



Testimony on the Health and Medicaid Budget for State Fiscal Year 2023-24

Public Health Solutions appreciates the opportunity to submit testimony on the New York State Fiscal Year (SFY) 2023-24 Executive Budget. Public Health Solutions (PHS) is the largest public health nonprofit serving New York City (NYC). As the largest public health nonprofit serving New York City for more than 60 years, we improve health outcomes and help communities thrive by providing services directly to vulnerable low-income families, supporting community-based organizations through our long-standing public-private partnerships, and bridging the gap between healthcare and community services. We are a leader in addressing crucial public health issues, including food and nutrition, health insurance access, maternal and child health, sexual and reproductive health, tobacco control, and HIV/AIDS prevention. Health disparities among New Yorkers are large, persistent and increasing. Public Health Solutions exists to change that trajectory and support underserved New Yorkers and their families in achieving optimal health and building pathways to reach their potential.

1.) Sexual and Reproductive Health

PHS operates two Article 28 licensed Sexual and Reproductive Health Centers (SRH Centers) in Fort Greene (295 Flatbush Ave Extension, 11201) and Brownsville (1873 Eastern Parkway, 11233) Brooklyn, NY. The SRH Centers have been a trusted resource in their communities for over 55 years and provide critical care to some of the borough's most marginalized residents. The SRH Centers' services include access to the full range of FDA-approved contraceptive methods as well as patient-centered contraceptive counseling; prenatal care, medication abortion, pregnancy testing and non-directive options counseling; patient-centered reproductive life planning and education; basic infertility services; sexually transmitted infection (STI) education, screening and treatment; HIV education, testing, counseling and referral for treatment; PrEP and PEP, including the NYS PrEP assistance program; behavioral health screening, cognitive behavioral therapy; and related preventive services, such as HPV and influenza vaccinations, cervical cancer screening and referrals for primary and specialty care. We currently serve approximately 2,500 Brooklyn residents a year, and work with 5,000 teenagers to provide Sexual Health education.

PHS has been a federal Title X Grantee for New York City for nearly 40 years, administering grants for multiple sub-recipients, including two PHS SRH Centers in Brooklyn. PHS further

leverages its expertise to extend the reach of family planning services beyond Title X through its groundbreaking capacity-building model to improve SRH services for those who receive primary health care from non-Title X funded federally qualified health centers (FQHCs).

Through a combination of federal Title X and New York State Family Planning Program funding, and billable activity, these centers provide high quality care that is patient-centered, trauma-informed and focused on reproductive justice. However, access to high quality SRH services particularly among low-income people of color, and the viability of our SRH Centers are under threat.

When the State's FPP was recently re-procured after nearly a decade, a change in the funding formula resulting in a cut to PHS' funding from \$837,000 down to \$758,500. Then, earlier this year, PHS successfully competed to resume its role as a Title X Grantee in NYS, yet at a significantly reduced funding level down to \$950,000 from \$1.3 million given flat funding on a national level. With a divided Congress, any increases to Title X are uncertain and continued threats from SRH antagonists are likely.

Furthermore, with the Supreme Court's decision to overturn *Roe v. Wade*, there is an indication that not only will abortion become increasingly inaccessible in the US, but further SRH care restrictions may be attempted.

At this critical time, PHS' SRH Centers are in jeopardy due to the funding cuts combined with a decreased in-patient volume due to the COVID-19 pandemic, staffing challenges and a sharply escalating cost of delivering care which has increased faster than inflation over the same period, with the cost of Medical Care Services for urban consumers increasing by 28%.

PHS is implementing a sustainability plan that continues to address local needs with high-quality services. This includes steadily increasing patient volume and revenue by increasing access points to clinical and non-clinical services in high-need communities through innovative partnership models aimed at distributing resources more widely and equitably, including:

- Piloting embedded sexual health education, screening, and/or pop-up clinics at local CBOs;
- Developing cost and revenue-sharing models with local clinics that do not cover SRH services; and
- Aggressively pursuing grant-funding opportunities aligned with the Centers' mission and scope

In addition, PHS recently received a \$3.9 million Statewide III Health Care Facility Transformation Grant, a collaboration with One Brooklyn Health to build new sexual and reproductive health center to provide state of the art care and further improve the quality of care and patient experience. This grant will support our capital expenses, however we are requesting support from the Legislature to address our operational deficits.

Without temporary direct support from New York, it is unlikely that the PHS SRH Centers will be able to continue to function.

Recommendation:

- PHS requests an additional \$500,000 to support our SRH centers as we complete our transition towards a diversified, sustainable, revenue portfolio, which is essential to avoid closing our Centers.

Additional Recommendations:

- PHS requests an additional \$1.5 million for the Family Planning Program;
- Support the Executive Budget proposal to provide \$25 million for abortion access;
- Support the Executive Budget proposal to increase Medicaid reimbursement rates for Sexual and Reproductive Health Services and looks forward to receiving more details about this increase;
- Support the Executive Budget proposal to allow pharmacists to prescribe hormonal contraception; and
- PHS strongly recommends the inclusion of financial incentives rewarding quality metrics rooted in equity considerations based on the Sexual and Reproductive Health Justice Framework into the State Family Planning Program.

2.) Maternal and Child Health

Nurse Family Partnership and other Home Visiting Programs

PHS’ Nurse Family Partnership (NFP), located in Queens and Staten Island, is a nationally recognized, evidence-based nurse home-visiting program for high-risk, low-income first-time mothers, infants, and families. NFP nurses provide home visiting support from pregnancy until the child turns two years old, helping mothers engage in preventive health practices, promote positive parent-child attachment and child development, and improve women’s economic self-sufficiency. PHS’ NFP serves more than 300 families per year.

NFP is funded in part through a \$3 million annual base appropriation from the Department of Health. This appropriation has been level funded for several years, while programs and staffing costs continue to rise, particularly in NYC.

In addition, we are grateful that the Legislature traditionally adds funding for NFP and have come to rely on this add-on. However, that funding has varied in recent years, making it difficult to effectively plan for continued service delivery. We encourage the Senate and Assembly to support the Executive budget appropriation and provide additional funding for the NFP.

Recommendation:

- Support \$3 million Executive Budget Appropriation for NFP and provide an additional \$1.5 million.

Perinatal Infant Community Health Collaborative (PICHC)

PHS' Perinatal Infant Community Health Collaborative (PICHC), (previously known as MICHC or the prenatal care assistance program) located in Queens, works to improve health outcomes for vulnerable women and their families before, during and after pregnancy. Community Health Workers provide individual and group health education in a 'stress-free zone' approach, case management, risk screening, and home-visiting, and they connect families to clinical and community-based services. PICHC also coordinates a network of local health, social service, and community providers that increases access, reduces gaps in services, and addresses community challenges, which affect the health and well-being of families. PHS' PICHC serves more than 250 families throughout the borough of Queens each year and co-facilitates the Queens Birth Justice Hub.

In 2022-2023, recognizing the need to shore up the safety net workforce, New York State implemented human services cost of living adjustments (COLAs) and the Healthcare Worker Bonus Program (HWB). However, these initiatives left behind most of the public health workforce employed by CBOs, including the PICHC, because they did not meet the eligibility requirements for either program. This oversight left out the trusted frontline workforce best equipped at reaching, engaging and supporting the most marginalized communities in accessing healthcare, social services, and benefits.

Recommendations:

- Support \$1.8 million Executive Budget Appropriation for the PICHC; and fund a 10% cost-of-living adjustment (COLA) on contracts administered by the State Department of Health, via contract enhancements. For PHS' program, this enhancement would amount to a total of \$60,000.

Maternal Mortality

The rate of maternal death in New York State continues to increase. This is especially true for Black, African American mothers. Black, non-Hispanic women are five times more likely to die from pregnancy-related causes than white women. In New York City, the disparities are even more profound: Black women are nine times more likely to die from a pregnancy-related complication than White women. The top causes of maternal death in NYC are hemorrhage, cardiovascular conditions, embolism, and mental health. Risks factors are obesity, economic and cultural barriers, and institutional racism and implicit bias in healthcare centers. Community Health Care Workers (CHWs) such as those funded

under PICHC (formerly MICHC program or prenatal care assistance program) are critical in preventing pregnancy-related death.

Recommendation:

- Support \$4 million Executive Budget Appropriation for Maternal Mortality.

3.) Food Insecurity

Food insecurity affects approximately 1 million children in New York State alone.

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides a Federal grant from the USDA to New York State for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are at nutritional risk. Supplemental Nutrition Assistance Program (SNAP), also known as Food Stamps, helps eligible community members to purchase the food they need from most grocery stores and other approved food outlets.

Extensive research has found WIC and SNAP to be a cost-effective investment that improves the nutrition and health of low-income families. Women who participate in WIC give birth to healthier babies, children participating in WIC have lower risk of obesity, and children whose mothers participated in WIC while pregnant show improved mental development. SNAP reduces poverty by 14-16% and is considered one of the nation’s most effective anti-poverty programs for low-income families with children. Together, these services help lift families out of poverty, improve birth outcomes, and benefit childhood health and academic performance.

WIC:

PHS is the largest WIC provider in the State, serving over 35,000 families per year at 9 Neighborhood WIC sites in high-need areas of Brooklyn, Queens, and the Bronx. PHS also serves as the main manager of WIC vendors, ensuring more than 1,700 food stores that accept WIC checks offer and keep adequate stock of WIC-approved food package items.

In 2022-2023, recognizing the need to shore up the safety net workforce, New York State implemented human services cost of living adjustments (COLAs) and the Healthcare Worker Bonus Program (HWB). However, these initiatives left behind most of the public health workforce employed by CBOs, including the WIC program, because they did not meet the eligibility requirements for either program. This oversight left out the trusted frontline workforce best equipped at reaching, engaging and supporting the most marginalized communities in accessing healthcare, social services, and benefits.

Recommendations:

- Support the Executive Budget Appropriation of \$26.2 million in State support for the WIC program; and
- Fund a 10% cost-of-living adjustment (COLA) on contracts administered by the State Department of Health, via contract enhancements. For PHS WIC, this enhancement would amount to a total of \$612,000.

SNAP:

PHS assists clients to enroll in SNAP at nearly 20 locations in all five boroughs as well as over the phone city-wide. PHS benefits counselors help clients fill out SNAP application forms and submit them to the New York City Human Resources Administration. They also assist with the necessary documents, provide follow-up, complete re-certifications, mediation, and provide referrals to other programs and social services.

Recommendations:

- Support the Executive Budget Appropriations of \$35.6 million in State support and \$500 million in federal funding for SNAP; Add \$500,000 in additional State support to the SNAP program; and
- Support the 2.5% Human Services COLA for the SNAP program.

4.) Tobacco Control:

PHS operates the NYC Smoke-Free program, which works to protect the health of New Yorkers through tobacco control policy, advocacy and education. The program supports evidence-based, policy-driven, and cost-effective approaches that decrease youth tobacco use, motivate adult smokers to quit, and eliminate exposure to secondhand smoke. We partner with community members, legislators, and health advocates to support local efforts to end the devastating tobacco epidemic throughout NYC, where close to 1 million residents smoke.

We are supportive of the proposals the Governor included in the Executive Budget to address the dangers of tobacco use, which would have a positive impact. We support this package of reforms, which includes banning the sale of all flavored tobacco products. This would include menthol cigarettes, flavored cigars and cigarillos, and also flavored smokeless tobacco products. This ban would be an extension of the 2020 ban on flavored vapor products. Menthol is especially appealing for young smokers, making initiation easier and cementing addiction quicker. The pervasive marketing of menthol to marginalized communities is also well-documented. This proposal not only protects public health, but advances health equity and addresses racial injustices faced by disparate populations.

We also support the proposal to increase the state cigarette tax by \$1 per pack, which would result in New York having the strongest cigarette tax in the nation. We believe these are important measures that will help improve public health by decreasing tobacco initiation and usage and limiting exposure to secondhand smoke.

New York is a national leader in the rate of taxation of cigarettes. Increasing the price of tobacco products is one of the most effective ways to prevent youth from initiating tobacco use. Proceeds from this tax increase should be used to increase the funding for community tobacco control activities. The federal Centers for Disease Control (CDC) recommend that New York State spend \$203 million on its tobacco control efforts. However, after a series of cuts to the program in recent years, New York only now appropriates \$33.1 million for community tobacco control efforts down from past State funding of \$85.5 million for all tobacco control. This is inadequate, particularly when considering that there has been no increase in funding despite the emergence of vapor products. Programs are being forced to do more with less. For example, along with the addition of new work related to vapor products, DOH recently expanded the service area PHS covers under the NYC Smoke-Free program to include Staten Island. However, despite this significant increase in workload, there has not been any corresponding increase in funding.

Recommendations:

- Support the Executive Budget proposals on tobacco control initiatives, including a ban the sale of all flavored tobacco products, including menthol cigarettes, and increase the tax on a pack of cigarettes by \$1; and
- Add additional funding for tobacco control.

5.) Health Insurance

Having health insurance coverage has a major impact on one’s ability to access and afford needed health care, and on overall health status and economic stability. While uninsurance rates in New York have dropped substantially since the Affordable Care Act roll out in 2013, 5.2% of New Yorkers (approximately 1 million residents) remained uninsured in 2019. While many are not eligible due to their immigration status, others are eligible for public or subsidized coverage but are not enrolled due to barriers associated with the application process, including lack of technology access or literacy, administrative burden, and language barriers.

For over 20 years, our health insurance enrollment programs - funded by the New York State Department of Health - have been helping New Yorkers to overcome these barriers by providing step-by-step assistance to clients applying for health coverage. Our Navigator program assists individuals

and families to apply through the NY State of Health Marketplace, while our Facilitated Enrollment for the Aged, Blind, and Disabled (FE-ABD) program assists individuals aged 65 years or older, and those living with blindness and disabilities to submit applications to the Human Resources Administration. Together, our programs help an estimated 17,000 individuals to apply for free or low-cost health insurance coverage annually and have contributed to a significant decline in the uninsured rate in New York. Our team is preparing to play a significant role in supporting the State's goal of recertifying millions of New Yorkers for Medicaid coverage in the next 12 months.

PHS' enrollers speak the language of the community they serve and are trained to provide unbiased in-person and telephonic assistance, walking clients through the entire process, including helping them to understand health coverage options and find the right plan, gathering documents and required information, following-up on application outcomes, and helping them renew their coverage annually. We serve all 5 NYC boroughs and Long Island (Navigator program only).

In 2022-2023, recognizing the need to shore up the safety net workforce, New York State implemented human services cost of living adjustments (COLAs) and the Healthcare Worker Bonus Program (HWB). However, these initiatives left behind most of the public health workforce employed by CBOs, including our Navigator program, because they did not meet the eligibility requirements for either program. This oversight left out the trusted frontline workforce best equipped at reaching, engaging and supporting the most marginalized communities in accessing healthcare, social services, and benefits.

Recommendation:

- Add funding to provide a 10% cost-of-living adjustment (COLA) on contracts administered by the State Department of Health, via contract enhancements. For Public Health Solutions' Health Insurance Navigation, this enhancement would amount to a total of \$270,000.