



**Testimony submitted to the Joint Fiscal Committees  
on the SFY 2026-27 Executive Budget  
Health/Medicaid Budget Hearing  
February 10, 2026**

Thank you for the opportunity to submit testimony on the 2026-27 New York State Executive Budget. The Schuyler Center for Analysis and Advocacy (SCAA) is a 154-year-old statewide, nonprofit organization dedicated to policy analysis and advocacy in support of public systems that meet the needs of disenfranchised populations and people living in poverty.

### **Top Budget Recommendations**

- Fund maternal, infant, early childhood home visiting.
  - Support both the \$26 million and the supplemental funding included in the Executive Budget for Healthy Families NY.
  - Support \$3 million included in the Executive Budget for Nurse-Family Partnership and add an additional \$1.5 million.
  - Support \$500,000 for ParentChild+ to support further expansion, access, and professional development.
- Implement rate increases and adequately fund the Early Intervention program.
  - Include funding to fulfill the promise made to providers and families by implementing the 5% rate increase promised in the FY 2025 State Budget; approve an additional 8% rate increase for all Early Intervention services.
  - Add funding to complete a comprehensive assessment of the Early Intervention system to identify what will make services accessible, equitable, and effective for every child who needs them.
  - To ensure that the progress being made in child care serves ALL of New York's children, including those with disabilities, the budget should include a doubling of the enhanced reimbursement rates for child care providers serving children with delays and disabilities.
- Include \$30 million in funding for the Special Supplemental Program for Women, Infants, and Children (WIC) to help the program reach more eligible families.
- Fully restore funding for adult home residents: \$6.5 million for the adult home EQUAL grant program; \$75,000 in funding for the Coalition for Institutionalized and Aged Disabled (CIAD); and \$230,000 for resident advocacy. EQUAL directly benefits low-income residents of adult homes and CIAD brings adult home residents' voice to decision-making.
- Delay the repeal of continuous eligibility in Medicaid and Child Health Plus for children from birth to age six.
- Support \$5.5 million included in the Executive Budget and add an additional \$1.7 million to maintain Community Health Advocates (CHA) program at \$7.2 million.

- Support \$28.3 million included in the Executive Budget for the health insurance Navigator program and add funding to bring the program to \$38 million. Add additional \$5 million to fund grants to CBOs to conduct outreach in underserved communities.

### **Fund A Teledentistry Practice and Innovation Center and Expand Access to Dental Services**

For more information on this topic, please see Schuyler Center's reports:

- [Moving Oral Health Workforce Reform into Practice](#): Advancing the Barriers to Bridges Agenda. An Executive Summary of the report is attached to this testimony.
- [Teledentistry in New York State: Expanding Access Through Technology](#)
- Visit the Schuyler Center's [Future Oral Health Project](#) webpage for more.

New York faces persistent oral health workforce challenges that prevent thousands of residents from accessing preventive and treatment services. Rural communities, individuals with intellectual and developmental disabilities, young children, and other vulnerable populations experience significant barriers to care.

The Schuyler Center, along with many partners and stakeholders, has spent two years examining what steps New York can take to improve access to oral health. Our first report, released in early 2025, outlined 54 recommendations. We spent that year closely examining some of those recommendations to move toward implementation. Our second report with those recommendations was just released.

Our research, along with guidance from stakeholders, shows that teledentistry represents one of New York's strongest, immediate opportunities to extend the reach of the oral health workforce, particularly in rural regions, school-based programs, long-term care facilities, and other high-need settings. Teledentistry is a promising strategy to expand access without requiring major capital investments or long training pipelines. While New York already has a favorable legal and regulatory framework for teledentistry, adoption has lagged due to confusing billing and documentation requirements, inconsistent understanding of supervision standards, and limited technical assistance for providers, especially in small or rural practices.

New York continues to face workforce shortages, low Medicaid participation among dental providers, and persistent challenges connecting underserved populations to care. Teledentistry offers a rare opportunity to address all three challenges simultaneously. It allows dentists to extend their reach beyond traditional practice settings, supports hygienist-led care, reduces unnecessary in-person visits, and enables timely screening, triage, and treatment planning. With appropriate implementation support, teledentistry can rapidly increase access to preventive and diagnostic services for populations that routinely face barriers to in-person care.

New York should establish a Teledentistry Practice and Innovation Center (TPIC) to turn policy authorization into routine practice. TPIC would provide implementation support, workforce training, billing guidance, and technical assistance to providers across settings—particularly safety-net clinics, schools, and long-term care facilities. The center would also run learning collaboratives to share best practices and collect data to demonstrate impact.

We are requesting legislative support to establish the Teledentistry Practice and Innovation Center (TPIC) to provide the implementation infrastructure, training, and technical assistance providers need to turn New York's teledentistry policy into routine practice. We welcome the opportunity to discuss funding levels and implementation timelines with interested legislative offices.

***The Schuyler Center urges the Legislature to add funding to create a new Teledentistry Practice and Innovation Center.***

### **Make Maternal, Infant, and Early Childhood Home Visiting Available to All Who Need It**

Maternal, infant, and early childhood home visiting is recognized across the nation as a uniquely effective approach to family strengthening, with myriad benefits to children and families' health, wellbeing, and economic security. Home visiting has been proven to improve birth outcomes; increase high school graduation rates for children who received home visiting services while young; increase workforce participation and lower rates of welfare dependency; and reduce instances of child maltreatment. Home visiting is a proven, cost-effective intervention that yields tremendous savings over the lifetime of children in the form of lower health care costs and improved earnings as adults.

Schuyler Center urges the Legislature to support State investment in home visiting to maintain existing programs and expand services to more families. We also urge that additional funding be included to ensure that more families receive needed services.

***Specifically, to support home visiting programs and infrastructure, we request the following investments:***

- **Support the \$26 million and supplemental funding in the Executive Budget, totaling \$37 million for Healthy Families New York.**
- **Support the \$3 million included in the Executive Budget for Nurse-Family Partnership and add an additional \$1.5 million, for a total of \$4.5 million.**
- **Support \$500,000 for ParentChild+ to support expansion of their programs and access and professional development opportunities.**

### **Adequately Fund Early Intervention Services**

Early Intervention (EI) provides therapeutic and support services to eligible infants and toddlers with developmental delays or disabilities, and their families, from birth through two years old. Access to timely services is critical when delays are identified; however, data showed that approximately half of eligible children are not receiving their services on time and that racial disparities were persistent.<sup>123</sup> Black and Hispanic children in New York are less likely to be referred at a young age and have services initiated within the legally required 30 days.<sup>4</sup>

***The Schuyler Center and Kids Can't Wait Coalition urge the Legislature to:***

- **Include funding to fulfill the promise made to providers and families by implementing the 5% rate increase** promised in the FY 2025 State Budget, and approve an additional 8% rate increase for all Early Intervention services.
- **Include funding to complete a comprehensive assessment of the Early Intervention system** to identify what will make services accessible, equitable, and effective for every child who needs them. We urge the Senate and Assembly to pass the Early Intervention Reform Bill (A.283A/S.1222A) to modernize and strengthen EI statewide.
- **To ensure that the progress being made in child care assistance serves all of New York's children**, including those with disabilities, we request that the budget include a doubling of the enhanced reimbursement rates for child care providers serving children with delays and disabilities. In addition, the process to access the enhanced rate should be streamlined.

- **Include funding to expand the pipeline of qualified early childhood professionals** by providing loan forgiveness to individuals entering the EI workforce. Advance the Early Intervention Loan Forgiveness bill (A.1974/S.8290) to draw new providers into the EI field.
- **Create an annual rate-setting mechanism for Preschool Special Education evaluations and programs** that ensures rates increase at least at the same rate as public school funding, preventing program closures and maintaining access to timely services.

### **Increase Participation in the Women Infant and Children (WIC) Nutrition Program**

Families with children face the highest rates of food insecurity, with roughly one in six (15.8%) households with children reporting that they faced food insecurity sometimes or often between January and mid-September of 2024.

WIC is a cost-effective program that provides nutritious foods, nutrition education, breastfeeding support, and referrals to health care and social services. The most recent data available from NYSDOH shows participation at over 462,000 New Yorkers in October 2025, the largest participation in a decade.<sup>5</sup> This means participation has increased 24% since federal fiscal year 2021, driven largely by the evidence-based increase of the fruit and vegetable benefit, New York launching a number of meaningful modernizations, including participating in federally allowed waivers that expanded access through remote appointments, and strategic outreach informing New Yorkers of these improvements.<sup>6</sup> Research shows that participating in WIC leads to healthier infants, more nutritious diets, better health care for children, and, later, higher academic achievement for students.<sup>7</sup> Despite these positive results, only 62.4% of eligible New Yorkers participated in WIC in 2023, according to the most recent U.S. Department of Agriculture (USDA) annual estimates.<sup>8</sup>

WIC's long-needed modernizations and targeted outreach have spurred significant increases in participation since COVID, but local agencies have not seen adequate increases in funding for the nutrition education and counseling services portion of the WIC program in a decade. Costs in New York State exceed the outdated federal formula's nutrition counseling services grant allocations, known as NSA funds. Thus, local WIC agencies have remained nearly flat-funded for a decade, leaving many local agencies operating far above their contracted caseloads and struggling to serve all eligible families who are seeking services. Further, with federal waivers allowing remote services set to expire at the end of this fiscal year, local WIC agencies face an impossible choice: scale back services already operating without adequate resources, delay time-sensitive appointments, and operate out of compliance with WIC policy or state waiting lists. A larger state investment is needed to help the program reach and serve more New York children and families.

***To ensure local WIC agencies can serve all eligible families seeking services, sustain modernizations that have helped boost participation, and conduct outreach to hundreds of thousands of eligible but unenrolled New Yorkers, Schuyler Center urges the Legislature to include \$30 million in supplemental funding for WIC.***

### **Restore All Funding for Adult Home Advocacy and Resident Council Projects**

New York State licenses adult care facilities and has an obligation to protect the health of adult home residents. This year's Executive Budget zeroes out that commitment. Twenty years ago, New York faced a crisis in adult homes: deaths, dangerous living conditions, and an appalling lack of basic medical care and social services for residents. A Pulitzer Prize winning New York Times series by Clifford Levy brought much of it to light. Hearings were held, task forces convened, and residents organized and filed a lawsuit against New York State, with the plaintiffs winning. Through these combined efforts, funding and processes were finally established to improve conditions, enable

some residents to transition from these facilities, and importantly, give residents a voice in where and how they live. The Schuyler Center was actively engaged throughout these efforts and has been privileged to witness meaningful progress as conditions improved.

Adult home residents are low-income adults, many elderly and/or experiencing mental health challenges and other conditions that make independent living difficult without support. These circumstances leave them particularly exposed to abuse and neglect. Individuals are often referred to adult homes because other housing alternatives are either unavailable or inappropriate for their needs.

The Executive Budget eliminates three programs that support adult home residents' quality of life and self-advocacy:

### **1. Adult Home Advocacy and Adult Home Resident Council Projects**

Nearly three-quarters of the state's "transitional adult home" residents live in facilities in New York City and Long Island.<sup>9</sup> Residents in these and other adult care facilities rely on the information, organizing, legal representation, and advocacy funded through this program to prevent evictions, access public benefits, and improve quality of life and care in their facilities.

The Executive's cut of \$230,000 eliminates residents' rights trainings and will severely limit advocates' ability to respond to residents' requests for support. The funding enables community-building through resident councils, provides representation at benefit hearings and eviction proceedings, and supports impact litigation and policy advocacy that improve residents' lives and independence.

Defunding this critical advocacy activity erases decades of effort to promote resident rights and ensure justice for this underserved population. Residents will lose further confidence in New York State's regulatory oversight.

### **2. EQUAL Program Funding**

The EQUAL program began more than a decade ago to address substandard living conditions in adult homes and the lack of essential health and mental health services. The program has two components: quality of life assistance and capital improvements.

EQUAL enables residents to identify specific needs: clothing, coats, air conditioners for rooms, better food, and other essentials. Grants support independent skills training, mental health staff training, and capital improvement projects. Core to EQUAL is the requirement that residents have voice in how operators spend these funds. Information about how each adult home spent 2024-25 EQUAL funding is available on the [Department of Health website](#).

The Executive Budget eliminates all \$6.5 million in EQUAL funding. New York needs to continue making systemic improvements in adult home regulation and oversight, not eliminate funding that protects residents and provides a minimally-decent quality of life.

### **3. Funding for Adult Home Advocacy (CIAD)**

The Coalition for Institutionalized and Aged Disabled (CIAD) provides adult home residents with the information and skills they need to advocate for themselves within their facilities and in the policy arena. CIAD organizers are the only advocates who regularly visit adult homes in New York City. They train and support resident leaders, organize resident councils, and educate residents about their rights. CIAD's legislative agenda and organizing objectives are

set by a Policy Committee of adult home residents and a Board of Directors that includes current and former residents.

For years the State Budget included modest funding to CIAD, just \$75,000. This year the Executive Budget once again eliminates even that minimal amount. Last year the Legislature restored that \$75,000 and added \$225,000 so residents could have adequate representation against well-funded adult home operators. We request that funding be restored this year. The Schuyler Center, CIAD, and many mental health advocacy organizations remember when scandalous conditions in adult homes were exposed in publications like *The New York Times*. We are deeply concerned that the State is stepping back from its commitment to protect this population, a commitment hard-won through advocacy and litigation.

Without this funding, these programs will be forced to severely reduce or discontinue advocacy for this already marginalized, under-represented population. The consequences will be significant, and we risk returning to the conditions we fought so hard to overcome 25 years ago.

***The Schuyler Center urges the Legislature to:***

- **Restore \$230,000 for the Adult Home Advocacy and Adult Home Resident Council Projects**
- **Restore \$6.5 million for the EQUAL program.**
- **Restore a long-standing \$75,000 NYS Department of Health line item for CIAD that was eliminated in the Executive Budget.**
- **Add \$250,000 for CIAD to ensure full funding for this organization.**

**Delay Repeal of Continuous Medicaid and Child Health Plus Eligibility from Birth to Age Six**

In 2025, following approval from the federal government, New York implemented continuous eligibility in Medicaid and Child Health Plus for all children from birth to age six. This allows families with the youngest children to maintain their child's coverage and avoid the paperwork involved in keeping their children enrolled in public health insurance coverage. The Trump administration has issued notice that these "continuous coverage" waivers will not be renewed; New York's waiver expires in March 2027.<sup>10</sup> The Governor proposes to repeal continuous coverage for young children, effective July 1, 2026 (HMH Part M, sections 13 and 14).

***We urge the State to ensure that the provision remains in effect until the end of the current waiver or at a time before that that provides feasible unwinding of the provision.***

**Increase Funding for Health Insurance Enrollment Navigators and Community Health Advocates**

We join our colleagues of Health Care for All New York (HCFANY) in requesting increased funding for two important programs that assist consumers in enrolling, understanding and using their health insurance, including Medicaid. Given the threats to federal funding for health care and the anxiety of consumers regarding their insurance, it is vitally important that these two programs be fully funded to assist consumers in this time of uncertainty.

- The Community Health Advocates (CHA) program helps people with any type of health insurance access in-network care, manage billing problems, avoid medical debt, appeal coverage denials, and manage other problems that might prevent them from obtaining affordable medical care. CHA has helped consumers save nearly \$252 million in health care costs, yielding over a 407% return on investment for the State.
- The Navigator program has been instrumental in ensuring New Yorkers enroll, keep, and use their health insurance. The Navigator program is predominately run through community-based

organizations that provide culturally and linguistically competent services. Roughly 70 percent of Marketplace enrollees utilize in-person assistance and over 400,000 people currently enrolled in coverage use New York State of Health Navigators.

***The Schuyler Center urges the Legislature to:***

- **Support \$5.5 million included in the Executive Budget and add an additional \$1.7 million to maintain Community Health Advocates (CHA) program at \$7.2 million.**
- **Support \$28.3 million included in the Executive Budget for the health insurance Navigator program and add funding to bring the program to \$38 million. Add additional \$5 million to fund grants to CBOs to conduct outreach in underserved communities.**

***About Us***

Schuyler Center is the fiscal, administrative, and staff home of *Medicaid Matters New York*, a coalition that advocates in the interest of Medicaid enrollees. Schuyler Center also participates in the leadership of the Child and Family Wellbeing Action Network (CFWAN) -- advocates, providers, and people impacted by New York's child welfare system working toward a vision where the state prioritizes policies that strengthen and support children, youth, and families. Schuyler Center serves on the Steering Committee for *Kids Can't Wait*, focused on reform and improvement of New York's Early Intervention program. Kate Breslin, Schuyler Center President and CEO, has led several recent initiatives, including the First 1,000 Days on Medicaid, Value-Based Payment for Children and Adolescents, and Value-Based Payment Social Determinants of Health; she presently serves on the Medicaid Evidence-Based Benefit Review Advisory Committee and the Child Poverty Reduction Advisory Council.

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<sup>1</sup> New York State Office of the State Comptroller. (February 2023). *Oversight of the Early Intervention Program*. <https://www.osc.ny.gov/state-agencies/audits/2023/02/28/oversight-early-intervention-program>

<sup>2</sup> New York State Department of Health, Early Intervention Coordinating Council. (December 2023). *Annual performance report*. [https://www.health.ny.gov/community/infants\\_children/early\\_intervention/eicc/docs/2023-12-14\\_ann\\_perf\\_report.pdf](https://www.health.ny.gov/community/infants_children/early_intervention/eicc/docs/2023-12-14_ann_perf_report.pdf)

<sup>3</sup> U.S. Department of Education, Office of Special Education Programs. (February 2024). *Differentiated monitoring and support report: New York Part C*. <https://www.ed.gov/sites/ed/files/fund/data/report/idea/partcdmsrpts/dms-ny-c-report-final-02-29-2024.pdf>

<sup>4</sup> NYS Department of Health, Bureau of Early Intervention. (August 2021). *Early Intervention Program Data: Race and Ethnicity For the Period July 2017 – June 2020*.

<sup>5</sup> New York State Department of Health. (November 2025). *NYS Monthly WIC Enrollment and Participation by Category Map*. <https://health.data.ny.gov/Health/New-York-State-Monthly-WIC-Enrollment-and-Particip/t53h-jgrc>

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<sup>6</sup> U.S. Department of Agriculture. Food and Nutrition Service. (January 2026). *Annual State Level Data*. <https://www.fns.usda.gov/pd/wic-program>

<sup>7</sup> Food Research and Action Center. (May 2019). *WIC is a Critical Economic, Nutrition, and Health Support for Children and Families*. [https://frac.org/wp-content/uploads/frac\\_brief\\_wic\\_critical\\_economic\\_nutrition\\_health\\_support.pdf](https://frac.org/wp-content/uploads/frac_brief_wic_critical_economic_nutrition_health_support.pdf)

<sup>8</sup> U.S. Department of Agriculture. Food and Nutrition Service. *WIC Eligibility and Participation by State Over Time: 2016-2023*. <https://dam-fns.usda.gov/sites/default/files/microsite/wic-eer23/graphic6.html>

<sup>9</sup> “Transitional adult homes” are adult care facilities with 80+ beds where at least 25% of residents are persons with a serious mental illness and fewer than 55% of beds are designated as Assisted Living Program beds. Transitional adult homes are subject to oversight by New York State’s Justice Center for the Protection of People With Special Needs. The Justice Center oversees and administers the Adult Home Advocacy Project.

<sup>10</sup> Centers for Medicare & Medicaid Services. Department of Health & Human Services. (July 2025). *Section 1115 Demonstration Authority for Continuous Eligibility Initiatives*. <https://www.medicare.gov/resources-for-states/downloads/contin-elig-ltr-to-states.pdf>

# Moving Oral Health Workforce Reform into Practice

## Advancing the Barriers to Bridges Agenda

### Executive Summary

In 2025, the Schuyler Center’s Barriers to Bridges report documented how oral health workforce shortages, limited provider participation in Medicaid, and persistent inequities affect access to oral health care across New York State. The report identified five statewide levers for transformation and called for a shift from episodic, office-based treatment toward prevention-focused, community-embedded delivery models. A central finding: New York already has many necessary policy tools in place. The challenge lies in translating those tools into consistent, day-to-day practice.



This report advances that implementation work. Following an April 2025 statewide convening, more than 100 providers, consumers, advocates, policymakers, researchers, and community leaders participated in four workgroups to identify concrete steps that could be taken over a two-year implementation horizon. The workgroups focused on Teledentistry, Early Childhood Oral Health, Access for People with Intellectual and Developmental Disabilities, and Care Capacity—areas where needs are high, policy authority exists or is within reach, and there is clear potential to expand access through better use of the oral health workforce.

The recommendations are sequenced by implementation readiness. Teledentistry can be deployed immediately using existing providers and infrastructure. Early Childhood prevention offers the highest return on investment and greatest opportunity to reduce future workforce demand. The I/DD section addresses some of the deepest and most persistent access barriers in the system. Care Capacity outlines the workforce reforms required to sustain and scale these approaches.

## RECOMMENDATIONS

### Teledentistry

- ▶ **Establish the Teledentistry Practice and Innovation Center**  
Create a statewide hub to support teledentistry implementation from policy to routine practice. The Center would coordinate training, technical assistance, shared tools, and peer learning to accelerate adoption of teledentistry with a focus on high-need settings.
- ▶ **Build a statewide teledentistry training and learning collaborative**  
Create a structured learning network where providers and partners can share best practices and troubleshoot implementation barriers. A learning collaborative helps translate reimbursement and policy into consistent, real-world practice.

### Early Childhood Oral Health

- ▶ **Integrate oral health into early childhood systems**  
Embed oral health prevention and care into the systems that already serve young children and families to reduce disease before it escalates. This approach increases reach and lowers long-term demand on the dental workforce.
- ▶ **Expand preventive capacity through non-dental settings serving young children**  
Strengthen cross-sector training and referral pathways, so oral health is addressed consistently in primary care, early childhood programs, and community settings. Implementation should focus on simple, repeatable workflows that make prevention routine.

- ▶ **Deploy the Oral Health OTTER to support early childhood implementation**  
Use OTTER as a practical implementation tool to help early childhood and community programs integrate oral health activities into daily operations. OTTER should focus on clear workflows, training supports, and readiness tools that reduce start-up burden.

### Access for People with Intellectual and Developmental Disabilities

- ▶ **Create and scale the I/DD Dental Passport**  
Develop a shared, patient-centered tool to improve communication, planning, and continuity of care for people with I/DD across providers and settings. The Passport will reduce access failures caused by fragmented information and improve the care experience for patients, caregivers, and providers.
- ▶ **Build provider capacity to deliver care for people with I/DD**  
Expand training, tools, and technical assistance so more providers can confidently serve people with I/DD. This reduces reliance on a small number of providers and improves access systemwide.
- ▶ **Strengthen transitions from pediatric to adult dental care for people with I/DD**  
Establish structured transition protocols, shared tools, and directories so access does not drop off when individuals age out of pediatric systems. Improved transitions support continuity and prevent avoidable deterioration in oral health.

### Care Capacity

- ▶ **Authorize dental therapy in New York.**  
Establish a new category of provider trained to deliver routine preventive and restorative services as part of dental teams. Dental therapy is the most direct way to add treatment capacity in communities facing persistent workforce shortages.
- ▶ **Implement the collaborative practice dental hygiene law at scale.**  
Ensure regulations, training pathways, and reimbursement make the new authority usable statewide and in community-based settings. Effective implementation can rapidly expand preventive care access.

- ▶ **Expand and sustain community-based oral health workforce roles**  
Formalize and support roles such as community health workers and community dental health coordinators to address non-clinical barriers to care. Standardized training and sustainable financing can embed these roles into care teams long term.

### Cross Cutting System Actions

- ▶ **Align Medicaid policy and operations to support implementation**  
Clear billing guidance, aligned payment policies, and reduced administrative burden are essential for workforce and delivery strategies to operate at scale. Medicaid alignment is a practical lever for turning policy into practice.
- ▶ **Authorize parent or caregiver application of fluoride varnish**  
Allow parents or caregivers to apply fluoride varnish under provider guidance to expand preventive access when provider availability is limited. This targeted statutory change increases prevention reach for young children.
- ▶ **Authorize medical assistants to apply fluoride varnish**  
Permit trained medical assistants to apply fluoride varnish in appropriate settings to increase preventive capacity in primary care and community-based systems. This statutory change supports integration of oral health into settings that already reach children.

Read the full report here:

[Moving-into-Practice-2026-Schuylers-Center-Report.pdf](#)

or

scan the code below.

