DRAFT 5.27.19



NEW YORK STATE ASSOCIATION FOR RURAL HEALTH

TESTIMONY TO THE ASSEMBLY HEALTH COMMITTEE

MAY 31, 2019

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. The organization is affiliated with the National Rural Health Association.

**The mission of NYSARH is to improve the health and well-being**

**of rural New Yorkers and their communities.**

NYSARH is a membership organization. NYSARH membership includes representatives of all facets of the rural health care industry, as well as individuals and students.  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.

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 appreciates this opportunity to provide testimony to the NYS Assembly. We thank you for your work to enhance the health and well-being of all New Yorkers.

NYSARH members collaborate within their distinct rural communities to address factors known as the Social Determinants of Health, many of which are highly correlated with poverty. As an Association, we also collaborate with statewide colleagues from similar associations, and with our counterparts in other states.

Rural Americans are a population group that experiences significant health disparities. Health disparities are differences in health status when compared to the population overall, often characterized by indicators such as higher incidence of disease and/or disability, increased mortality rates, lower life expectancies, and higher rates of pain and suffering. Rural risk factors for health disparities include geographic isolation, lower socioeconomic status, higher rates of health risk behaviors, limited access to healthcare specialists and subspecialists, and limited job opportunities. This inequality is intensified as rural residents are less likely to have employer-provided health insurance coverage.

Individuals living in rural communities have shorter life expectancy and higher rates of disability….

The harm to rural communities from the 2017-18 funding reduction was real and exceedingly illogical given the fact that these organizations work directly and measurably to support the NYS Prevention Agenda.

NYSARH conducted a survey that found that rural healthcare and public health organizations implemented lay-offs, cut-backs and reduced community engagement after those funding cuts. Further, we found indicators of harm to the rural populations we serve through loss of education, outreach , access, transportation, workforce development and addiction prevention programs. The damage to local economies by these funding cuts increased the negative effects of the social determinants of health in these communities.

Additionally, the cuts harm the economies of rural communities and their ability to leverage funding for other essential programs. With support from a Rural-PREP Micro research grant, **NYSARH was able to demonstrate that for every dollar lost to community rural health programs, those communities lost approximately $1.50 worth of economic activity.** New York’s rural regions cannot easily withstand erosion of their economies.

For more information please view the video: <https://vimeo.com/313195728>

**Regarding the areas of interest outlined in the notice for this Hearing we offer the following:**

*Emergency and Non-Emergency Transportation*

* NYSARH supports rural public transit systems
  + Rural transportation subsidy was discontinued
  + Allow Medicaid to be used for bus passes
* NYSARH supports EMS/Ambulance reforms
  + Medicaid payment rates do not cover actual costs
  + Many Rural EMS agencies depend on Volunteers to provide life-saving services
    - 24/7/365 coverage
    - Training requirements are stringent, time-consuming and expensive
    - NYSDOH training reimbursement have been flat since 2013
    - NYSDOH training reimbursement covers less than half the actual cost of training. Volunteer EMS providers must cover the remaining expense
      * For example: Upstate Medical University is a DOH approved Course Sponsor. They offer a Paramedic class that requires students to complete 500 hours of classroom training plus an additional 500+ hours of internship and field training

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Semester | Tuition | Fees | Total Due | Date Due |
| Fall 2019 | $2,100.00 | $345.00 | $2,445.00 | 8/13/19 |
| Spring 2020 | $2,100.00 | $335.00 | $2,435.00 | 2/6/20 |
| Fall 2020 | $700.00 | $285.00 | $985.00 | 8/7/20 |

* + - * + 2019-2020 Course Tuition and Fees: $5,865.00
        + NYS DOH will reimburse only $1,500.

*Workforce Development, Recruitment & Retention*

* NYSARH supports existing Workforce programs
* AHEC System
* Doctors Across NY
* R-Med
* Other states offer tax credits for Preceptors; NY should adopt this practice
  + - These bills “establish a clinical preceptorship personal income tax credit for certain health care professionals who provide preceptor instruction to students.” The links are as follows:
    - <https://www.nysenate.gov/legislation/bills/2019/S4033>
    - <https://www.nysenate.gov/legislation/bills/2019/a3704>
* Recruitment programs are appreciated, but cumbersome to implement
  + Doctors Across New York
  + Health Service Corps
  + Waivers
* Professional shortages exist at all levels
  + New York makes it difficult for professionals licensed or certified in other states to practice here; this process needs to be much simpler and faster
  + Priority Disciplines
    - Psychiatrists
      * All Behavioral Health practitioners
    - Obstetricians
      * Midwifes
    - Primary Care MD/OD
      * PA/NP
  + Highly compensated specialists can go anywhere. How can NYS encourage them to serve our rural communities?
    - Orthopedics
    - Neurology
    - Dermatology

*Rate Adequacy for Low Volume Providers*

* NYSARH supports continuation of the following programs that support Rural Providers
  + Rural Health Access Development
  + Critical Care Hospitals
  + Medicare Dependent Hospitals
  + Disproportionate Share Hospitals
    - We need a permanent extension of rural payment ‘add-ons’
* Medicaid rates for dental care are so inadequate most dentists refuse to participate in the program. Oral health is much more significant than many people realize. We urge NYS to seriously reevaluate funding for oral healthcare for children, adults and older adults.
* Capital funding

**In addition, we would like to bring these topics to the attention of the Committee.**

*Collaborative Community Engagement for Rural Health*

* The 2017-18 NYS Budget slashed funding for several community-based, public health, health education and rural health programs by 20%-22%.
  + NYSARH appreciates the Legislature’s refusal to repeat this strategy, which was proposed in the Executive Budget for 2018-19
  + The 2017-18 funding reduction remains, and has been ‘baked in’ to contracts with NYS including the 2019-2023 contracts for Rural Health Network Development
  + NYSARH supports restoration of the 2017-18 funding cut.

All: please make sure these budget dates and numbers are correct!

*Population Health*

* Social Determinants of Health
  + Please remember that POVERTY is strongly correlated with poor health
  + NYSARH advocates for solutions that consider the impact of Economic Development on Public Health
  + NYSDOH: Health in all Policies
* NYSARH supports the NYS Prevention Agenda Programs
  + CHIP/CHA
  + Population Health Improvement Program
  + Chronic disease is the largest driver of healthcare costs
    - Chronic disease, diabetes prevention and chronic pain self-management programs
      * Stanford License issue for evidence-based classes
    - Obesity & Diabetes Prevention
    - Hypertension Prevention
    - Smoking & Vaping
      * Thank you for passing T-21!

*Access to Care*

* New York has done a terrific job implementing the ACA and the NY State of Health
* Even so, many New Yorkers are under-insured due to the prevalence of high co-pays and high deductibles, including many with employer-subsidized coverage
  + These out-of-pocket costs influence people’s decisions to seek timely and appropriate healthcare

*Telehealth/Telemedicine*

* NYSARH supports regulatory consistency DOH/OASAS/OMH/OPWDD
  + This is much better than it was in the beginning
* Payment for Telehealth/Telemedicine is still an issue; rates are inadequate or not available
  + Medicaid
  + Private Insurance

*Behavioral Health/Mental Health/Suicide Prevention*

* Substance Use is high in rural communities
  + Strengthen existing substance use and mental health programs
    - NY Farm Net
    - Programs for Veterans [thank you for expanding the Joseph Dwyer Peer-to-Peer program]
    - Support peer-to-peer models
  + Need to bolster the existing treatment programs
    - Cost of living funding
    - Opportunities for expansion
    - Capital funding
  + The issue is not just Opioids
    - Methamphetamine is also a huge issue in rural communities
    - We are very concerned about the increase in vaping among young people
    - Alcohol is still the substance of choice
* Address the ‘Opioid Crisis’
  + NYSARH appreciates the funding for services added over the past couple years and encourages integration of these initiatives with preexisting service providers

*Long-Term Care/Human Service/Disability Service*

* Post-acute services are under-funded, putting vulnerable older adults at risk
  + Long-term care
  + Skilled nursing facility
  + Home care
  + Personal care
  + Hospice
* Recognize that we have a staffing crisis
  + Create a multi-year strategy to increase wages for long-term care, human service and disability direct service workers
    - Support the 2.9% COLA
  + Expand consumer-directed and decentralized service models that work best in rural communities
* Hospice is underutilized in New York
  + Healthcare providers and older adults need to be better informed of the benefits of Hospice services
    - Too many people join Hospice within a few days of their death