third, establish enforceable safeguards within the budget or statute to **ensure** continuation of care for all currently enrolled families, **including protections** if the Fund is restructured or closed.

Families entered the Medical Indemnity Fund because the **State required it**. We **gave up** settlement protections in **reliance** (*re-Lie-ance*) on a promise of lifetime care.

The budget is where that promise must be enforced.

Thank you for allowing me to speak.