



# NEW YORK STATE PUBLIC HEALTH ASSOCIATION

Envisioning Healthy People in Healthy Places

Mission: The mission of NYSPHA is to promote and protect the public's health through professional development, networking, advocacy, and education.

Vision: Strengthening public health and taking action to make New York the healthiest state.

**Testimony Submitted on Behalf of the  
Board of Directors and the Membership of the  
New York State Public Health Association  
(NYSPHA)**

by

**Brett Harris, DrPH  
President, NYSPHA  
Senior Research Scientist, NORC at the University of Chicago  
Clinical Associate Professor, UAlbany School of Public Health**

to

**The Joint Legislative Budget Hearing on Health  
Tuesday January 23, 2024**

It is an honor to provide testimony on the Department of Health Budget for Fiscal Year 2025 on behalf of the Board of Directors and the members of the New York State Public Health Association (NYSPHA). NYSPHA is the New York State affiliate of the American Public Health Association (APHA) and serves as the statewide organization for over 700 members from all disciplines across the spectrum of public health professionals, organizations, academia, and students pursuing careers in public health. Our mission is to improve the public's health through advocacy, education, networking, and professional development.

To maintain core public health services and address emerging threats, NYSPHA recommends that the following be included in the FY 2024-25 enacted budget:

**1) NYSPHA urges the Legislature to support the Local Health Departments and the Public Health Workforce.**

The first priority of New York's local health departments (LHDs) is to maintain the core public health services they are tasked to provide. The chronic under-funding of these services is a problem that temporary, short-term funding will not address. The public health infrastructure is built on people – local health officials, preparedness coordinators, epidemiologists, public health nurses, sanitarians, social workers, public health educators and support staff. These staff have suffered tremendous attrition during the COVID-19 pandemic and need to be rebuilt.

Specifically, NYSPHA urges the Legislature to:

- **Fully fund the shortfalls in existing and proposed childhood lead poisoning prevention programs, increasing the total budget from \$18 million to \$58.1million.** The shortfall is in three parts. 1) In 2019, the state lowered the blood lead action level for LHDs to follow-up with lead poisoned kids, requiring thousands of additional investigations each year with no additional funding (additional funding needed: \$36.4m); 2) In 2022, the state added five high risk counties to the thirteen receiving primary lead poisoning prevention funding but added no additional funding resulting in the existing county programs being cut (additional funding needed: \$2.4m); and 3) the Executive Budget establishes a new lead poisoning primary prevention initiative, requiring the development of a state rental registry with proactive inspections to identify lead hazards. While this is a laudable goal, the proposal only provides limited funding in the State Operations budget and none in the Local Assistance budget (additional funding needed: \$19.4m). Without the additional funding, these programs will not adequately serve New York's children at risk for lead poisoning.
- **Clarify that public health workers are eligible for the COVID-related health care worker bonus program passed two years ago.** Public health workers who sacrificed so much to serve their communities during the pandemic did not receive bonuses in the program enacted last year. This has led to further deterioration in the morale and mental health of local health department employees.
- **Restore Article 6 state aid for general public health work to New York City by returning the percentage of reimbursement above the statutory base grant to 36%**, in alignment with all other local health departments (LHDs). The justification provided in 2019 by New York State for the reduction in New York City's Article 6 reimbursement rate to 20% was that New York City has access to federal and other funding sources. However, this fails to acknowledge that the existing and longstanding Article 6 claims process already accounted for these other revenue sources and credited these savings to the state by reducing the net reimbursement paid to New York City.

- **Restore funding to counties to help offset the increasing costs for medical examiner services** in recognition that state mandated-autopsy services that provide critical public health data. Prior to 2011, county coroners and medical examiners were recognized as a core public health service, with medical examiner services being reimbursed up to 36 percent with state aid from Article 6 funding to local health departments. These services are currently 100% county cost, but provide critical data for statewide emergencies such as the COVID and opioid overdose epidemics. The funding should be restored.

## 2) **NYSPPHA urges the Legislature to take bold new measures to address climate change.**

NYSPPHA commends Governor Hochul for naming climate chaos “the defining challenge of our era” and for highlighting the NY HEAT Act in the State-of-the-State. In 2023 alone, the Governor publicly lamented the “once-in-a-lifetime” blizzard in Buffalo, the fierce floods in Brooklyn, and the Canadian wildfire smoke that caused health-harming air pollution from New York’s northern border, south to New York City. During that year alone, these crises have cost New York State over \$2 billion in disaster clean up.

As stewards of public health and safety for all New Yorkers, especially those in Black, Brown, Asian, Indigenous, and low-income communities, we ask the Legislature to help mitigate and reverse the public health consequences of climate change: heatstroke, heart and lung disease, cancer, asthma, mental health and trauma, and food and shelter insecurity, to name just a few. You can address this alarming public health crisis by attacking the problem at its source: a behemoth fossil fuel industry that profits at the expense of people and planet.

NYSPPHA strongly urges the legislature to include full funding for the 2019 Climate Leadership and Community Protection Act (CLCPA) in the one-house budget bills. We ask you to allocate \$1 billion to the Climate Action Fund in 2024 to kick start the state’s clean energy transition. This would represent a down payment on the more than \$10 billion that will be needed annually to build infrastructure, ensure a reliable grid, fortify coastal communities, and train workers for the economy’s new and family-sustaining jobs.

We’re calling for the Legislature to take the following steps, investments that amount to less than half of one percent of New York’s \$229 billion state budget:

- Invest at least \$1 billion of “shovel-ready” appropriations via the Climate Action Fund (CAF) in 2024 by passing the **People's Climate Justice Budget**
- Include a **Community Directed Climate Solutions Account** in the CAF
- Support a **Gap Fund** to help renters and homeowners address buildings’ structural deficiencies to prepare for electrification
- Include the **Just Energy Transition Act** in the one-house bills
- Ensure polluters pay their fair share by including the **Climate Change Superfund Act** in the one-house bills
- Include the **NY HEAT Act** in the one-house bills.

Additionally, NYSPPHA recommends funding for:

- **Staff for each LHD to hire a climate and health adaptation coordinator.** These coordinators would be responsible for working with public health programs and community partners to prioritize climate hazards, implement adaptations and interventions to reduce climate and health risks, and liaise with state partners who are working on climate initiatives.

- **Community health programs to implement adaptations that impact their area of focus.** By allocating resources for these programs, communities can be empowered to respond more effectively to climate-related challenges, and programs can tailor their services and interventions to the specific needs and vulnerabilities of their communities, thus bolstering overall public health resilience.
- **Developing and piloting plans for resilience hubs.** These hubs serve as centralized, multifunctional centers for emergency response, resource distribution, and community support, offering a blueprint for enhancing community resilience and preparedness in the face of climate change impacts. This is a critical step in building robust community infrastructure that can withstand and respond to climate-related disruptions.

### **3) NYPHA applauds and fully supports the Governor’s proposal for a comprehensive package of funding and programs to improve prenatal care and maternal birth outcomes.**

Prenatal care during pregnancy and health care during childbirth can reduce complications, help to foster a healthier birth experience, and increase positive birth outcomes for newborns. Complications related to pregnancy and delivery can be reduced. Pregnancy-related mortality disparities exist among mothers of different racial and ethnic backgrounds, income, and educational levels as well as geographic locations (urban/rural). In New York State, pregnancy-related mortality needs to be addressed to lower the mortality rate during pregnancy, childbirth, and the postpartum period.

### **4) NYSPHA urges increased support for the state’s immunization infrastructure to reduce of vaccine-preventable illness, improve vaccine access, and invest in our state’s immunization infrastructure.**

The COVID-19 pandemic has underscored the profound impact that immunization has on preventing severe disease, hospitalization, and death. Despite this tremendous impact on public health and the countless lives that have been saved by vaccination, disinformation about vaccines persists and many communities still experience challenges with accessing vaccines. This unfortunate reality has dangerous consequences. There has been a disturbing backslide in routine childhood vaccination rates as organized efforts to undermine public confidence in vaccines continues. Diseases like measles and polio, once believed eliminated in the United States, have returned in New York.

These serious threats to our public health present a critical need to invest in immunization access and infrastructure. We respectfully request inclusion of the following priorities and investments in the FY 2024-25 enacted state Budget. Specifically, to strengthen the state’s immunization infrastructure, NYSPHA recommends:

- **Support improvements to vaccine recordkeeping and public health surveillance by including language to require reporting of all vaccinations given to individuals ages 19 years of age or older to NYSIIS/CIR,** moving from an “opt-in” to an opt-out consent provision for reporting in New York (as provided in S1531, Hoylman/A7154, McDonald). New York is one of only a handful of states or cities that require “opt-in” consent for adults to have their vaccines entered in the immunization registries. Robust immunization registries have numerous benefits. They ensure health providers have consolidated and accurate immunization records of their patients, prevent over-immunization, and provide State and local Health Departments with the tools and information to help control vaccine-preventable diseases through accurate vaccine tracking. Additionally, a study looking at the Texas opt-in consent system found that opt-in systems are more expensive to operate than opt-out systems.

Moving New York to an opt-out consent provision could redirect healthcare funding to other vaccine related priorities. Individuals would still be able to withhold their records from the system.

With recently updated national recommendations expanding who can receive the Respiratory Syncytial Virus (RSV) vaccine to include individuals 60 and older and pregnant people, the new COVID-19 vaccine introduced this fall, and the flu viruses changing from year to year, it is more crucial than ever for individuals to have accurate, reliable vaccine records. Notably in New York State, all immunizations administered to children less than nineteen years old have been required to be reported to NYSIIS/CIR since 2008. The registries also allow immediate notification of patients and providers if a product recall is required.

- **Support for additional state resources dedicated to a sustained public relations campaign around general vaccine promotion and education** focused on the importance of vaccination for all New Yorkers and combatting disinformation efforts. We commend several initiatives in the past years, including the State's strong #VaccinateNY campaign that helped educate, build trust, and generate enthusiasm in the COVID-19 vaccines and DOH's recent COVID-19 & Flu Vaccine Campaign that will continue to bolster confidence and understanding of vaccines. Further, we applaud the establishment a new Division of Vaccine Excellence in the enacted 2024-25 State Budget to ensure the State develops a strategic framework for vaccination. We strongly support these measures and recommend sustaining and extending state resources behind these efforts in the next budget to similarly encourage New Yorkers to receive all recommended vaccines throughout the year.

**5) Tobacco use remains the leading cause of preventable premature death in New York State. NYSPHA has longstanding tobacco prevention and control priorities that we strongly urge the legislature to include in the one house budget bills.**

Approximately 12% of New York adults still smoke and 28,200 New Yorkers are projected to die from smoking-related illness this year. It is imperative that New York's enacted budget includes these proposals and takes aggressive action to prevent tobacco initiation among youth and to enable current tobacco users to quit.

Specifically, NYSHA recommends the Legislature:

- **Increase funding for the NYSDOH Tobacco Control Program.** The TCP utilized evidence-based strategies, runs hard-hitting cessation media, runs community-based programs to prevent youth initiation, and operates the state's Smokers Quitline. Although the state receives \$2.63 billion annually in tobacco-related dollars annually, \$1.63 billion in tobacco excise taxes and \$737.7 million from the Master Settlement Agreement, it only spends \$39 million (1.6%) on the Tobacco Control Program. This funding level is a 54% decrease from the Program's peak funding level of \$85 million in the 1990s. While we applaud the increase of \$7.5 million for the TCP in last year's budget, it is not nearly enough to recoup past program funding cuts, much less achieve the CDC-recommended funding level. NYSPHA recommends increasing the program's funding to \$52 million as a down payment towards the CDC-recommended level of \$203 million.
- **Close loopholes and addressing enforcement issues with flavored e-cigarettes.** New York's 2020 e-cigarette legislation exempted products that have received a pre-market

tobacco product authorization (PMTA) by the US Food and Drug Administration. Loopholes and vague language in the current law allow retailers to deny inspectors access to their stores, allow distributors to continue to carry and sell prohibited products to merchants, and allow retailers to claim they are selling products remotely. The industry has also found a way around the flavor ban with additives that do not taste like tobacco and create a cooling effect for the user. Local health department enforcement officers report the continued widespread availability of flavored vaping products in licensed retail dealers. Despite continued enforcement efforts, the profits to the industry result in the existing fines being considered part of the cost of business, rather than an incentive for compliance. Additionally, overly broad statutory language allows subjective interpretation related to intent to sell, with the end result, again, being that flavored products remain very much available throughout New York State.

Data shows that nearly a fourth of high schoolers in New York use electronic cigarettes, and schools continue to struggle with responding to and trying to combat this epidemic. Evidence shows that 90% of kids today are using flavored products so by effectively removing them from the market we will reduce both youth addiction and the many challenges that these products create in our schools. These loopholes need to be eliminated.

- **End the sale of menthol cigarettes and all other flavored tobacco products.** Flavors are a marketing weapon used by tobacco manufacturers to target youth and young people to a lifetime of addiction. Almost half of youth who smoke cigarettes started with menthol cigarettes (46.7 percent). Years of tobacco industry documents confirm the intended use of flavors is to target youth. Tobacco manufacturers have aggressively and intentionally targeted communities of color and LGBTQ+ communities with menthol products, leading to an unequal burden of death and disease. In addition, despite ongoing disinformation regarding policing of flavored tobacco products, New York's tobacco enforcement is conducted by state and local health department employees through a civil enforcement process only. Statutory requirements and penalties are set forth in public health law and place the responsibility for compliance and penalties for non-compliance exclusively on tobacco product retailers, distributors or wholesalers. Consumers who purchase regulated flavored tobacco products are never subject to any public health enforcement action. Language in the enacted budget should make it clear that the police have no role in enforcing the ban of the sale of menthol cigarettes and other flavored tobacco products.
- **Extend New York's flavored aerosolized and combustible tobacco product ban to also include a ban on flavored cannabis products.** It makes no sense that New York State would put in place these protections in the tobacco market while at the same time allowing their availability in the roll-out of the cannabis market. Regardless of whether the discussion is tobacco or cannabis, data supports that flavored products are attractive to children and adolescents and encourage consumption of both products, which carry significant health risks to all consumers. New York's ban on flavored products is intended to reduce those harms caused by tobacco and a similar standard must be put in place for cannabis to provide consistent public health protections across both industries.

**6) Provide comprehensive health insurance for all low-income New Yorkers regardless of immigration status.**

NYSPHA is very grateful last year's expansion of Medicaid coverage to seniors and pregnant people who are undocumented. In April of 2022, the Governor communicated an intention to "reach out to the federal government and ask for a waiver... under the Essential Plan," stating that emergency Medicaid is not "ideal" coverage (<https://www.youtube.com/watch?v=Ysb38zrpx6Q&t=2066s>). Despite this, New York State submitted a 1332 innovation waiver only requesting funding to increase the federal poverty level (FPL) from 200% to 250% FPL, excluding immigrants. CMS has responded that it is allowable to spend surplus money to expand health coverage to New Yorkers, regardless of status. Colorado and Washington State have both requested and been approved for a Federal 1332 waiver that utilizes the federal surplus pass-through account to fund health insurance coverage for undocumented immigrants. Therefore, we urge New York State to expand the Essential Plan to New Yorkers regardless of immigration status.

#### **7) NYSPHA supports increased funding for cancer prevention and control.**

Cancer is the second leading cause of death in New York State. In 2023 there will be over 118,000 new cases of cancer and over 32,000 New Yorkers will die from the disease. More specifically, an estimated 17,800 women will be diagnosed with breast cancer while 870 women will be diagnosed with cervical cancer and an additional 8,950 men and women will be diagnosed with colorectal cancer. The NYSDOH Cancer Services Program (CSP) provides with free breast, cervical and colorectal cancer screenings, and diagnostic services for New Yorkers with no or limited health insurance. The CSP is currently able to reach only 18% of the eligible population because of its limited budget. That budget was cut 20% in 2017.

To ensure that every New Yorker has access to breast, cervical and colorectal cancer screening, NYSPHA supports:

- **Restoration of the 20% lost in 2017 and dedicate \$25.6 million to the CSP**, expanding the availability of screening to low-income, under-, and uninsured residents. Additionally, New York State should establish a specific budget line item for operating expenses needed to implement the CSP and allocate \$1 million in FY 2024. These investments should be a down payment on a larger investment as part of New York State's 2024-2029 Comprehensive Cancer Control Plan.

#### **8) NYSPHA supports addressing rural health disparities by restoring funding for the Rural Health Network Development (RHND) and the Rural Health Care Access Development (RHCAD) Programs.**

Both programs are designed to address the disparities in healthcare access and health outcomes that rural communities experience. Funding for these important rural health programs has been significantly reduced over the past several years. As recently as SFY17, the funding for these two programs totaled \$16.2M; in SFY23, the funding was \$9.41M.

- **NYSPHA supports the restoration of funding for the RHND and RHCAD programs to \$16.2M.** This will help achieve health equity for people in rural areas and reduce disparities in healthcare access and health outcomes as a function of rurality

#### **9) NYSPHA recommends restoring and expanding funding for Nutrition Programs in the 2024-25 enacted State Budget.**

At a time when food insecurity is on the rise and with a recent Department of Health report finding nearly one in four New York adults experienced food insecurity at some point during the past 12 months, the Executive Budget proposes a \$22M cut to the state's Hunger Prevention and Nutrition Assistance Program (HPNAP). HPNAP helps support NY-based food banks, food pantries, emergency shelters, and community-based organizations that work on the frontlines in the fight against hunger. The proposed figure, which amounts to a nearly 40% cut compared with current funding levels, would significantly constrain a program that supports millions of New Yorkers struggling to make ends meet. The legislature must restore these funds.

NYSPHA also recommends additional funding for other vital nutrition programs in need of shoring up:

- **NYSPHA recommends raising the SNAP minimum benefit to \$100 per month.** The Supplemental Nutrition Assistance Program (SNAP) is the nation's most impactful nutrition assistance program, helping nearly 3 million New Yorkers afford food and groceries. SNAP has been proven to reduce poverty, improve public health outcomes, and stimulate local economies.
- **NYSPHA recommends funding Nourish New York at \$75 million.** Nourish New York enables food banks to support NY families with NY-grown produce. Since 2020, Nourish New York has provided hungry families with over 70 million pounds of healthy, nutritious food from over 4,000 producers across the state.
- **NYSPHA recommends funding the Nutrition Outreach and Education Program (NOEP) at \$5.503 million.** NOEP provides free and confidential SNAP outreach and application assistance through local community-based organizations, helping more eligible low-income New Yorkers connect with SNAP.
- **NYSPHA recommends reducing child poverty through the Working Families Tax Credit.** This is an expanded, refundable tax credit that combines the Empire State Child Credit (ESCC), the Earned Income Tax Credit (EITC), and the Dependent Exemption (DE) to reach more New York families. The Legislature should increase the maximum credit to \$1,500 per child with quarterly payments for eligible households.
- **NYSPHA recommends providing full funding to a truly universal school meals program.** New York took an important step in last year's state budget with a \$134.6 million increase for access to free school meals for students. Thanks to this investment, over 300,000 additional students in 1,100 schools across New York are able to receive breakfast and lunch at no cost. But the job is not finished. An estimated 750 schools serving 360,000 students across New York still lack free school breakfast and lunch for all students. We urge the legislature to provide funding for a truly universal school meals program in New York State.

#### **10) Generate additional revenue with direct public health benefits to fund public health programs.**

- **Establish a tax on Sugar Sweetened Beverages (SSB).** According to the NYS Department of Health, over 25% of all New Yorkers are obese. The negative effects of obesity are disproportionately burdensome for the state's poor residents and for African American and



Latinx New Yorkers. SSBs are associated with increased body weight, poor nutrition, diabetes, and obesity. Sugar consumption also leads to dental caries, which is one of the most common chronic diseases in adults and children in the United States according to Healthy People 2030. As demonstrated in Philadelphia and elsewhere, sugar sweetened beverage taxes are an effective policy tool for reducing sugary drink purchases among at-risk populations. SSB taxes can be especially effective when some of the revenue collected is reinvested in the low-income communities that are especially at risk for obesity and other adverse health effects and for increased SSB consumption. The tax could raise additional needed funds for public health and other initiatives that support New Yorkers who are most in need as a result of this pandemic.

- **Increase the state tax on all alcoholic beverages.** New York taxes for beer are ranked 38<sup>th</sup> in the nation, for wine are 40<sup>th</sup> in the nation, and for liquor are 5<sup>th</sup> in the nation. (New York Sales Tax Handbook 2022). These taxes have not been increased in a number of years, and have not been adjusted for inflation. As with cigarettes, increased taxes reduce harmful consumption and reduce the physical and financial costs of overuse. Research has shown that a doubling of alcohol sales tax (that would still only barely place New York's tax in the top 10 among all states) can reduce alcohol-related mortality by 35%, automobile accident deaths by 11%, violence by 2%, and crime by 1.4%.

**NYSPHA urges the Legislature to use this critical moment to use the budget process to adopt the Executive Budget's public health proposals and to include funding for additional programs as outlined in this testimony.** We respectfully ask you to **support the health of all New Yorkers** by including these recommendations in the FY 2025 enacted New York State Budget. Please do not hesitate to reach out to continue the conversation.

Thank you.

Brett Harris, DrPH  
President

Guthrie Birkhead, MD, MPH  
Policy and Advocacy Chair

New York State Public Health Association  
[info@nyspha.org](mailto:info@nyspha.org)