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## **CIDNY Testimony on Health Budget Hearing**

**Center for the Independence of the Disabled, NY (CIDNY)** is a nonprofit organization founded in 1978. We are part of the Independent Living Centers movement, a national network of grassroots and community-based organizations that enhance opportunities for people with disabilities to direct their own lives. CIDNY is the voice of people with disabilities in the five boroughs of New York City. In this executive budget hearing, we hereby testify to strongly support the budget and legislative asks below.

### **Increase funding for Community Health Advocates (CHA) \$7 million**

Community Health Advocates (CHA) is the State's health care consumer assistance program. It helps New Yorkers understand and use their insurance. CHA's free services are available statewide through a network of community-based organizations and a toll-free helpline. Since 2010, CHA has saved consumers over \$180 million and worked on more than 498,000 cases for people needing help getting the care they need or resolving billing disputes. CHA should be fully funded at \$7 million so that New Yorkers can continue to receive this help.

### **Increase funding for the Long-term Care Ombudsman Program (LTCOP) to \$15 million**

The Long-Term Care Ombudsman Program (LTCOP) serves as an advocate and resource for people living in nursing facilities and other institutions. It works to promote and protect patients' rights as well as their health and safety, by receiving, investigating, and resolving complaints made by or on behalf of residents. LTCOP receives federal funding, but it is insufficient to provide adequate services in New York State, where the match is one of the lowest in the nation. The Legislature should increase the State share of funding of LTCOP to \$15 million to help address the many serious inadequacies in nursing home and other residential care in the State.

### **Enrollment Assistance Funding for Public Health Insurance**

Too many New Yorkers are uninsured because they are unaware that they qualify for assistance or public programs or do not know how to enroll. Under HR 1, 1.7 million New Yorkers may lose their existing coverage, and many more will see their premiums increase sharply when the enhanced premium tax credits expire. Navigators are local

in-person assistors who help consumers and small businesses shop for and enroll in health insurance plans. The Navigator program should be funded at \$38 million to guarantee continued high-quality enrollment services. New York should also allocate \$5 million in grants to community-based organizations to conduct outreach and education about changes in eligibility and costs under HR 1 and the availability of free enrollment assistance.

### **CIDNY Supports Fair Pay for Home Care Act**

An ongoing home care worker shortage has made it difficult for people to obtain home care and has worsened to the point of crisis throughout the State. The home care crisis has surpassed the lack of accessible and affordable housing as the primary barrier to transitioning people out of nursing facilities back into the community (which is the work of CIDNY's Open Doors program). The State has an obligation under the Supreme Court decision, *Olmstead v. L.C.*, to provide people with support and services in the community, yet the lack of available home care is forcing people who want to leave to remain in institutions. Full Fair Pay for Home Care would raise wages for home care workers and consumer-directed personal assistants to \$22.50/hr., or 150% of the highest minimum wage

### **CIDNY supports the Home Care Restoration Act (S2332/A2018,)**

This bill repeals managed long-term care provisions for Medicaid recipients and establishes provisions for fully integrated plans for long-term care, including PACE and MAP plans. This bill aims to eliminate the current partially capitated Medicaid Long Term Care program and replace it with long-term care services delivered through a fee-for-service model, while preserving fully capitated models.

### **CIDNY supports the repeal of single Fiscal Intermediary (S1189/A2735)**

This bill would establish a licensure process and requirements for fiscal intermediaries to continue to operate in the Consumer Directed Personal Assistance Program (CDPAP) under Medicaid and would repeal the transition to a single fiscal intermediary for the state. This legislation is intended to address ongoing concerns that have been raised with the operation of CDPAP while minimizing potential disruption to Medicaid enrollees receiving services and to workers providing services under the program.

### **The Primary Care Investment Act (S1634/A1915A)**

This bill would create a primary care spending benchmark to measure and report the percentage of insurance carriers' overall healthcare spending that goes towards primary care. The bill would require those who spend less than 12.5% on primary care to

increase their primary care spending by 1% each year, until they reach 12.5%. Last year's analysis by the New York Department of Health found seven of ten ER patients have non-emergency medical issues or could be treated by a primary care provider. Oregon, Colorado, Rhode Island, and Delaware have passed laws to increase primary care investment. New York should consider a similar law.

### **The Fair Pricing Act (S705/A2140)**

This bill relates to fair pricing for low-complexity, routine medical care to more closely align payment rates across ambulatory settings for selected services that are safe and appropriate to provide in all settings. It ensures that routine outpatient services do not cost New Yorkers arbitrarily high prices as a result of hospital market power or consolidation in healthcare.

### **No Blank Checks (S6375B, Rivera)**

Patients are bombarded by signature pads and tablets that require them to guarantee payment without any idea what service they will be receiving, how much their insurance will cover, and if the provider will be billing them correctly. This is essentially a blank check. No other sector tolerates such unlimited financial liability forms. Health Care for All New York (HCFANY) urges the Legislature to introduce a bill to create a uniform patient financial liability form that includes a good faith estimate of a patient's financial obligation for their care.

### **Consumer Debt Uniformity Act (S5546/A57A)**

This bill would create a consistent definition of consumer debt to ensure the proper application of existing laws. It would ensure existing consumer protections apply to all consumer debts, including medical debt.

### **CIDNY supports Andre's Law (S937/A9526)**

This bill prohibits the use of aversive conditioning on incarcerated individuals, including any procedure which causes obvious signs of physical pain, including, but not limited to hitting, pinching and electric shock; and prohibits the use of any procedure or punishment which denies a vulnerable person reasonable sleep, shelter, bedding, bathroom facilities and any other aspect expected of a humane existence.

### **CIDNY supports the Local Input in Community Healthcare (LICH) Act (S1226/A6004)**

The Local Input in Community Healthcare Act (LICH) bill mandates public notification, community forums, and revised closure plans that address local needs, ensuring

vulnerable populations (disabled, seniors, low-income) aren't left without vital emergency, maternity, or mental health services before hospital closures. This bill was vetoed last year. Recent New York legislation (LICH Act) aims to formalize this by requiring impact assessments, broader stakeholder engagement (residents, providers, unions), and state reporting to prevent devastating impacts from closures, giving communities a legally recognized voice in healthcare decisions.

### **CIDNY supports NYS Health Act (S3425/A1466)**

This bill establishes the New York Health program, a comprehensive system of access to health insurance for all New York State residents. This may include primary; preventive and specialty care; hospitalization; mental health care; substance use treatment; reproductive health care; dental care; vision care; hearing care; and long-term care.

### **CIDNY supports the licensure of Certified Rehabilitation Counselors (CRC)**

CIDNY and the Commission on Rehabilitation Counselor Certification (CRCC) support the establishment of a bill to ensure that Certified Rehabilitation Counselors (CRC) become fully licensed in the State of New York. These clinicians have experience working with people with disabilities. In New York State, there are over four million people with documented disabilities. These disabilities include physical, sensory, mental, emotional, cognitive, learning, behavioral, and medical disabilities. CRCs are uniquely qualified to provide disability-specific vocational, educational, psychological support to adjusting to a disability that enabled our fellow New Yorkers with disabilities to live independently and obtain and maintain employment to engage in their community. By recognizing that other states provide licensure to CRCs, New York will be able to recognize the specific need for this population. The comprehensive and holistic approach of CRCs and the ability to empower individuals with disabilities to articulate their needs to achieve their personal, social, psychological, vocational, and independent living goals. No other counseling professional is strategically positioned and primarily dedicated to working with individuals with all types of disabilities.

As CIDNY advocates for people with disabilities, throughout the five boroughs of NYC, we represent the go-to place for people with disabilities. In the past couple of years, we provide services over 70,000 people with disabilities and seniors in healthcare or Medicaid benefits, Housing Assistance, Independent living skills, Mental Health Counselling, Career Readiness, Employment Opportunity, Veteran services, etc. CIDNY ready and available to work with the legislature and the governor's office to expand and protect Medicaid and related disability programs. We also can help ensure that all healthcare funding decision include disability impact assessment.

**Mbacke Thiam**, He/Him/His

Housing, Health & CAN Community Organizer

Center for Independence of the Disabled, NY (CIDNY)