



**New York State Association for Rural Health
2024-2025 Executive Budget Testimony
Joint Health Committee Hearings
January 23, 2024**

TO:

Senator Liz Krueger, Chair, Finance Committee
Senator Gustavo Rivera, Chair, Health Committee
Senator Rachel May, Chair, Commission on Rural Resources
Senator Michelle Hinchey, Chair, Committee on Agriculture
Senator Samra Brouk, Chair, Mental Health Committee
Senator Roxanne J. Persaud, Chair, Social Services Committee
Senator Cordell Cleare, Chair, Committee on Aging
Senator Tim Kennedy, Chair, Committee on Transportation
Senator Pete Harckham, Chair, Committee on Alcoholism and Substance Abuse

Assembly Member Helene Weinstein, Chair, Ways and Means Committee
Assembly Member Amy Paulin, Chair, Health Committee
Assembly Member Angelo Santabarbara, Chair, Commission on Rural Resources
Assembly Member Donna Lupardo, Chair, Committee on Agriculture
Assembly Member Aileen Gunther, Chair, Committee on Mental Health
Assembly Member Maritza Davila, Chair, Committee on Social Services
Assembly Member Ron Kim, Chair, Committee on Aging
Assembly Member Bill Magnarelli, Chair, Committee on Transportation
Assembly Member Al Stirpe, Chair, Committee on Economic Development
Assembly Member Phil Steck, Chair, Committee on Alcoholism and Drug Abuse

The New York State Association for Rural Health (NYSARH) appreciates the opportunity to present testimony to the Joint Committees regarding the Governor's proposed 2024-2025 NYS Budget. Our testimony recognizes the areas where the Governor has made significant positive investments in the infrastructure and programs that promote and support rural health. We also identify those program cuts and policy initiatives that place the health and economies of rural communities at risk.

We urge the New York State Senate and Assembly to protect these critical programs that provide major positive impacts in New York State's rural communities.

NYSARH is appreciative of the many healthcare programs included in the Executive Budget that will support rural patients, including:

- Continuous Medicaid and Child Health Plus coverage for children from birth to age six.

- Help to address the medical debt crisis that impacts many people who are uninsured or underinsured. Specifically, the expansion of eligibility for hospital financial assistance to those with incomes up to 400% of the federal poverty level, for those who face out of pocket medical costs. Hospitals would also be required to notify patients that financial assistance is available to these individuals.
- Several initiatives to expand recruitment, training, support, diversity and scope of practice to enhance the healthcare workforce, including those practicing in rural communities.

The New York State Association for Rural Health strongly supports the following Rural Health Programs and funding levels:

- **Rural Health Network Development & Rural Health Care Access Development** **RESTORE \$6,790,000 \$9,410,000 to \$16,200,000**
 There are Rural Health Networks throughout the State, each with a mission and partner organizations carefully crafted to meet the unique needs of their communities. Rural Health Networks are essential to improving public health and linking rural communities to regional and statewide initiatives such as the NYS Prevention Agenda, NYS Health Innovation Plan and the new 1115 Waiver. Rural Health Care Access Hospitals are small rural hospitals. Funds may be used flexibly for capital, equipment, software, recruitment and/or community outreach. Funding for Rural Health Networks and Rural Health Care Access Hospitals has been reduced by 42% since 2017. Funding restoration will help support resilience for future health emergencies and reduce overall health spending through preventative healthcare and wellness programs.
- **Rural Health Council**
 NYS approved the Rural Health Council in December 2017, but it has not yet met. We urge the Speaker of the Assembly and Temporary President of the Senate to nominate members to serve on this Council.
- **NYSARH supports the following initiatives that require inclusion in the Budget:**
 - Advocate for permanent telehealth payment parity, regardless of modality and patient/provider location. Payment parity for Telehealth (A.7316/S.6733)
 - Create a sustainable state financing mechanism for emergency medical services (A1091a/S1852)
 - Enhance funding to home care and long-term care organizations so that they may pay higher wages to their employees (A4583a/S2931)
 - Support state protections for 340B contract pharmacy arrangements (A.7789)
 - Allow Medicaid reimbursement for ambulance services without prior authorization (S3223)
 - Increase medical assistance payment rates for ambulance services (A5133/S5122)
 - Continue to support and enhance mental health services in schools (A7743/S7558)

- Increase Medicaid payment rates for Community Health Centers (A7560/S6959)
- Provide bonuses for healthcare and mental hygiene workers (A6837/S4864)
- Support loan forgiveness for mental health nurses (A4562/S7486)
- Recognize Dental Therapists (A.5373/ S.4428)
- Expand DANY to include Dentists (A.1454/S.4334)

The New York State Association for Rural Health supports the following Policy Initiatives that Support the Health of Rural Communities :

Department of Health

- Implement reimbursement parity for tele mental health services provided to patients covered by Medicaid
- Address the disparity in Medicaid reimbursement base rates for services furnished in Upstate and Downstate NY. One potential solution proposes a third tier for Medicaid base rate reimbursement which factors in rurality.
- Require DANY to hold a certain number of seats for individuals interested in rural medicine, allowing physicians to choose to practice in a rural HPSA of their choice
- Promote insurance payment for EMS visits that do not require transportation
- Have Medicaid match CMS's 10% quarterly bonus to physicians practicing in HPSAs
- Streamline and clearly define New York State Medicaid billing policies for providers, helping to reduce the rate of claim denials
- Incentivize residency programs to open in rural and small towns in New York by allowing rural healthcare centers to receive additional payment under Medicaid for full-time residents who receive training in rural areas
- Provide state funding to continue NYS Public Health Corps Fellowship Program

Department of Education

- Allow providers licensed in other states/countries to practice in New York; sign on to the Interstate Medical Licensure Compact
- Develop standards for Community Health Workers
- Recognize Medical Assistants (MAs) and allow them to deliver vaccines
- Support professionals practicing at the top of their licenses/credentials

Department of Mental Hygiene

- Maintain increased Medicaid fee-for-service rates for all OMH programs
- Increase the fiscal rewards for mental health providers participating in New York State-sponsored loan forgiveness programs who practice in mental health HPSAs

Department of Budget

- Tie the cost-of-living-adjustment to the consumer price index for nonprofit human service providers; funding for these organizations has been cut 26% since 2008.

The NYS Association for Rural Health was founded in 2001 as a not-for-profit, non-partisan, grassroots organization working to preserve and improve the health of the residents of rural New York State. NYSARH members include rural hospitals, rural health networks, federally qualified health centers, health education centers, county public health departments, behavioral health providers, emergency medical service providers, long-term care organizations, businesses, universities, students, as well as individual rural health professionals.

The Mission of the NYS Association for Rural Health is to improve the health and well-being of rural New Yorkers and their communities.

**For further information or follow-up please contact
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