

North Country Behavioral Healthcare Network

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◆ Serving the North Country Since 1997 ◆

Testimony to the New York State Joint Legislative Budget Hearings: Health/Medicaid, Human Services and Mental Hygiene Committees

This testimony presents recommendations on the following budget issues critical to NYS rural communities:

- *Child and Adolescent Services*
- *Workforce*
- *Telehealth*
- *Access to Care*
- *Rural Health Networks and Hospitals*
- *Access to Medication*

Executive Summary:

North Country Behavioral Healthcare Network (NCBHN) is comprised of eighteen nonprofit member agencies providing mental health (MH) and substance use disorder (SUD) services in New York's seven northernmost counties as well as the Akwesasne Mohawk Reservation, together making up New York State's "North Country."

NCBHN appreciates the opportunity to provide testimony to the Joint Committee on Mental Hygiene with regard to issues salient to the behavioral healthcare (BHC) community at a time of continuing fiscal and professional challenge to the State and, specifically, to the BHC system.

New York State is at a critical point in attempting to deal with a mental health and addiction epidemic, and the budget must reflect a response equal to the magnitude of the problem.

- 1) SUD and MH services have been historically underfunded in the State, with an annually increasing gap between necessary and available funding;
- 2) there is an ongoing opioid addiction epidemic that is out of control (if we kept track of cases and deaths in the same manner that is done with COVID, the devastating impact of this epidemic would come to light) and;
- 3) there has been a tremendous increase in the need for MH and SUD services during and exacerbated by the COVID pandemic, especially with regard to the need for services for children, adolescents and young adults.

An appropriate investment in BHC services at this time will pay off in the long term, not only fiscally (by ameliorating consequent health, criminal justice, social service and other costs), but in terms of human lives and quality of life. Children and adolescents present especially vulnerable populations, and the Governor has voiced a commitment to

increasing access to behavioral health services for them. NCBHN applauds this approach and calls upon the Legislature to support it with appropriate levels of funding.

NCBHN therefore calls upon the Legislature to initiate the process of prioritizing BHC in the State budget as follows:

- **Child and Adolescent Services:** We recommend that the State offer a more robust Child Health Plus program that includes coverage for residential SUD and MH services and that, overall, is comparable to Medicaid coverage. Additionally, we recommend that reimbursement at parity be established for detoxification services for individuals under the age of 18 years. Finally, we recommend that Mental Health Education in the Schools be funded at a level of \$1M;
- **Workforce:** Retain in the budget the Executive proposal for a 5.4% cost of living adjustment (COLA) for the human services workforce, along with the Governor's proposals to enhance funding for the mental health and substance use workforce;
- **Telehealth:** NCBHN calls upon the Legislature to include in the budget the Executive proposal to reimburse telehealth (including audio-only) services at parity with in-person services, and to ensure that the more flexible telehealth (including telephonic) regulations that have been adopted as a result of operating during the COVID-19 pandemic be made permanent;
- **Access to Care:** NCBHN advocates for the Governor and the Legislature to ensure that *all* New Yorkers have access to affordable high-speed internet services, and further advocates for a more versatile, stream-lined system of Medicaid transportation for individuals referred for BHC services;
- **Rural Health Network Development and Rural Health Access Development -** Reverse the trend of annual cuts that have had significant negative impacts on rural New Yorkers, and return funding for Rural Health Network Development and Rural Health Access Development to the full 2016-17 level of \$16.2 million.
- **Access to Medication:** Restore Prescriber Prevails language in the budget for mental health medications, and expand the language to include all prescription drug classes.

Testimony:

Child and Adolescent services: While reimbursement rates for services for children and adolescents have been remarkably low (and non-existent in some cases), there has been a dramatic increase in the need for MH and SUD services during and caused by the COVID pandemic, especially with regard to the need for services for children, adolescents and young adults. An appropriate investment in BHC services at this time will pay off in the long term, not only fiscally, but in terms of human lives and quality of life. Children and adolescents present especially vulnerable populations, and the Governor

has voiced a commitment to increasing access to behavioral health services for them. NCBHN applauds this approach and calls upon the Legislature to support it with appropriate levels of funding.

Recommendations: We recommend that the State offer a more robust Child Health Plus program that includes coverage for residential SUD and MH services that is comparable to Medicaid coverage. Additionally, we recommend that reimbursement at parity be established for detoxification services for individuals under the age of 18 years. Finally, NCBHN is pleased to see that \$500K is once again in the budget for Mental Health Education in the schools but, in light of the current mental health stress experienced by our youth as a result of the COVID pandemic, we recommend that this be increased by an additional \$500K to a total of \$1M.

Workforce: SUD and MH services have been historically underfunded in the State, with an annually increasing gap between necessary and available funding. Additionally, there is an ongoing opioid addiction epidemic that is out of control: in the most recent 12-month period for which data is available (through April, 2021), over 100,000 Americans died as a result of opioid overdose. ***This represents a 28% increase in opioid overdose deaths over the previous 12-month period.*** New York State is not immune from this problem (see: health.ny.gov/statistics/opioids/). Chronic underfunding has created a situation where the available workforce is inadequate to address the problem. Since 2006, the NYS budget has contained language that provides a Cost of Living Adjustment (COLA) for the human services workforce. In every year since then, the Governor has removed that COLA from the budget and in only two cases has it been partially or fully restored by the Legislature. This year, the Executive budget proposal contains a 5.4% COLA for human services workers which must be retained in the budget in order to begin to address the workforce crisis in NYS's BHC service community. With opioid settlement funds and federal support during the COVID pandemic, we are seeing other additional funding in the budget, and NCBHN fully appreciates the efforts of the Governor and the Legislators to begin to bridge the gap in BHC funding. It must be noted that most of these additional funds are either one-time, or spread over a period of years, or both. NCBHN will continue to advocate for ongoing funding on an annual basis to shore up the base of operations for MH and SUD providers.

Recommendations: Retain the 5.4% COLA for human service workers in the budget, along with the several additional Executive budget proposals that enhance funding for SUD and MH services. While we appreciate any funding support, we look forward to working with the Governor and Legislature to ensure that such funding increases are established on an ongoing basis.

Telehealth (including Audio-only) Regulations and Reimbursement: The COVID crisis has resulted in the State significantly increasing flexibility and reimbursement for telehealth services, including in behavioral health. NCBHN applauds this shift in approach and, recognizing that many positive enhancements to the service delivery system have

resulted, advocates for the reimbursement of telehealth services (to include audio-only) delivered by all staff equitably with in-person services. We therefore stand in full support of the Executive budget proposal for parity reimbursement for all telehealth services, including telephonic service which is crucial in rural areas.

The degree of flexibility and regulatory relief that has come about as a result of service delivery adapting to the COVID-19 pandemic have proven to be positive steps forward in expanding the concept of a service delivery system. It is important to note that this flexibility and relief are offered in NYS on a temporary basis during the federally-declared COVID emergency. It is crucial that they be made permanent, and we will join our statewide advocacy colleagues in their continuing efforts to make this happen.

Recommendation: NCBHN strongly supports the Executive budget proposal to reimburse telehealth (including audio-only) services at parity with in-person services, advocates that such a reimbursement structure apply to all staff who are delivering such services (*i.e.* not just licensed staff), and further, we advocate making permanent the more flexible telehealth (including telephonic) regulations that have been adopted as a result of the COVID-19.

Access to Care: The delivery of most telehealth services requires access to affordable high-speed internet which may be available to as many as 98% of New Yorkers. While that is a seemingly high number, it also indicates that at least 2% of (or roughly 400,000) New Yorkers are without access to high-speed internet, whether affordable or not. High-speed internet is not a luxury. It is widely accepted that it is now a necessary utility very much like telephone and electric service. Until those 400,000 New Yorkers (most of whom reside in rural areas such as the North Country) have access to high-speed internet, telephone is their only method of access to telemedicine services. NCBHN strongly encourages the Legislature to act within its power to ensure that **all** New Yorkers have the option to access affordable high-speed internet.

Traditionally, access to care issues in rural areas centered around the dearth of service availability in sparsely populated, large geographical areas with few or no population centers, and the resulting need for transportation to and from such services where they do exist. As we develop a better understanding of how in-person services can be safely delivered during the continuing pandemic, the transportation issue has again come to the forefront in the need for advocacy. Medicaid transportation has become more difficult to secure. Currently, for an individual receiving services at a family health center to be referred for SUD services, recurring transportation can only be set up by the primary care provider, which has proven difficult to accomplish. NCBHN advocates for a more versatile and stream-lined system of Medicaid transportation for BHC services.

Recommendations: NCBHN urges the Legislature to do everything in its power to ensure that *all* New Yorkers have access to affordable high-speed internet, and further advocates for a more versatile and stream-lined system of Medicaid transportation for individuals referred for BHC services.

Rural Health Network Development and Rural Health Access Development:

The Rural Health Network Development and Rural Access Hospital Programs are two programs funded through the NYS Department of Health's Charles D. Cook Office of Rural Health. Funding for Rural Health Networks and Rural Access Hospitals was \$16.2M in 2016-17. Over the last several years, the Executive Budget has repeatedly cut funding for these two programs and, in some years, the Legislature has restored a portion of the proposed cuts.

When fully funded, base funding for rural health networks (RHNs) runs between \$150,000 and \$250,000 per year per network and forms the foundation for rural communities to attract significant federal, private and other eligible state funding to support key health infrastructure projects. **The North Country Behavioral Healthcare Network**, itself has attracted well over \$2 million federal dollars alone since 2015 to reduce homelessness, position behavioral healthcare providers to compete in a value based payment health care market, and provide work force development trainings. **With COVID pandemic now completing its second full year, rural communities have been disproportionately affected with high rates of infection and hospitalization, overdoses, and mental health stresses particularly among our youth. These are exactly the issues that RHNs and rural hospitals are positioned to address.** The budget cuts we have experienced every year since 2017 have severely hampered our ability to continue meeting the needs of New York's rural communities.

This year's Executive Budget for the Rural Health Network and Rural Hospital Access programs proposes \$9,410,000, which is flat funding from what was approved last year and does not recognize or include the \$1.1 million additional support the legislature added for 2021-22. The proposed budget leaves these two key rural health programs \$6,790,000 short of their original funding level. **Now** is the time to restore funding to support rural health care access, disease prevention, health education, workforce support and quality improvement that enhances quality of life.

Recommendation: Reverse the trend of annual cuts that have had significant negative impacts on rural New Yorkers, and return funding for Rural Health Network Development and Rural Health Access Development to the full 2016-17 level of \$16.2 million.

Medication Access “Prescriber Prevails”: Medication Access: “Prescriber Prevails:

The Executive Budget proposes the elimination of Prescriber Prevails language for all medications including those utilized in the treatment of mental health issues. For the most effective treatment, it is essential that medications that are physician prescribed and patient preferred, that provide the greatest opportunity for effective treatment, are available without obstacle for all prescription drug classes. Physicians, in consultation with their patients, should make the final determinations as to appropriate medications, not insurance plans.

Recommendation: Restore “provider prevails” language to the budget for mental health medications, and expand the language to include all prescription drug classes.

To summarize, NCBHN, representing eighteen nonprofit BHC agencies across New York’s North Country, makes the following recommendations in order to address the BHC needs of the citizens and communities of New York:

- **Child and Adolescent Services:** We recommend that the State offer a more robust Child Health Plus program that includes coverage for residential SUD and MH services and that, overall, is comparable to Medicaid coverage. Additionally, we recommend that reimbursement at parity be established for detoxification services for individuals under the age of 18 years. Finally, we recommend that Mental Health Education in the Schools be funded at a level of \$1M;
- **Workforce:** Retain in the budget the Executive proposal for a 5.4% cost of living adjustment (COLA) for the human services workforce, along with the Governor’s proposals to enhance funding for the mental health and substance use workforce;
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- **Rural Health Network Development and Rural Health Access Development -** Reverse the trend of annual cuts that have had significant negative impacts on rural New Yorkers, and return funding for Rural Health Network Development and Rural Health Access Development to the full 2016-17 level of \$16.2 million.

- **Access to Medication:** Restore Prescriber Prevails language in the budget for mental health medications, and expand the language to include all prescription drug classes.

Thank you very much for your consideration of these issues as they pertain to the development of the New York State budget,

Robert M. Cawley

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Executive Director
North Country Behavioral Healthcare Network