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# NYS ASSOCIATION FOR RURAL HEALTH

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**New York State Association for Rural Health  
2026-2027 Executive Budget Testimony  
Joint Health Committee Hearings**

February 10, 2026

**Testimony to:**

**New York State Assembly Ways and Means Committee  
New York State Senate Finance Committee  
New York State Assembly Health Committee  
New York State Senate Health Committee**

Thank you, Chairs Krueger, Pretlow, Rivera and Paulin as well as Ranking Members O'Hara, Gallivan, Ra and Jensen for the opportunity to submit testimony on the proposed 2025-26 Executive Budget on behalf of the New York State Association for Rural Health.

Our testimony recognizes the Governor's significant investments in programs that enhance and support rural health while also identifying gaps that persist in our rural communities. To build on this progress, a final enacted budget should safeguard essential programs that deliver benefits to rural residents.

The New York State Association for Rural Health (NYSARH) is dedicated to improving the health and wellbeing of rural New Yorkers through advocacy, education, and collaboration. NYSARH represents a broad network of individuals and organizations working together to address the unique healthcare challenges in rural communities. For more information, visit <https://nysarh.org>.

NYSARH uses a 'rural lens' to assess policies, regulations, training and procedures. The items presented here reflect legislative actions, policies, regulations, and initiatives that our members support.

NYSARH appreciates the numerous programs included in the Executive Budget that will support rural communities and urges the Senate and Assembly to include these in their respective one house budget bills:

- Universal school meals for all children;
- Continued investment into the State's Master Plan for Aging with \$1 million in funding;
- \$45 million investment in Home and Community-Based Services for Older Adults;
- Invests \$5.6 million directly to counties to develop EMS plans;
- \$30 million in tariff relief for farmers.

**NYSARH strongly Supports and Recommends a 5% COLA for Rural Health Programs.**

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| • <b>Rural Health Network Development &amp;<br/>Rural Health Care Access Development</b> | <b>5% COLA<br/>\$9,410,000 to \$9,880,500</b> |
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Funded through the New York State Department of Health's Charles D. Cook Office of Rural Health, 31 Rural Health Networks and 44 Rural Health Care Access Hospitals operate statewide, delivering locally designed, community driven solutions across New York. Each with a mission, partner organizations carefully crafted to meet the unique needs of their communities. Despite the increased need for services and expanded responsibilities, funding for these programs has been **reduced by nearly 42%** over the last decade. Since 2021, the Executive Budget has proposed flat funding for these programs at \$9.41 million. Flat funding has not kept pace with rising labor, transportation, and technology costs, resulting in real program reductions.

Rural Health Networks are economic engines in their communities. By supporting core personnel, the \$6 million invested in RHN funding last year brought in an additional \$80 million of both philanthropic and government grant funding, providing employment for more than 325 people. These grants are often collaborative, engaging with partners across the region where the Rural Health Network is located.

The Rural Hospital Access program allows small rural hospitals to adapt to the changes taking place in health care delivery and to build sustainable services that will keep them open and serve their rural communities. These grants help hospitals to strengthen their infrastructure and adjust capacity; purchase new or replacement medical equipment and enhance the use of technology.

**NYSARH respectfully requests a 5% additional investment of \$470,500 included in the final enacted budget for the Rural Health Network & Rural Health Care Access Development. Additionally, NYSARH requests the Assembly to match the Senate legislative appropriation in support of rural resources.**

**NYSARH requests that the following Policy Initiatives to Improve Rural Community Health be included in the enacted 2026-27 Budget:**

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### **ACCESS TO HEALTHCARE**

Legislative and regulatory actions are needed to increase access and remove barriers for rural residents of NYS by

- Continuing progress to reduce personal medical debt;
- Preventing loss of health coverage and addressing barriers to enrollment and maintaining eligibility by supporting navigational services;
- Supporting prescription price programs, including 340b;
- Ensuring primary care services are located in rural communities;
- Increasing the number of school-based healthcare clinics;
- Strengthening occupational health programs;
- Enhancing public engagement around hospital closures and mergers;
- Maintain Medicaid eligibility for sustainable reimbursement services.

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### **RURAL HEALTH DISPARITIES**

Regulatory reform and practice patterns that consider the shortage of specialists and specialty care in rural communities include allowing pharmacists and paramedics to continue expanding their roles as members of the healthcare safety net.

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### **DENTAL CARE ACCESS**

- Rural communities struggle to maintain good oral health due to lack of access;
- Increase access to School-based oral health services;
- Add incentives for dentists to accept Medicaid-insured patients;  
Reduce barriers to recruiting dentists to work in New York State by easing licensure requirements;
- Provide support for those already providing care in underserved communities; i.e. Community Health Centers and Rural Health Clinics.

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### **MENTAL HEALTH & SUBSTANCE USE CARE ACCESS**

While the burden of mental health and substance use issues keep rising in rural New York, policy-level barriers lead to a lack of availability and accessibility to mental healthcare services.

- Increase School-based mental health services, including the Teen Mental Health First Aid Training;
  - Provide better payment models for Peer Support programs;
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- Add a 1% increase to the TII for a total of 2.7% and ensure that language remains flexible, so that funding can be used to support both the workforce and programming operations.
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### **ACCESS TO OB/GYN CARE**

The Senate and Assembly have an opportunity to address alarming gaps and disparities in rural maternal health in rural counties.

- Expand training for primary care providers;
  - Support community prevention and maternal health programs;
  - Increase capacity for safe labor and delivery in rural communities;
  - Expand access to and payment for midwifery and doula services.
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### **BROADBAND AND TELEMEDICINE**

Codify payment parity, for telehealth visits, including behavioral health in Medicaid and commercial plans.

- Expand teleconsultation for EMS personnel, case managers and community health workers;
  - Close the FQHC/Article 28 gap to ensure payment parity with no carve-outs or lower telehealth rates;
  - Support care continuity with post ED/crisis follow-up via telehealth (24-72 hours).
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### **ACCESS TO LONG TERM CARE**

Rural residents are typically older and have more chronic conditions than urban counterparts.

- Support a full continuum of care;
  - Insist on paying a living wage for home care workers and home visiting nurses;
  - Address infrastructure investments and increase payment for skilled nursing facilities;
  - Facilitate technology support for home monitoring;
  - Allow community paramedicine with EMS partners.
  - Allow for community discussion (public review) on nursing home closures and implement a review process;
  - Ensure access to long-term care by increasing reimbursement rates.
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### **HEALTHCARE WORKFORCE**

There are numerous provider shortage areas in rural New York. NYSARH supports funding for more career pathways including rural internships, rotations, practicums and residencies; student loan repayment programs; diversity initiatives; Area Health Education Centers.

- Interstate Nurse Licensure Compact [S.3916 / A.4524](#);  
Enables interstate nursing practice based on a common set of licensing requirements, 42 participating states;
  - Temporary Practice Authorization [S.8341-A / A.8472B](#);  
Permits out-of-state nurses to practice temporarily while awaiting licensure;
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- Improve workflow and allow medical Assistants to Vaccinate under supervision.
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### **PUBLIC HEALTH-Hold Harmless Article 6 Aid**

Fund our Local Health Departments to enable them to provide health education, conduct disease surveillance and monitoring, immunization programs, lead abatement, well water safety and all the other essential services they provide.

- Maintain current Article 6 funding as the State navigates broader health care pressures stemming from federal Medicaid policy changes.
  - Assess the impact of potential federal funding cuts and provide targeted increases to offset them.
  - Long term, consideration should be given to restoring Article 6 funding to pre-2008 levels or tying it to cost-of-living adjustments.
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### **EMERGENCY MEDICAL SERVICES (EMS)**

Support EMS initiatives designed to help recruit and educate our rural workforce.

- Close The Medicaid Payment Gap [S.3768](#) / [A.2442](#);  
Allows for reimbursement of transportation costs for emergency care;
- First Responder Peer Support [S.5407-A](#) / [A.7285-A](#);  
Establishes peer-to-peer mental program to first responders;
- Strengthen Community Paramedicine [S.5333](#) / [A.1309](#);  
Authorizes collaborative programs for community paramedicine services.

### **Social Drivers of Health**

Wellness is more than the absence of illness. NYSARH member's support:

- **Nutrition**

Opportunities to enhance food access and quality through school breakfasts and lunches, farm to institutional programs, food pantries, farmer's markets, home-delivered meals and medically tailored meals.

- **Modernize and Strengthen the NY 30% Incentive Program**

New York should adopt a revised framework that prioritizes simplicity, administrative feasibility, and stability while expanding access and strengthening the state's agricultural economy.

- **Housing**

Programs to repair and upgrade existing housing for accessibility, energy efficiency and habitability, support for construction of small apartment buildings, and rehabilitation of abandoned buildings into apartments.

- **Transportation**

Subsidies for small-city public transit; quality monitoring of Medicaid transportation providers; incentives for volunteer driver programs; funding for nonprofit rural transportation providers.

- **Safety**

Educational programs for safe storage and use of firearms; suicide prevention programs; safety programs for snowmobiles and four-wheelers.

The Mission of the New York State Association for Rural Health [NYSARH] is to improve the health and wellbeing of rural New Yorkers and their communities. NYSARH is the hub for New York's rural organizations, connecting members, building capacity and bringing many voices together to advocate for an inclusive community of rural stakeholders. NYSARH members represent the 44 of 62 counties in the state designated as partially or fully rural.

For further information or follow-up please contact  
Jennifer Muthig, Executive Director at NYSARH (518)-524-3298 or [jennifer@NYSARH.org](mailto:jennifer@NYSARH.org)

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