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**THE LEAGUE
OF WOMEN VOTERS**
of New York State

**TESTIMONY FOR 2009-2010 JOINT BUDGET HEARING
HEALTH/MEDICAID
HEARING ROOM C-LOB
FEBRUARY 2, 2009**

Good afternoon, my name is Donna Packard-Mahoney and I am the Health Care Specialist for the League of Women Voters of New York State. With me today is Barbara Bartoletti the Legislative Director for the League of Women Voters of New York State. This testimony has been prepared by both Ms. Bartoletti and myself. Thank you for giving us the opportunity to address this hearing.

The League of Women Voters is a nonpartisan political organization that encourages informed and active participation in government, works to increase understanding of major public policy issues, and influences public policy through education and advocacy. The League has over fifty local Leagues statewide.

In 1990, the League undertook a two-year study on the funding and delivery of health care in the U.S., which culminated in the League's 1993 position statement. Since that time the League has lobbied and testified on numerous bills that safeguard the public's access to health care such as HCRA, CHP, and FHP. The League believes that a basic level of quality physical and mental health care for all state residents should include, in addition to primary preventive care, prenatal and reproductive health care, acute care, long-term care, mental health care, funding for health promotion and disease prevention programs.

Health care policy goals should include the equitable distribution of services and the efficient and economical delivery of care along with regulatory incentives to encourage the development of cost-effective alternative methods of delivery. Equitable distribution of services means that individuals should have access to a basic level of care regardless of income, age, health status, and geographical location.

Despite the very difficult budget year we face, the League applauds the Governor's effort in his Executive Budget to increase access to quality health care for New Yorkers through a variety of initiatives and the League supports the following:

- The extension of HEAL NY.
- The elimination of barriers to enrollment for public health programs such as finger imaging, asset test requirements, and face-to-face interview.
- The extension of coverage in Family Health Plus to public employees and 19 & 20 year olds who do not live with their parents through a federal waiver.
- The increased funding & permanency of the pilot Childhood Lead Poisoning Primary Prevention Program that also includes increased funding to allow further expansion of both existing projects & additional projects.
- The establishment of a home care quality incentive pool to reward providers for quality and efficiency improvements.
- The establishment of a Cash and Counseling Demonstration Program to provide flexible monthly allowance to Medicaid eligible recipients to hire, train, and direct their own personal care & other community based services.
- The extension of assistance to EPIC program seniors in selecting accessing and maximizing appropriate Medicare Part D prescription drug coverage.

- The elimination of EPIC fees for low-income seniors with incomes 150 percent of the FPL.
- The reduction of state spending and the maximizing non-state revenues by directly negotiating with manufacturers for drug rebates and by accessing federal Medicare Part D coverage for New York's seniors.
- Ensured accountability through the CHHA Accountability Initiatives to make certain that home health care services are provided directly by CHHA, LTHHC or AIDS home care providers and not sub-contracted.
- The establishment of the Adirondack Health Care Home Multi-Payor Demonstration Program.
- The continuation of wrap-around coverage for drugs not covered by Medicare Part D (e.g., barbiturates, benzodiazepines).
- The requirement of Eligible EPIC Seniors to Enroll in Medicare Savings Program to reduce costs both for them and the state.
- The requirement of Certified Home Health Care Agency bad debt and charity care program to require community service plans and annual performance review to improve access to the underserved.
- The phase-out of 6,000 nursing home beds & phase-in of 6,000 Assisted Living Program beds.
- The doubling of the size of the indigent care pool for diagnostic and treatment centers (\$55 million to \$110 million) that is expanded to include clinics licensed by the Office of Mental Health. This legislation is subject to a federal waiver.

- The increased funding for cancer services program that funds free mammograms, ovarian cancer screenings & colorectal screenings for the uninsured & underinsured.
- The implementation of Incent-e-prescribing to increase accuracy & safety through electronically sending & receiving prescriptions.
- Increasing patient's access to information by requiring transparency of medical device manufacturers' payments to prescribers along with requiring disclosure of other payments. This legislation includes requiring similar disclosure by pharmacy benefit managers. Such an effort enables patients to make informed decisions regarding their care.
- The maintenance of current School based health clinic funding levels at \$23.1 million that will keep intact 212 clinics statewide.
- The reallocation of "state only" Graduate Medical Education funds to the indigent care pool to support teaching hospitals serving uninsured patients.
- The reinvestment in outpatient and community based clinics, community based detox services, in-home crisis services to children at risk of psych hospitalization OASAS clinics, and Mental health and OMRDD clinics.
- The enhanced funding for primary care, including cardiac rehab services, referrals to substance abuse treatment, and for smoking cessation counseling for postpartum women, children and adolescents.

Along with favoring the above initiatives, the League has concerns with some of the Executive budget cuts. Although the League's position on the Financing of Health Care supports cost-containment, the League cannot support cutting vital health programs & services for the elderly, and increasing or initiating fees in state health programs. Such legislative action disproportionately

affects New York's working and poor families. For example, instituting a monthly fee for parents of children involved in the Early Intervention Program creates a barrier for poor and working families that can affect the quality and continuity of care. Although based on income, increasing family contributions for Child Health Plus, a program designed to provide low cost health insurance has a high potential for creating an obstacle to accessing quality preventive care for low and middle income families who are dealing with job loss, diminished wages, and ever increasing expenses for food, transportation and rent. Eliminating funding for senior health programs and services such as social workers for Geriatric in-home care, End of Life Care, Outreach and Education Programs, sustainable transportation and the discontinuation of the geriatric in-home medical care pilot is not cost-effective and does not reduce costly institutionalized care or access to valuable health and drug information. For example, Outreach & Education Programs provide one-on-one counseling, assistance with drug appeals and hearings related to Medicare part D. These programs help the lowest-income people qualify and apply for "Extra Help" -- the "Low Income Subsidy" for Part D, without which Part D is unaffordable, while also assisting seniors to obtain EPIC. Funding for Medicare counseling was cut 8% during the current fiscal year, and the Governor's budget proposes to cut 50% more as found in the Appropriations Bill S.54 A.154, pp. 8, 13. Although this same bill allocates an additional \$2 million for assistance to EPIC members, it is our belief that \$1.5 million of this money will go to the county offices on aging leaving substantial cuts for community-based organizations to serve the state's most vulnerable seniors. Outreach & Education program efforts serve to keep senior citizens healthy by providing access to valuable information so they can access their medications and stay out of institutionalized care. The League is asking the Legislature to leave the funding for these cost-effective community based programs at their current levels.

The League's position on the financing of health care supports cost-containment. With that said, the League also believes that cuts in the health care budget must do the least harm. Eliminating

wrap-around coverage in Medicaid for the four remaining categories: atypical anti-psychotics, anti-depressants, anti-retrovirals used in the treatment of HIV/AIDS, or anti-rejection drugs used in the treatment of organ and tissue transplants, places seniors and people with disabilities at risk of severe medical harm. In addition, the elimination of all EPIC coverage for drugs not covered by Part D plans, also does not meet League criteria. Part D plans oftentimes refuse to pay for brand name drugs that they choose to not include on their formularies. New York State currently has legislation in place that requires pharmacists to work with an EPIC member's physician to switch to a drug covered by the Part D plan. If this is not possible, the legislation requires EPIC to pay for the drug while an appeal is sought. This legislation, implemented in September 2008, has not had the opportunity to prove both its cost-efficiency and effectiveness in keeping New York's seniors and people with disabilities healthy, and with access to the medications they need.

In an attempt to reduce state cost, the proposed budget allows the state to shift the cost for the Anti-Tobacco Program, for implementing Timothy's Law in small business, and for the Early Intervention Program to taxes on the insurance industry. Such action will result in increased costs for health care and health insurance that will certainly be followed by an increase in the numbers of New Yorkers, particularly from the lower middle class and working poor, who will have limited or no access to health insurance and/or health care. The League is asking the legislature to continue its effort toward increasing access to health care for all New Yorkers and to refrain from instituting taxes that will subsequently hinder access to health care.

As a founding member of the Tobacco Coalition, the League is also concerned with a proposed 9% cut in funding for the Tobacco Control Program, from \$85 million to \$78 million. Even at the program's highest rate of funding, the program fell far short of The Centers for Disease Control recommendation for New York to invest \$254 million annually in its Tobacco Control Program. This program serves a vital purpose by reducing the use of cigarette and other tobacco products resulting

in many more New Yorkers living healthier lives. The program is especially important for its effort to decrease smoking among adolescents thereby decreasing their risk of developing chronic lung diseases such as emphysema and lung cancer. Also of concern, to the League, is the change in the source of funding for the program from HCRA to monies from a tax levied on HMO's. Such a change in the funding source places the TCP at risk. The League encourages the legislature to leave the Tobacco Control Program financing and budget intact.

The reduction in aid to private nursing schools and to SUNY nursing programs, along with a reduction in the Nursing Faculty Scholarship, will only serve to increase the current nursing shortage and decrease patient's access to quality health care. As a result of the rising nursing shortage, patients frequently need family advocates & caregivers to ensure a basic level of care that time and again places tremendous strains on families and often translates to a poor quality of treatment and attention for patients. The League of Women Voters strongly urges the legislature to maintain current funding levels for nursing faculty scholarships and for nursing programs as a significant remedy to this problem.

In closing, I would like to thank you again for giving the League the opportunity to address this Budget Hearing. The League will continue to monitor the budget process for openness and timeliness. We will also continue to advocate for initiatives that support the League's positions on equity, quality, access, and prevention.