Testimony to the Joint Legislative

Budget Conference Committee

On Health & Medicaid

February 10, 2026

Home Care Association

Of New York State

HCANYS

Home Care Association of New York State

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President & CEO

HOME CARE
IN NEW YORK - 2026

HCA NYS
Home Care Association of New York State

Industry Status

1,000,000+
New Yorkers rely on home care services.

262,038
Medicare enrollees who needed but did not receive home health care 2020 - 2024.

-26% est. change in home health access from 2019 to 2024.

20% of NYS **CHHAs have closed** since 2019.

58.4% of **CHHAs** had a **negative operating margin** in 2023.*

57.5% of **LHCSAs** had a **negative operating margin** in 2023.*

59.6% of **MLTCs** had a **negative margin** in 2023.*

60.3% of **Hospices** had a **negative margin** in 2023.*

Home Care is healthcare.

Most recent NYS DOH data available.

State Budget Priorities

- **Rate and Premium Adequacy for LHCSA/ MLTC/PACE Reimbursement**
- **State Aid for CHHAs and Hospices to Meet Community Service Need**
- **Workforce Support**
- **System and Service Accessibility**
- **Reject the Executive's Hospital at Home and A&G cap proposals.**
- **Repeal the LHCSA RFO.**

Home Care Basics

Home Care Sectors/Types

- Certified Home Health Agencies (CHHA)
- Licensed Home Care Service Agencies (LHCSA)
- Hospice
- Managed Long-Term Care plans (MLTC)
- Program for All-Inclusive Care for the Elderly (PACE)
- Consumer Directed Personal Assistance Program (CDPAP)

Services Provided

- Skilled nursing
- Therapy (occupational, physical, speech and language)
- Medication management
- Social work
- Maternal-newborn care
- Wound care
- Telehealth
- Pain management
- End of life care
- Emotional & spiritual support
- Personal hygiene
- Nutrition
- Everyday tasks/shopping, and others

Populations Served

- Older adults
- Persons with disabilities and/or chronic illnesses
- New mothers and newborns
- Persons with terminal illnesses, and others

Opening Remarks

I'm Al Cardillo, President & CEO of the Home Care Association of New York State (HCANYS). Thank you Chairs and members of the Committee for this opportunity to testify to the Joint Legislative Budget Committee on Health and Medicaid.

My testimony will address the vital status of New York's home and community based health care system, and **four areas of urgent support** needed to be addressed in this budget to ensure this system's continued stability and accessibly for the millions of New York patients and families that depend on its services.

These include:

1. **Functional, Responsive Rates and Funding for Agencies & Managed Care Organizations –** Ensuring a functional and sustainable rate-structure and funding for LHCSA/MLTC/PACE home care services inclusive of wage and essential service operation ("A&G") funding.

2. **State Aid for Community Need for CHHAs and Hospice -** Funding for the Public Health law Section 3615 "State Aid for Certified Home Health Agencies for Community Need" program, with mirrored provisions for community Hospice need.

3. **Workforce Support -** Support for the home care and hospice workforce, with specific areas for targeted administrative, programmatic, and recruitment/retention support.

4. **System Access & Stability –** Support for the home and community based care system's accessibility and stability, both maintaining and restoring essential system and service options. Included in this section are access measures for Nursing Home Transition and Diversion (NHTD) programs, CHHAS, and Long Term Home Health Care Programs (LTHHCP, aka "Nursing Home Without Walls" programs); Rejection of the Executive's "Hospital at Home" language; and Repeal of the RFO allowing LHCSA limitation.

Next, I will provide necessary background on HCANYS and home care organizations in New York.

About HCANYS

HCANYS is the statewide nonprofit association comprised of all levels of home and community based health services in NYS. HCANYS members are state and federally licensed organizations, and allied services, whose mission is the provision of health care and support to patients at home and in community. HCANYS includes home health providers, health plans, waiver programs, individual health and direct care personnel, and allied home and community based services and support organizations. Our provider and plan members serve the majority of the million-plus home care recipients across NYS.

HCANYS Member Providers, Plans, Programs, Service Organizations _____ **Organizational Types:** **Hospitals, Health Systems, Community Agencies, Long Term Care Systems, Health Plans** **State/Federally licensed to Provide Health Care at Home** **Agency/Program Types:**	
• Certified Home Health Agencies (CHHAs)	• Consumer Directed Personal Assistance/FI Assistive Agencies (CDPAP/FI)
• Licensed Home Care Services Agencies (LHCSAs)	• Nursing Home Transition and Diversion (NHTD) Home and Community Based Services Waiver
• Hospice and Palliative Care	• Traumatic Brain Injury (TBI) Home and Community Based Services Waiver
• Managed Long Term Care Plans (MLTCs)	• Long Term Home Health Care Programs
• Programs of All-Inclusive Care for the Elderly (PACE) Plans	• Allied Services and Supports – Physician Practices, FQHC, Technology Organizations, Quality/Legal/Program Consultants, Research & Data, and Other Clinical

HCA is also a 501(c)(3) charitable organization, *HCA Education and Research (HCA E&R)*, which leads and collaborates in statewide health initiatives in Hospital-Home Care Collaboration; Health Disparities solutions; Sepsis Prevention & Intervention; Community Medicine; Virtual Senior

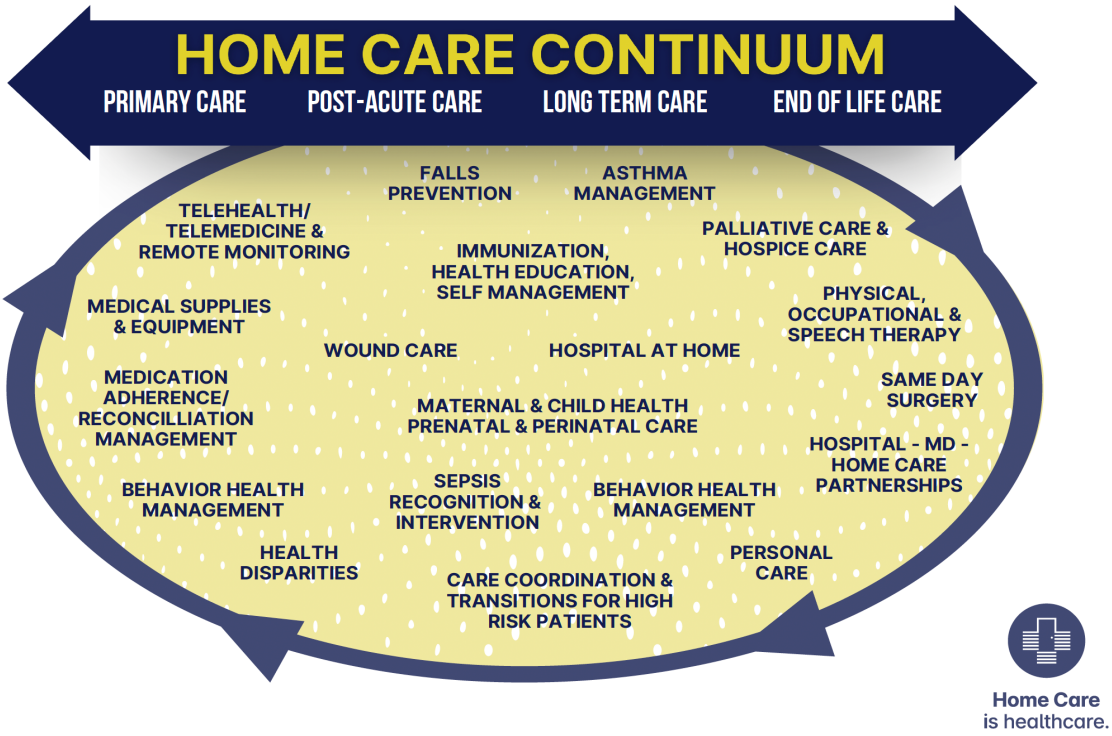
Services; Home Care Workforce development; Health Emergency Preparedness; Infectious Disease Prevention and Control; and more.

Home Care – A Core Component to the Health Care System

Home health care is vital component of the state health care system. The state's statutory policy in Public Health Law Article 36 declares "The provision of high quality home care services is a priority concern. Expanding these services to make them available throughout the state as a viable part of the health care system and as an alternative to institutional care should be a primary focus of the state's actions."

In this core role, home care spans and serves the entire continuum of need, as shown in the next two exhibts.

Home Care Serves the Continuum of Need	
• Prenatal, post-partum and infant care	• Rehab and Recovery Care
• Children with special needs	• Chronic illness and disabilities
• Major medical needs (diabetes, heart failure, COPD, asthma, life-threatening episodes like pneumonia, urinary track infections, hip and major orthopedic injuries, complex wound care	• Primary, preventive, and public health care
• Pre-acute, acute and post-acute care patients	Palliative and end-of-life care
• Pre- and post-surgical care	Specialized programs integrated with hospitals, physicians, mental health



To provide and ensure accessbility to this broad spectrum of service, it is emperative that home care receive a level of support to match. To do otherwise, is a promise to patients without reality.

State of Home Care

Home care has been vastly undersupported and underattended relative to its core role in the health system. The past three budgets alone have focused solely on one aspect of in-home care (namely, issues concerning Consumer Directed Personal Assistance Program, "CDPAP," and causing great disclocation in how this program and consmers were addessed), while overlooking the growing, central, and dire needs of the home and community based care *system* as a whole, especially as it contends with severe access, workforce and finance gaps. The consequences of a "system-overlooked" has had great impact the patients and families dependent upon these services, as well as impact on the essential partners like hospitals, physicians, and others needing home care's partnership for continuity of care and operation of the health system at large.

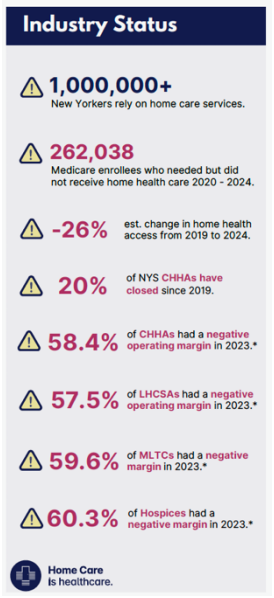
Worse, this recent state budget pattern follows more than a decade of progressive erosion of home and community based services, of NY's supports and policy. This stands in stark contrast to

state goals in prevention, cost efficiency, avoidable hospital and nursing home use, and constituent care in community based settings as envisioned under the national *Olmstead* standard.

In the each of past three budgets alone, the Executive has proposed more than a billion dollars in desginated additional funds to support health care providers in their services to communities, paid for on top of their normal rate structure. This year's Executive budget proposal for $1.5 billion for health care likewise allocates no designated funding for home health.

Moreover, this budget is also redirecting to the General Fund $1.2 billion in purported CDPAP savings instead of reinvesting these funds back into home health for the individuals and communities desperatedly needing them.

Statistics from certified cost reports filed with the state, along with other records tracked by HCANYS and industry sources (displayed right), show the reeling effects on service capacity and stability of this decade-plus-period of undersupport. Chronic underpayments, workforce needs and shoratges, and adminstrative overburdens particular to home care are all further contributing factors. (Data source: Official certified cost reports to NYS DOH and Medicare data analysis compiled in 2025 by VNS Health.)



HCANYS Priority Proposals & Responses to the Intiatial Executive Budget

It is in the context of this core, vital role of home health in the health and lives of patients as well in our state's entire delivery system, and against the backdrop of the eroding finance, access, and policy attention that I have described, that HCANYS submits the following urgent requests for the Legislature's and Governor's positive action in the 2026-27 State Budget. Note, HCANYS will also submit additional important comments and recommendations on other

portions of the Article VII and Appropriation bill content, but in today's testimony, I will focus on the following four areas that I previously introduced.

1. Rate and Premium Adequacy for LHCSA and Managed Care Organization (MCO) Reimbursement

The Ask: Ensure that rates for services covered under LHCSA and Managed Care contracted arrangements are funded for both statutory wage and essential operations costs. Currently, while statutorily mandated wages are covered in the funding and the rates, operational costs (statutorily specirfied as "A&G," or administrative and general) are not secured in the negotiated rate structure. Such operational "A&G" costs include, besides internal operations, critical service expenses that are vital to the support of the workers, patient care, and coordination of service with health partners. Examples include provider case management and care coordination support; interface with hospitals, physicians and other service lines for the patient; workforce support; regulatory and quality compliance procedures and protections; emergency preparedness and response functions; and more. As a result, without this funding secured, there is insufficiency in the rate structure for the essential services and supports needed for the combined coverage of: worker wage levels, worker/patient care support, and basic service operations of the agencies.

The Solution: Just as the Legislature requires in statute that state funding for home care cover statutorily manded wages, the statute needs to be amended to also secure state funding of this operational A&G component. The Legislature indeed established a statutory parameter for inclusion of this A&G component in state Medicaid rates for home health care (CHHAs and LTHHCPs) in 1993, and then, about a decade later, extended these parameters to LHCSAs agencies. When the state subsequently moved from regulated to negotiated rates, it amended the statutues to require mandatory minimum wages levels in the funding and rates. **To complete health plan and agency payment obligations, the statuate must now be amended to also secure the inclusion of the A&G component in the funding and rates to home care providers and partnered plans**. HCANYS is drafting and will provide the Senate, Assembly and Executive with the requiste Article VII language

Reject the Executive Budget (administrative) proposal – To make this solution work, the Legislature is urged to reject the Executive budget proposal to adminstratively cap A&G for personal care. In this proposal, the Executive seeks to cap personal care providers' A&G operating component of their rate at 15% (the details of which have not been made available), and to "standardize" this mechansim presumably for broader application. The proposal similarly appears without commitment to secure funding and rate payment of *the A&G* for plans and providers if this cap becomes broadly applied. This Executive's proposal will only worsen the very rate and sustanability problem being witnessed across the state and shown in the eroding provider and plan status in the page 7 graphics. **HCANYS urges rejection of the Executive proposal and requests that it be replaced with HCANYS rate stability proposal above.**

2. State Funding for Home Health Community Need

Ask: Incorporate in the Health and Mental Hygiene Article VII Budget Bill, the provisions of A.1494-A (Paulin) / S.6981-A, updating and funding the PHL Section 3615 program of State Aid for Certified Home Health Agencies, along with mirror provisions for Hospice.

HCANYS asks that this program be funded at the annual aid level of $100 million for CHHAs and $19 million for hospice.

We proposed the funding be supported from allocations from the following Executive proposed resources:

a. the $1.5 Billion health care fund the Executive has proposed to target only to facilities; and/or

b. the additional $1 Billion now also projected for the state due to the federal extension of the Managed Care Organization Tax; and/or

c. the $1.2 billion that the Executive states has been "saved" through its CDPAP cuts and reforms and that should be redirected back into home and community based care for the urgent patient needs in this sector.

The Senate and Assembly have previously included funding of $30 million (ostensibly grossing to $70 million state/federal) in their respective one-house budgets for this program, but not at the same time in the same budget years, and not to date joined by the Executive. **HCA urges $100 million funding of the PHL Section 3615 "State Aid for CHHA Community Need" program, as provided for in A.1493-A and S.6981-A, with these provisions and $19 million in allocation, mirrored for Hospice.**

Background and Need: The data on page 7 of this testimony (trending worse in current reports) shows nearly 60% of the state's Certified Home Health Agencies (CHHAs) fiscally operating under water, with about 20% of CHHAs closing their doors over the past 5 years. Huge impacts are being experienced in patient access stemming from home health underfunding and workforce shortages.

This erosion is on the top of most county health departments in NYS relinqishing their home health agencies over the past 15 years, and compounded by the loss of over 100 Long Term Home Health Care Programs (New York's "Nursing Home Without Walls" programs) providing nursing home level care to patients at home. The cessation of LTHHCP, which provided care averaging 50% of comparable facility costs, has cost the NYS dearly.

Based on DOH's own data, nearly $300 million annually in Medicaid savings has been from the cessation of LTHHCP enrollment, as well as the loss of Medicare coverage (in lieu of Medicaid) that LTHHCP patients qualifed for.

The data also shows roughtly two-thirds of hospices in the state operating at losses, with national data showing NYS at 50th (last) in the US for hospice access. This denies patients and families the unique care and services of hospices at their time of utomost human need, and fiscally costs NYS untold losses in Medicare qualifying funding.

CHHAs also play a unique role in the system, being the major provider of home health for patients requiring highly complex, skilled services and medical management. CHHAs are vital to transitioning patients home from hospitals, diverting patients from emergency admission back into the community, partnering with physicians and hospitals for pre- and post-surgical

procedures, management of high risk conditions, keeping patients from institutionalization, providing prenatal, maternal and post-partum care support, and beyond.

The needs of the population are growing, as is the health system's need for integration and parterning of home care services with hospitals, physicians, public health, clinics, and other core system components. Moreover, when the state developed its reimbursement and standards reforms for hospital and nursing home access, it did so predicated on a commitment for home care availability and accessibility to meet the ensuing needs. Yet, the resources and policy-supports are not following the needs of these services, the agencies, and workforce.

3. Home Health & Hospice Workforce Support

Ask: Incorporate within the Article VII and Appropriations bills initiatives to support the home health and hospice workforce, that is in unique and dire need. The Executive Budget workforce proposals again mostly attend to workforce needs in other sections of the health system, but overlook the special urgencies and circumstances facing home care and hospice agencies, staff and patients.

HCANYS implores the Legislature and Executive to reconsider budget proposals that omit home care and hospice, and to work with HCANYS to ensure the sector's inclusion.

HCANYS offers the following additional recommendations that will help support the home care and hospice workforce, and access to care through improved recruitment, training and retention opportunities.

- **Recruitment, Training, Retention – HCANYS asks the Legislature's and Executie's adoption of provisions of A.1493-A/S.6891-A the "State Aid for Community Need" program** cited above **which includes targeted support for recruitment, training and retention** of essential clinical and direct care staff. These provisions offer new and customizable approaches to staffing support, which are critical to match to an agency's particular patient populations, service communities, urban/rural geography, and other service area characteristics.

- **Administrative/ Regulatory Relief – HCANYS proposes the restoration of an expired statute (expired during the 2020 COVID-19 onset) to assist with workplace efficiency, innovation and patient care quality**. This expired statuate was riginally established in 1990 as PHL § 2807-n and referred to as the Health Occupation Development and Workplace Demonstration. Begun in the hospital sector, and later amended to include home care, nursing homes, and other sectors, this statute authorized providers to obtain State Health Department Approval for provider-specific proposals to try innovative procedures to simplify administrative and/or operating procedures that create efficiencies to assist the workforce in carrying out their duties and providing services, with goals of contributing to improved access, patient care quality, and worker statisfaction. The results were touted by the state and providers.

  This is a no-cost proposal, and anticipated to be a cost-saver. Provider innovation under this program also serves as a study-ground for the state to then consider statewide implementation of initiatives that prove successful. **HCANYS is drafting this enabling Article VII language.**

- **Technology Support** - **HCANYS asks the Legislature's and Executive's adoption of provisions of A.1493-A/S.6891-A the "State Aid for Community Need" program** previously cited, **which offers support for essential technologies**, including technology to assist remote patient access, clinical service, workforce extension, and efficiency.

- **Preceptorships – Incorporate in the Article VII Health and Mental Hygiene Budget Bill the provisions of A.2331/S.4451** by Assemblyman McDonald, Senator Ashby and a similar bill by Senator Fahy, **that provides for a preceptor stipend program**, inclusive of home care, to support workforce recruitent, training and orientation to the field. This addresses one of the major structural barriers to recruitment, training and placement in home care.

- **Protect reimbursement for care provided by migrant staff** who performed such work faithfully and in legal working status against retroactive denial.

- **The "Increasing Training Capacity in Statewide Healthcare Facilities" Grant** - The Executive budget seeks to deploy state funding to support health care training programs by expanding support for healthcare training programs under the "Increasing Training Capacity in Statewide Health care Facilities" grant program, with a distinct focus on nursing training programs. Nurses are the backbone of service delivery in Article 36 and 40 providers, yet they have been categorically excluded from eligibility for this training initiative since its inception. **HCANYS ask for parity in access to this program and its funding support for Article 36 and 40 licensed and certified agencies as eligible providers to support the home care and hospice workforce.**

Background/Urgency for Home Care Workforce Support: The single greatest challenge across NY's entire health care system continues to be the unmet need for health personnel, and the difficulty in recruitment, training and retention of sufficient, quality staff to meet the needs of citizens and communities.

The needs within the system are diverse and many, and wages, while important, are not the lone answer.

Home care faces a highly unique set of challenges in workforce supply, recruitment, training and retention. Unlike work in facilities or office-based health settings, individuals working in home care must travel to patients and attend to them in their own homes. This entails complex scheduling, issues of travel distance or safety, encountering unforeseen circumstances in streets, homes, families, weather, and ultimately, the specific physical environment where the care is rendered to the patient.

It also entails **providing for <u>all of</u> the services the patients require**, including all that must be arranged in the home setting as well as services requiring transport of the patient across the community. The responsibilities and implications of these extensive dynamics involving care in the home setting make providing this care extremely challenging. For most, it is a mission of true devotion and compassion; its challenges are steady, often immense, and very wearing to sustain.

Nurses in home care are central points of care management. Without the nurse, cases cannot be opened, managed, or sustained. One nurse in home care handles about 25+ individual cases. That means, for every vacant home care nursing position, 25+ patients cannot be onboarded into care.

Turnover rates are above 30%. Because of home care's unique elements, and the specialized training that is required to work in this field, it takes approximately nine months to a year for an agency and preceptor to fully orient a nurse to the field and assume fulltime practice capacity. One agency recently quoted $150,000 as the amount lost every time a nursing position is turned over.

4. System and Service Accessibility

New York State home care system was historically looked to that model other other states and Washington sough to emulate. NY programs influenced entire national policy with ots comprehensive Article 36 for CHHAs, its "Nursing Home Without Walls", its landmark insurance law providing for opening door to home care coverge, and more.

Since the Medicaid Redesign Team (MRT) was instituted for the 2011 State Budget, NYS has lost its core focus on home health policy, program and support; but to this day still required is the mandate, goal and underpinning of the state's declaration in Public Health Law Section 3600 that home care is to be a primary focus of the state's actions, to be made available and accessible statewide as in integral part of the health system.

In these years since the 2011 MRT, NYS has addressed home health in a fragemented manner, targeting some areas for advancement, others for cuts, overlooking others, and duplicating and redundantly mimicking home care functions in other lesser qualified models, while closing access to models that have offered major benefit to the system. This has occurred without accounting for the actual aggregate impact of these many diffuse actions which has greatly undermined home care as a *system* in NY.

Today, every area of NYS's home system is under tremendsous stress, financial, workforce crisis, and lacking the once very coordinated, intentional, and prioritized state policy essential for home care's role in the overall health system.

HCANYS calls on the Legislature and Executive to support System Access and Sustainability in this budget.

For this goal, HCANYS recommends the following as a start:

- **Maintain access to the Nursing Home Transition and Diversion program (NHTD)**, that was capped adminisstratively by the 2025-26 budget agreement. HCANYS has appreciated our inclusion by the Executive in technical workgroup discussions to help research and advise on ways to help guide the future of NHTD effectively, efficiently, and responsibly. **HCANYS urgest that the limitations imposed in the 2025-26 agreement be suspended so that NHTD is accessible to patients and health system partners, including home health, managed care, hospice and other, so that the process for NHTD improvement and stability can be conducted carefully, deliberiberatively, and with positive end results for the patients, the system and the state.**

- **Restore Targeted CHHA Access for individuals needing post-120 days of care –** The MRT recommendations removed CHHA eligible to receive referrals for service to dual-eligible Medicare-Medicaid patients assessed as needing more than 120 days of service. This artificial standard introduced baseless limitations on access for patients and health system partners (managed care plans, hospitals, LHCSAs, mental health providers, etc.) and deprived the patient and NYS the opportunity to benefit from Medicare coverage (rather than Medicaid)for some or all of the services the person might require. This has resulted in lost patient, system, and NYS fiscal opportunities.

  HCANYS recommends that this arbitrary 120 limiation be removed or at least modified to restore access, or targeted access, to this patient and system option. HCANYS believes this can be accomplished administratively by the Executive, but is preparing Article VII langauage for the Legislature to consider.

- **Restore Targeted Access to the Long Term Home Health Care Program (NY's "Nursing Home Without Walls" program) –** The same MRT provision that removed access to CHHAs for patients assessed as needing 120+ days of service, also was used by the MRT to cut off patient enrollment in LTHHCPs. This ultimately led to the transfer of nearly 30,000 patients from the program to other services. The Legislature, even under the MRT-limiting legislation, cited the LTHHCP as an intended model for potential enrollment, alongside MLTC, PACE and mainstream plans. However, subsequent to enactment, MRT representatives framed criteria outside of the LTHHCP for such enrollment.

  The consequent losses to NYS included $300 million in annual Medicaid savings otherwise derived from LTHHCP, and lost to potential Medicare coverage otherwise attainable under LTHHCP as, like CHHAs, LTHHCPs are a dual Medicare-Medicaid model, and also is eligible under the Insurance Law for private and commercial coverage.

  HCANYS recommends the Legislature to restore access, or targeted access to this patient and system option. As is the case with CHHAs, HCANYS believes this can be accomplished administratively by the Executive, but is preparing Article VII langauage for the Legislature to consider.

- **Hospital at Home Program/Offsite Acute Medical Services Program - HCANYS urges the Legislature to once again Reject the Executive's H@H proposal -** For two straight years, the Legislature has wisely **r**ejected the Executive's budget language to create in essence scofflaw "Hospital at Home" programs, also referred to in the Article VII as "offsite acute medical services" programs. These programs would be permitted to violate state licensure and scope of practice laws requiring, as a quality protection, Article 36 licensure of all entities providing health care in the home as defined in the law. **In no other case under state law is a provider in one sector allowed in this manner proposed by the Executive to supersede state licensure and scope of practice and proceed to practice in another license-protected area without either being licensed in that practice or working through providers or practitioners which are so licensed.**

Rather than reach out to and work with HCANYS and hospital partners toward an acceptable, collaborative design, the Executive Budget again this year contains the identical proposal as the Legislature has rejected the past two years.

In November, HCANYS testified to the State Evidenced Based Benefit Review Committee (EBBRAC) presenting home care's long and successful record of working with hospital partners to provide advanced patient care at home. We also shared home care and hospital collaboratives that are creating innovate new practice models in critical care, emergency room diversion to home, care transition, bundled payment and care, and more.

We included in this presentation data from our Collaborative Hospital-Homecare-EMS-Physician model that is being piloted in 7 regions of NYS with philanthropic dollars, and showing 76% reductions in hospitalization and 69% reductions in emergency room use, to show that collaboration models not only work, but that they can produce results of this magnitude. We also provided examples of other highly successful Hospital at Home models in the state that operate based on the partnering of hospitals, home care and physicians, rather than licensure-violating model proposed by the Executive.

HCANYS urges the Legislature to once again reject the Executive's Hospital at Home proposal. HCANYS believes that a collaboration model is the appropriate design for such a model, and stands ready to work with our hospital partners and Legislative members toward such a program design.

- **Repeal the LHCSA "RFO" –** In the COVID-19 Budget negotiations, the "MRT-2" recommended the adoption of a Request for Offers "RFO" to allow the Department of Health to limit the number of LHCSAs in NYS. This recommendation was then included in the 2020 state budget agreement. In the wake of COVID-19's increase in the demand for care (and patient safety) at home, and with in-home care demands increasing ever since, this authority made no sense then, and makes no further sense now. HCANYS was and

remains deeply opposed to this RFO as it is directly contradictory to the intent and underpinnings of Public Health Article 36, but also, in the wake of the extremely controversial manner in which authority for a similar RFO for CDPAP Fiscal Intermediaries was handled, this measure must all the more be repealled. **HCANYS urges the Legislature to repeal in the Article VII bill the authority it had granted to the Departent of Health to issue a LHCSA RFO.**

Concluding Comments

HCANYS thanks the Chairs and Committee members for this opportunity to present our budget analysis and recommendations to you. We look forward to working with the Legislature and Executive on the priority needs and proposals we have presented to you today, as well as on a solid and beneficial final budget for New York overall.

I would be pleased to answer any questions and/or to follow up with you in any way.

Thank you

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