



## New York State Association for Rural Health

**The Mission of NYSARH is to improve the health and well-being of rural New Yorkers and their communities.**

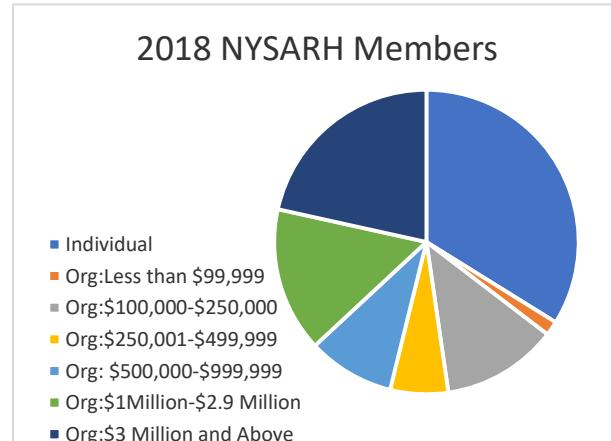
The New York State Association for Rural Health (NYSARH) is a not-for-profit, non-partisan, grassroots organization working to preserve and improve the health of the citizens in rural New York State. NYSARH was founded in July 2001 and is affiliated with the National Rural Health Association.

New York State defines a county as being rural if it has a population of less than 200,000. The scope of NYSARH includes the all rural counties in New York State.

- Fewer than 50,000 residents: Allegany, Cortland, Delaware, Essex, Greene, Hamilton, Lewis, Orleans, Schoharie, Schuyler, Seneca, Wyoming, Yates
- 50,000 – 100,000 residents: Cattaraugus, Cayuga, Chemung, Chenango, Clinton, Columbia, Franklin, Fulton, Genesee, Herkimer, Livingston, Madison, Montgomery, Otsego, Putnam, Steuben, Sullivan, Tioga, Warren, Washington, Wayne
- 100,000 – 200,000 residents: Chautauqua, Jefferson, Ontario, Oswego, Rensselaer, St. Lawrence, Schenectady, Tompkins, Ulster

NYSARH is a membership organization.

NYSARH membership includes representatives of all facets of the rural health care industry, as well as individuals and students. On many different levels, NYSARH serves individuals, consumers, non-profit organizations, government agencies and officials, health care facilities, emergency medical service providers, long-term care organizations, businesses, universities, foundations, associations, and other stakeholders in rural health. NYSARH members include rural hospitals and federally qualified health centers located in rural communities.







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**2019 Rural Health Advocacy**  
**January 28, 2019**  
**Albany, NY**



## 2019 NYSARH Talking Points

### Restore Full Funding for the Population Health Improvement Program

- PHIP funds many activities that address the social determinants of health in rural communities

### The Executive Budget includes level funding, but not restoration of 20% cut

- Area Health Education Centers
- Rural Health Networks
- Rural Hospital Access

### Workforce Recruitment & Retention

- Authorize COLA this year
- Add billing code for HPSA
- Support Rural recruitment

### Enact Full Funding for FarmNet

- Suicide prevention and behavioral health focused on farmers
- Rural economic development

### Support School Wellness

- Nutrition guidelines
- Daily exercise during recess

### Fully fund disease & accident prevention programs

- Address the primary causes of mortality and morbidity in NY

### Rethink current approaches to non-emergency medical transportation

- Preserve public transportation
- Improve customer service
- Save money

### Explore new paradigms for rural EMS

- Support volunteer engagement
- Increase training flexibility
- Approve Para-Medicine
- Increase Medicaid reimbursement

### Additional Priorities

- Tele-Health
- Maternal and Child Health
- Oral Health
- Healthcare Navigators
- Rural Broadband

**Thank You** for raising the age to purchase tobacco products to 21 and for restricting vaping e-cigarettes

## **NYSARH Members are...**

Rural Health Networks	Schools of Higher Education
Area Health Education Centers	Health Foundations
Medical Providers	Long Term Care Providers
Federally Qualified Health Centers	Disease Prevention Organizations
Behavioral Health Agencies	Veteran Organizations
County Public Health Departments	Community Action Agencies
Hospitals & Urgent Care Centers	Emergency Services

## **NYSARH Members ...**

- Administer unique programs, tailored to rural communities
- Deliver prevention and education services
- Develop the health professionals of the future
- Engage with DSRIP Performing Provider Systems
- Implement the Population Health Improvement Program
- Navigate healthcare and health insurance
- Offer continuing education and internships
- Partner with other organizations to leverage resources and maximize impact
- Prepare for value-based payment
- Provide or coordinate transportation
- Reduce unnecessary hospital and emergency department visits
- Solve community challenges at the community level

## **NYSARH ...**

- Advocates for the health and well-being of Rural New Yorkers
- Facilitates networking and collaboration across Upstate New York
- Participates in the Rural Health Policy Institute in Washington, DC
- Produces the premier Rural Health Conference in New York State
- Publishes a Quarterly Newsletter
- Represents New York with the National Rural Health Association



## New York State Policy Priorities for 2019

The Mission of NYSARH is to improve the health and well-being of rural New Yorkers and their communities.

NYSARH supports our members, who work at the community level in all parts of rural Upstate New York.

We partner with the NYS Charles D. Cook Office of Rural Health to implement state-wide health initiatives.

### **NYSARH Policy Priorities**

- ✓ Restore health education, rural health network and prevention programs to SFY 2016 funding levels
  - ✓ Include and fund the Population Health Improvement Program (PHIP) in the SFY 2020 Budget
  - ✓ Support funding for healthcare workforce recruitment and retention
  - ✓ Invest in comprehensive behavioral health services
  - ✓ Focus investment on making broadband internet truly available and affordable in rural areas
  - ✓ Develop and require an 'add-on' billing code for providers working in Health Provider Shortage Areas
  - ✓ Enact school wellness policies that include access to fresh foods and daily exercise during recess
  - ✓ Increase Medicaid reimbursement rates for rural ambulance/EMS to reflect actual costs
  - ✓ Commission a study to identify options to improve rural non-emergency transportation
  - ✓ Raise the statewide age to purchase tobacco and nicotine products [vape] to 21
  - ✓ Include OMH funding for NY FarmNet's mental health care for farmers and farm families
1. Preserve existing funding & infrastructure that support DOH local programs for healthcare, disease prevention, health education, health workforce and advocacy. NYSARH supports funding restoration (\$9.2m) for 30 programs including:
    - Rural Health Network Development
    - Area Health Education Centers
    - Tobacco Control
    - Obesity & Diabetes Prevention
    - Poison & Lead Prevention
    - Cancer Services
    - Nutrition Services
    - Maternal & Child Health
  2. Fully fund the Population Health Improvement Program (PHIP) (\$15.5m)
    - The Governor's justification for discontinuing PHIP **inaccurately** describes PHIP as a program that primarily serves as a resource to Performing Provider Systems, when in fact PHIP work is much broader and focuses on **improving the health of the entire population**, not just the Medicaid population.
    - PHIP serves a vital role in the implementation of important statewide initiatives such as the **NY State Prevention Agenda**. PHIP programs use evidence-based practices to address key issues such as diabetes prevention, cancer screening, chronic disease self-management and promoting healthy lifestyles – all geared toward lowering healthcare costs in New York.

- PHIP programs enhance local and regional collaboration by convening stakeholders, sharing data and helping to facilitate Community Health Assessments, Community Health Improvement Plans and Community Service Plans with the local health departments and hospitals.
  - PHIP brings **much-needed resources to rural communities** throughout New York State, enabling counties to address priority health issues and social determinants of health.
3. Build capacity to provide more comprehensive, timely, affordable and effective behavioral health care and Social Determinant of Health (SDH) support services. Initiatives should include:

#### **Workforce**

Increase and support the behavioral health workforce, including trained Peers

- **NYSARH joins with our colleague associations, NYSASAP, NYAPRS and MHANYS in calling for a 2.9% COLA for human service workers.** A recent survey by The Center for Human Services Research found that addiction prevention and treatment staff annually receive \$5K to \$7.5K less than comparable professionals in other settings. A recent survey of 126 NYS Mental Health and Substance Use Disorder agencies showed an extremely costly annual turnover rate of 34% and a vacancy rate of 14%.
- Support staff for new recovery programs statewide and certification of 1,250 peer specialists (\$5m).

#### **Opioid Epidemic**

Provide early and sustained intervention to combat the Opioid Epidemic

- Strengthen compensation for treatment staff and to add new treatment professionals to address the opioid crisis (\$40m). **Nothing in the Governor's response to the opioid crisis bolsters existing services that are designed to address addiction.**

#### **Prevention, Community Education and Marijuana Legalization**

- Support education programs that address nicotine, marijuana, alcohol, illicit drugs and other addicting substances
- Support a statewide education campaign utilizing OASAS prevention programs that includes factual, scientific information about the risks associated with marijuana use;
- Strengthen compensation for prevention staff in schools and communities across the state and to hire new staff to replace the **one third of the workforce that has been lost to funding cuts** over the past two decades (\$30m).

#### **Behavioral Health Parity**

- NYSARH supports the State's strong commitment to behavioral health parity. We hope that NYS will focus much of their attention on the Non-Quantitative Treatment Limits which continues to be a major reason for denial.

#### **Mental Health Education in Schools & Suicide Prevention**

- NYSARH applauds the state's commitment to Mental Health Education in schools with an emphasis on school climate, bullying, trauma and suicide prevention in middle schools.

**4. Support Rural Hospitals, Clinics and Providers**

- Implement strategies to increase the rural healthcare workforce. Shortages are experienced in all levels and disciplines (primary care, dental services, behavioral health, psychiatry, home health, emergency care, nursing, laboratory, radiology, long-term care etc.)
- Recognize the disparate costs of providing healthcare in rural communities
- Regional equity in capital grants to healthcare providers. (\$700m)
- Distribution of Healthcare Transformation Funds (\$3.4 billion, derived from the sale of the non-profit health insurer, Fidelis, to the for-profit Centene Corporation) based on a statewide formula calculated by the percentage of Fidelis enrollees/covered lives in each state region
- Regional equity when updating Disproportionate Share Funds distribution methodology
- Regional and situational flexibility in discussions regarding the study of mandatory minimum nurse staffing ratios
- Funding to establish/augment rural telehealth capabilities.

**5. Foster Wellness in Schools**

- Enact NYS school nutritional guidelines that exceed federal guidelines and include fresh foods
- Require NYS schools to provide daily physical activity during Recess periods.

**6. Explore a new paradigm for rural EMS. The volunteer-based EMS model is unsustainable due to changing demographics and increased regulation.**

- Increase ambulance/EMS medical transport fees to cover actual costs
- Support paramedicine and regulatory flexibility.

**7. Rethink current approaches to non-emergency transportation. The current system:**

- undermines rural public transportation
- is unnecessarily restrictive
- provides mediocre customer service
- is more expensive than alternative options.

**8. Support Tobacco – 21:**

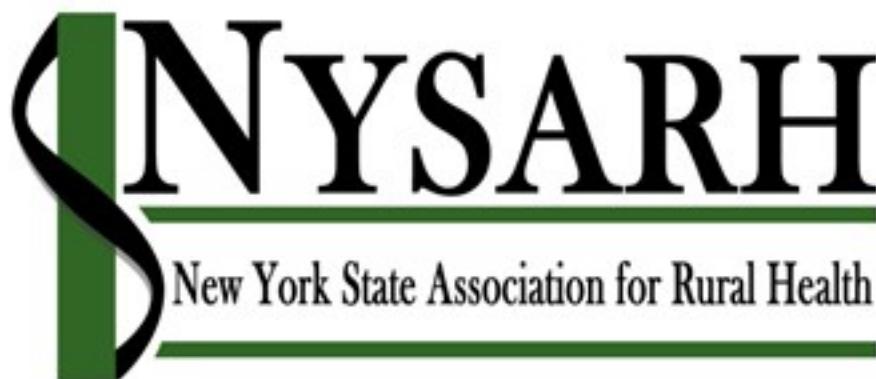
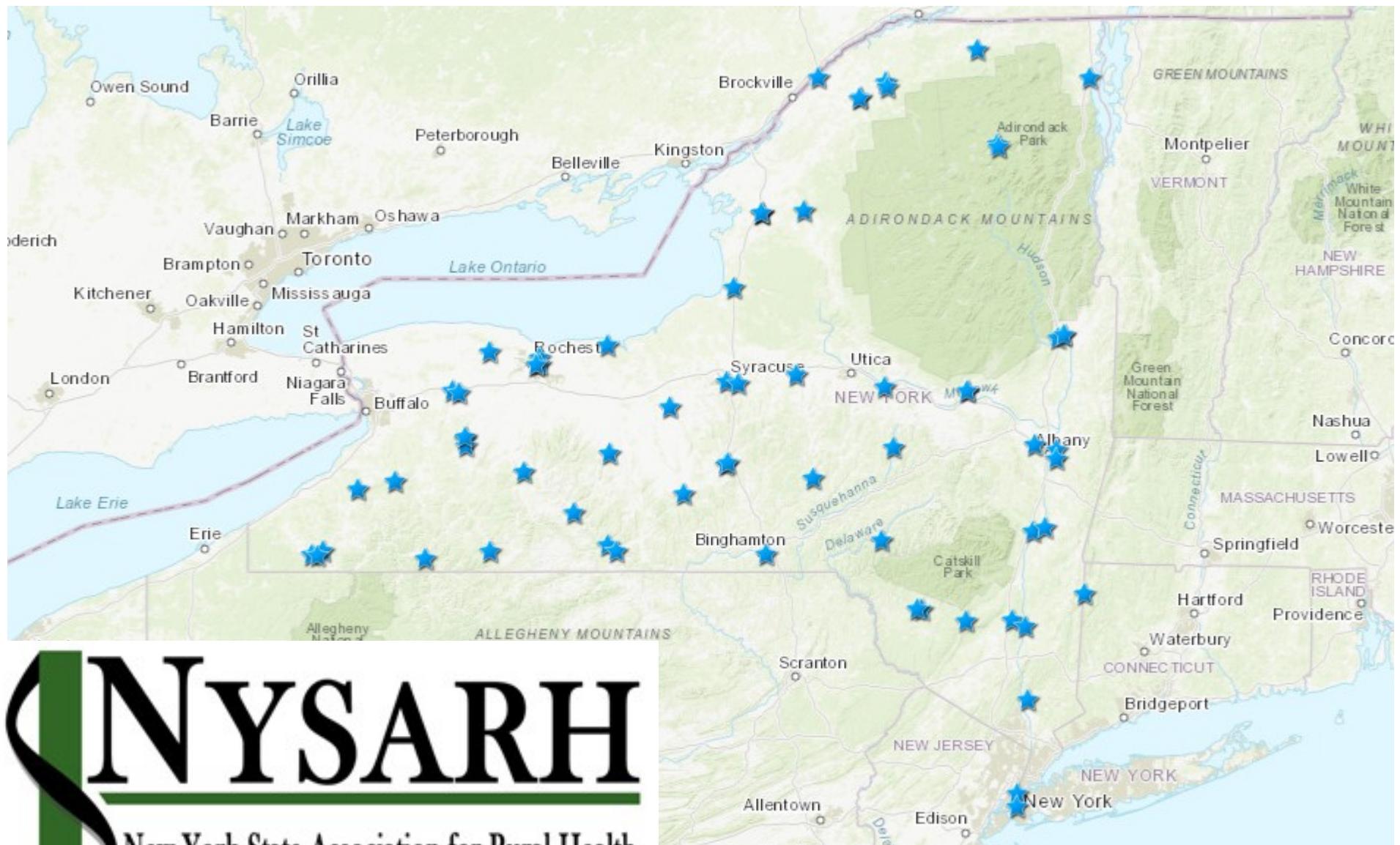
- Increase the age to purchase tobacco and nicotine products to 21
- Regulate e-cigarettes, especially flavors that appeal to youth.

**9. Fully fund NY FarmNet's mental health services through OMH (\$500,000):**

- Support the positive rural economic impact of small and family farms
- Eliminate barriers to accessing health and mental health services for farmers and farm families
- Address alarming rates of farmer suicide.



# Locations of NYSARH Members—2019



★ Denotes location of NYSARH member