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**NYSARH 2021 Legislative Priorities**

1. **Fund Rural Health Networks and Rural Access Hospitals**
   1. Reject the 34% funding cut included in the Executive Budget.

Funding for Rural Health Networks and Rural Access Hospitals was $12,680,000 at this time last year. If the Executive Budget is adopted, it will be $6,240,000 - **a reduction of 51%.** This is unfair to Rural New York!

* 1. NYS should pay the outstanding balance of the 2019-20 Legislative Appropriation. These funds were disbursed according to a contract with NYSDOH before 4/1/20 and still have not been reimbursed.
  2. Restore the 24% reduction implemented in the 2020-21 budget in

the 2021-22 budget under consideration now. Rural Health Networks and Rural Access Hospitals have had to lay off staff and eliminate the very preventive and educational programs that reduce the overall cost of healthcare, reduce hospitalizations and enhance quality of life.

* 1. Include the Legislative Appropriation that was in the 2020-21 budget, but not implemented, in the 2021-22 budget.
  2. Fund the Charles D. Cook Office of Rural Health
  3. Empanel the NYSDOH Rural Health Council

1. **Invest in the Rural Workforce**

Support programs that encourage, recruit, train, incentivize and support the rural health and human services workforce. Rural clinicians are retiring and have difficulty recruiting young providers to more remote settings. NYSARH believes we need to offer more opportunity for young New Yorkers who already live in rural settings to train for a bright future in the healthcare field.

* 1. Area Heath Education Centers
  2. Doctors Across New York
  3. Diversity in Medicine
  4. Rural Residency Programs
  5. Primary Care Service Corps
  6. J-1 Visa Waiver Programs
  7. Take a Tour
  8. Health Workforce Retraining Initiative
  9. Provide fair payment to Peers

1. **Expand Rural Broadband and Telehealth Options**

The FCC has allowed telecom companies to utilize a flawed formula to calculate coverage. The Reimagine New York Commission did extensive outreach and analysis and determined that 20% of New Yorkers do not have access to Broadband. This number is as high as 50% in some rural communities.

* 1. Broadband has become an essential utility to preserve rural lifestyles. Without access to broadband, the population of rural counties will continue to shrink. Broadband coverage is needed for:
     1. Economic development
     2. Employment
     3. Education
     4. Local Government
     5. Recreation

as well as

* + 1. Healthcare.
  1. The medical and behavioral health sector was moving toward telehealth services before the pandemic, but the adoption of telehealth options has greatly accelerated. This has permitted multiple parallel rapid cycle quality improvement efforts to occur all over the State, improving our collective understanding of best practices.

Recommendations:

* + 1. Permanently allow and require adequate insurance reimbursement for audio-only telephonic visits when clinically appropriate
    2. Permanently allow and require adequate insurance reimbursement for audio-video visits when clinically appropriate

1. **Reject the Pharmacy Carve-Out**

Reject the proposed MRT II Pharmacy Carve-Out in the §1115 Medicaid Waiver now in process. Support A1671(Gottfried)/S2520(Rivera). Rural hospitals and health centers rely on the 340B Pharmacy Discount program to:

* 1. Keep prescription prices affordable for lower-income patients
  2. Enable HIV+ patients to access necessary treatment
  3. Implement various outreach, support and education programs to increase access to care, enhance wellness and prevent chronic disease

In recognition of the negative financial impact the carveout will have on safety net providers, the waiver extension includes a one-time investment of $102M to support covered entities that currently benefit from 340B savings. There is no methodology for distribution included in the waiver and this funding is to be shared by all covered entities. This one-time funding is not only woefully inadequate given the enormity of the losses that will be experienced by the safety net providers, it is also not a long-term solution for sustainability.

1. **Champion Rural EMS & Community Paramedicine**
   1. Increase Medicaid ambulance fees to match Medicare rates
      1. Address Medicare/Medicaid ‘cross-over billings’
   2. Provide more EMS training via webinar and remote locations to facilitate rural participation
      1. Fund mileage reimbursement for EMS practitioners to attend training
   3. Provide greater licensure flexibility for Paramedics and Advanced EMT level personnel to provide and be compensated for community-based care that does not require transport
   4. Support integration of EMS patient data into the SHIN-NY health record
   5. Co-Sponsor the Rural Ambulance Service Task Force [A1561]
2. **Support Public Health Infrastructure**

Our County Health Departments are the backbone of the Public Health system in NYS, and they have been working diligently to address the Public Health Emergency since Day One. They deserve our respect, and the resources to do the job they are and statutorily mandated to do.

* Article 6 Services
* Alcohol/Drug/Tobacco/Vaping Prevention Programs
* Maternal & Child Health
* Chronic Disease Prevention & Self-Management Programs
* Lead Education & Abatement
* Rabies & TB monitoring
* Poison Control
* Immunization