Thank you for the opportunity to submit testimony on the 2022-23 New York State Executive Budget. The Schuyler Center is a 150-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.

Schuyler Center is the home and part of the leadership of Medicaid Matters New York, a coalition that advocates in the interest of Medicaid enrollees. We also serve on Steering Committees for Health Care for All New York, dedicated to affordable high-quality insurance for all New Yorkers, and Kids Can’t Wait, focused on reform and improvement of New York’s Early Intervention and Preschool Special Education systems. 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 and CBOs.

In 2022, the Schuyler Center celebrates the 150th anniversary of our founding by Louisa Lee Schuyler. Today, our work remains grounded in her ideals of compassion, advocacy, leadership, and partnership.

Our Priorities:

We support the following initiatives in the Executive Budget:

- Expand postpartum coverage
- Expand Essential Plan coverage
- Eliminate some copays for Child Health Plus and expanded benefits
- Increase funding for local public health departments
- Increase in maternal, infant, early childhood home visiting funding for Healthy Families NY

We request the following initiatives to be included in the final Enacted Budget:

- Add postpartum coverage for all immigrants
- Expand Essential Plan coverage to include immigrant populations
- Increase providers rates for Early Intervention and Preschool Special Education
- Provide $2 million in funding for the maternal, infant and early childhood home visiting program ParentChild+ and $1.5 million for Nurse-Family Partnership
- Provide $250,000 for implementation of the Health Professions Data Law
- Increase funding for the Navigator program to help Marketplace enrollment.
- Repeal the Medicaid Global Cap
- Include language directing the Department of Health to apply for a Medicaid State Plan Amendment for school health expansion
Ensure that All New Yorkers Have Health Insurance

One of the Schuyler Center’s overarching priorities is ensuring comprehensive and strategic investment in young New Yorkers, with special attention to healthy development when their brains and bodies are most rapidly developing, as this impact can last a lifetime. Affordable, quality health insurance coverage for adults, as well as children, is critical since insurance is the gateway to accessing services to help keep people healthy and treat diseases and conditions early.

Moreover, children’s healthy development depends to a large extent on the health and well-being of their parents and caregivers. Ensuring that all parents and caregivers have coverage helps children get the care and family financial stability they need to thrive.

Postpartum Coverage
The Executive Budget proposes to extend Medicaid postpartum coverage for one year following the last day of pregnancy once a federal waiver is obtained. The American Rescue Plan Act of 2021 (ARPA) established a new state option to extend Medicaid coverage for one year following the baby’s birth.

This option enables New York to take a major step toward improving health outcomes for postpartum women and their babies by reducing coverage loss and prioritizing continued and comprehensive coverage (including mental health) in the postpartum period. Addressing maternal health is essential to ensure the health of children and, by extension, the whole family.

The Executive also proposes expanding the definition of “standard coverage of pre-natal and post-partum services for Medicaid to include all services recommended by a physician or other licensed practitioner.”

Unfortunately, the Executive Budget proposal excludes many immigrants. Disparities in maternal mortality and morbidity cannot be redressed if key groups are excluded. We agree with our Healthcare for All New York (HCFANY) colleagues that New York should provide health insurance to everyone for one-year postpartum with $24 million annually in state-only funds.

The Schuyler Center urges the Legislature to support:

- Support expanded coverage for postpartum care to one year.
- Support the expanded definition of “standard coverage” of pregnancy in Medicaid.

In addition:

- Add postpartum coverage for all immigrants.
- Build on these proposals to provide three years of continuous coverage for both moms and babies, ideally in the same health plan, to ensure that uninterrupted health, mental health, developmental services and supports are available during this critical time of brain development and mother-child bonding.
**Essential Plan Health Coverage**

The Executive Budget proposes to seek federal approval to expand the Essential Plan (EP) by raising the income cap from 200% of the federal poverty level (FPL) to at least 250%. This would allow 14,000 currently uninsured eligible New Yorkers to enroll free of cost and increase affordability for an additional 92,000. With federal approval, the EP would be expanded to provide coverage for individuals with long-term, chronic illnesses.

New York launched the Essential Plan in 2016 as an affordable option for low- and moderate-income New Yorkers. Over 892,000 people are currently enrolled. These changes will encourage additional participation in the program and reduce the number of the uninsured adults.

We are disheartened that there are no proposals in the Executive Budget to help the estimated 154,000 low-income New Yorkers who are ineligible for the federally-funded Essential Plan because of their immigration status. Immigrants are the largest group of uninsured New Yorkers and have been hit hard by the pandemic, both physically and financially. As a member of the Steering Committee of Healthcare for All New York (HCFANY), we also urge the Legislature to ensure health equity by funding a State-only Essential Plan for New Yorkers who are unfairly excluded.

*The Schuyler Center urges the Legislature to accept the proposal to raise the income cap for the Essential Plan.*

**In addition:**

- Allocate $345 million to create a State-funded look-alike Essential Plan that would cover an estimated 46,000 people.

**Child Health Plus**

The Executive Budget proposes $11 million to improve access to children’s mental and behavioral health services by aligning Child Health Plus services with Medicaid services. The Executive Budget also proposes $4 million to eliminate the $9 per month premium for children whose family household income is less than 223% of the Federal Poverty Level.

Child Health Plus is an important component to New York’s system of health insurance options for families by providing coverage for families above the Medicaid threshold but without or with unaffordable private coverage. The expansion of services is extremely important as COVID has taken a toll on children’s mental health. The elimination of the premium will help ensure continuity of services.

*The Schuyler Center urges the Legislature to support this provision to make Child Health Plus more affordable and ensure that children covered by Child Health Plus can access a full scope of mental health services.*

**Maternal Health**

In the State of the State, the Governor proposed new or expanded services to ensure mothers get the prenatal and postnatal care they need. These include providing social work services in clinical and non-clinical settings, reimbursing community health workers for care in maternal
health settings, and increasing availability of dyadic care, where the caregiver and baby receive services that promote positive parent-child interaction. This proposal will expand the New York State Healthy Steps program and integrate behavioral health professionals into pediatric primary care well-child visits.

The Executive Budget does not include appropriation or bill language for these proposals. We urge the Legislature to work with the Executive to ensure that appropriate funding is available for robust implementation.

**Local Public Health Funding**

The Executive Budget increases local public health funding (Article 6) to $189.2 million, a $25.7 million increase over last year’s budget amount. This funding increases the base grants to local health departments and allows local health departments to claim partial reimbursements for fringe benefits to support hiring and retention of staff.

Local public health departments are essential part of the infrastructure in protecting the health of communities—including preparing and responding to infectious diseases such as COVID-19. Public health programs maintain the health of populations and provide important services, such as maternal and child health programs, teen pregnancy prevention, tobacco control, and disease prevention.

The Schuyler Center recommends that the Legislature include this long-overdue increase in the final budget to strengthen local health departments and contribute to healthier communities in every corner of the state.

**Medicaid**

The Executive Budget includes an extension of the Medicaid global cap for an additional two years. The global cap was arbitrarily set in 2011 by the original Medicaid Redesign Team and for over ten years it has imposed cuts to Medicaid, often without any transparency. Because of this cap, Medicaid has not been able to grow and respond to the needs of New Yorkers.

Efforts to keep expenditures within the cap have resulted in reductions of services to Medicaid enrollees who have disabilities and are in need of home health services as well as people who rely on safety-net providers.

Repealing the cap would once again allow the Legislature to reasonably negotiate a Medicaid budget within the rubric of the annual budget process. New York State should develop less arbitrary and more transparent ways of assessing Medicaid spending.

The Schuyler Center urges the Legislature to repeal the Medicaid Global Cap.

**Early Intervention and Pre-School Special Education**

Early Intervention (EI) provides therapeutic and support services to eligible infants and toddlers under the age of three who qualify due to disabilities or developmental delays. For young children over the age of three, Preschool Special Education (PSE) covers these services. Specialists work with children to provide the services they need to catch up and increase their
chances for success in school and life overall. Access to timely services is critical when delays are identified, yet even before the pandemic, data showed that one in four children did not receive mandated EI services within the required timeframe and that racial disparities were persistent.

We are disappointed the Executive Budget does not direct funds made available through the Covered Lives assessment toward an increase in reimbursement rates. Young children are losing opportunities to gain developmental progress and lifelong skills because there is no provider available to meet their established need. For years, families, providers and child advocates have repeatedly communicated the need for investments in EI provider compensation to help recruit and retain the professionals needed to eliminate long wait times, yet the governor did not respond to those calls in the Executive budget.

The shortage of evaluation and service providers as well as service coordinators is a long-standing problem that is worsening, creating even more barriers to accessing therapies and supports young children need. In 2018, there were approximately 1,300 billing providers in New York State, compared to 904 billing providers in early 2020, right before the pandemic began. The pandemic further accelerated this trend downward to 852 billing providers in 2021 Q3. NYS EICC data show that between 2019 Q2 and 2021 Q2, there was a loss of 2,262 rendering therapists, representing a 15% drop in a system that was already experiencing severe shortages.

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

- **Increase rates for all Early Intervention providers and evaluators by 11% to move New York State closer to meeting the needs of young children in New York with developmental delays or disabilities.** The State can use the new Covered Lives assessment, signed into law in December 2021, which requires private health insurance companies to contribute $40 million to the Early Intervention program. At a time when EI providers are paid less than they were in the 1990s, resulting in children going without the necessary services, the State should use this funding to increase EI provider rates instead of merely using it to save money for the State and counties.

- **Provide an 11% increase for preschool special education programs and school-age classrooms serving children with significant disabilities (4410 and 853 classrooms) for the 2022-23 school year.**

- **Ensure sufficient long-term resources for EI and PSE and reduce disparities in both by:**
  
a. Allocating $1.72 million to design a new preschool special education tuition rate-setting methodology and discontinue the annual reconciliation process to provide interim relief while the rate-setting methodology is redesigned, allowing providers the flexibility to manage resources across a five-year period, as recommended by the Board of Regents.

  b. Conducting a comprehensive assessment of the methodology used to determine payment for all Early Intervention evaluations, services, and service coordination (S.5676/A.6579).

**Maternal, Infant and Early Childhood Home Visiting**

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, well-being 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 has been proven a 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.

The Executive Budget increases funding for Healthy Families New York to a total of $41.5 million, a $11 million increase from last year’s amount, and is expected to serve an additional 1,600 families. Proposed funding for Nurse-Family Partnership is maintained at $3 million. No additional funding was proposed for other evidence-based home visiting programs.

**Schuyler Center urges the Legislature to:**
- Accept the increase for Healthy Families New York.
- Accept funding for Nurse-Family Partnership and add an additional $1.5 million for a total of $4.5 million.
- Add $2 million for ParentChild+.

**Increase School Based Health Funding Through Medicaid**

The Schuyler Center is a member of the Coalition for Healthy Students – New York State which was formed to promote the development of a Medicaid State Plan Amendment (SPA) that would expand school-based Medicaid services by permitting school districts to bill Medicaid directly for essential health and mental health services for all Medicaid-enrolled students. The Executive Budget did not include any language or appropriation for pursuing this SPA.

Fifteen states currently have this SPA to ensure that all children have access to the school health services they need for academic success. The SPA would prove especially beneficial to students of color—nearly 47% of New York’s public school population—who are disproportionately impacted by historic inequities that impacts their access to health care.

Of particular interest, as schools deal with the fallout of COVID, this SPA would provide new federal financing for the provision of mental health services in schools. This would complement and build on the health care models currently in place. School districts would still have the flexibility to design their school health programs to meet their unique needs, including further investments in school-based Medicaid and partnerships with school-based health and mental health centers and other school-based health services by community-based providers.

**Schuyler Center requests that the Legislature include language directing the Department of Health to apply for a school health expansion SPA as quickly as possible.**

**Fully Fund the Health Insurance Navigator Program**

Approximately 350,000 New Yorkers are uninsured even though they earn less than 200% of the FPL and are thus eligible for low-cost or free health coverage. An additional 421,000 are eligible for Marketplace coverage but have not enrolled. The Navigator program provides independent, in-person assistance to consumers who want help shopping for and enrolling in health coverage.
The Navigator program has received flat funding of $27.2 million since 2013, with no cost-of-living increases. Agencies have lost trained and experienced staff because this funding limitation means they cannot reward experience or strong job performance with raises. As a member of Health Care for All New York (HCFANY), we join with our colleagues to urge the Legislature to fund the Navigator program at $32 million to make up for increased costs over time.

Additionally, New York should allocate $2 million to community-based organizations to conduct outreach in communities that have low coverage rates. Those New Yorkers who are eligible for existing programs but are still uninsured are among the most challenging to reach and enroll in coverage. An example is immigrants, who have heard many confusing and frightening things about enrolling in public programs. These communities are more likely to trust the organizations that are already working in their communities.

*The Schuyler Center urges the Legislature to fund the Navigator program at $32 million and allocate an additional $2 million to community-based organizations so they can conduct outreach in hard-to-reach communities.*

**Fund Implementation of the Health Professions Data Law**

The Executive Budget does not include critical funding ($250,000) for the Center for Health Workforce Studies (CHWS) that is necessary to implement the health professions data law enacted in 2021.

The health professions data law requires licensed health professionals (inclusive of nurses, therapists, social workers, technicians, etc.) to answer a small number of questions as part of the tri-annual re-registration process. This includes providing information about their demographics, education, and practice activities to assist the State in health planning, education, emergency preparedness, etc.

Consistent and on-going funding in the form of a minimum annual allocation of $250,000 is needed to launch, manage, and sustain the successful collection of data and continued analysis for the State’s licensed health professionals.

The health workforce is a vital part of health care delivery. Efforts to improve the quality of health services and expand access to care depend on the availability of an adequate supply of appropriately trained health workers. It is particularly critical now to understand the availability of health professionals in response to the pandemic and to analyze providers of behavioral health to determine unmet needs. As New York continues to reform Medicaid, expand mental health and addiction services and prepare for new health services, robust information about the current workforce is necessary to evaluate existing programs and plan for future needs.

*The Schuyler Center urges the Legislature to include funding $250,000 in the final budget for the Center for Health Workforce Studies so the health professions data law can be implemented. This funding will ensure that New York has the data necessary to develop the right workforce for a changing health care landscape.*
Oversight of the Health Professions

The Executive Budget proposes to transfer the oversight authority for licensed health professions from the State Education Department to the Department of Health. Current authority for the licensing of health professionals and statutes governing scope of practice reside at the State Education Department. This change would shift oversight to the Department of Health for all health professions.

The pandemic highlighted the fragmentation of health care workforce licensing, regulation, and administration. Provider organizations in the fields of child development, mental health, and child welfare have long lamented staffing shortages associated with challenges and delays in licensing and credentialing, in addition to reimbursement. Initiatives to streamline licensing of health professionals, improve the ability of health professionals to practice effectively as teams, and expand underserved communities’ access to crucial services have long been stymied.

*Health professionals are the heart, brain, and backbone of prevention and care and this proposal should ignite policymaker attention and debate to the urgency of strengthening the health workforce by improving New York’s processes for licensing, credentialing, and addressing scope of practice and to serious consideration of where that authority should rest.*

Thank you. We appreciate the opportunity to submit this testimony and look forward to continuing to work with you to build a strong and healthy New York that cares for its most vulnerable residents.

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