



NYS ASSOCIATION FOR RURAL HEALTH

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**New York State Association for Rural Health
2025-2026 Executive Budget Testimony
Joint Health Committee Hearings
February 11, 2025**

TO:

Senator Liz Krueger, Chair, Finance Committee

Senator Gustavo Rivera, Chair, Health Committee

Assembly Member Gary Pretlow, Chair, Ways and Means Committee

Assembly Member Amy Paulin, Chair, Health Committee

Senator Tom O'Mara, Ranking Member, Finance Committee

Senator Patrick Gallivan, Ranking Member, Health Committee

Assembly Member Edward Ra, Ranking Member, Ways and Means Committee

Assembly Member Josh Jensen, Ranking Member, Health Committee

Thank you, Chairs Krueger, Pretlow, Rivera and Paulin as well as Ranking Members O'Hara, Gallivan, Ra and Jensen for the opportunity to submit testimony on the proposed 2025-26 Executive Budget on behalf of the New York State Association for Rural Health.

Our testimony recognizes the Governor's significant investments in programs that enhance and support rural health while also identifying gaps that persist in our rural communities. To build on this progress, a final enacted budget should safeguard essential programs that deliver benefits to rural residents.

The New York State Association for Rural Health (NYSARH) is dedicated to improving the health and wellbeing of rural New Yorkers through advocacy, education, and collaboration. NYSARH represents a broad network of individuals and organizations working together to address the unique healthcare challenges in rural communities. For more information, visit <https://nysarh.org>.

NYSARH uses a 'rural lens' to assess policies, regulations, training and procedures. The items presented here reflect legislative actions, policies, regulations and initiatives that our members support.

NYSARH appreciates the numerous programs included in the Executive Budget that will support rural communities and urges the Senate and Assembly to include these in their respective budgets:

- Free school breakfasts and lunches for all children.
- Increased investment in community based services and supports for older adults.
- Designation of EMS as an essential service and funds for counties to develop EMS plans.

NYSARH strongly Supports and Recommends a 5% COLA for Rural Health Programs.

- **Rural Health Network Development & Rural Health Care Access Development** **5% COLA**
\$9,410,000 to \$9,880,500

There are Rural Health Networks throughout the State, each with a mission and partner organizations carefully crafted to meet the unique needs of their communities. Rural Health Networks are essential to improving public health and linking rural communities to regional and statewide initiatives such as the NYS Prevention Agenda, NYS Health Innovation Plan and the new 1115 Waiver. Rural Health Care Access Hospitals are small rural hospitals that address social determinants of health, chronic illness and social isolation. Funding for Rural Health Networks and Rural Health Care Access Hospitals has been reduced by 42% since 2017. Increased funding for preventative care and wellness programs will strengthen resilience for future health emergencies and reduce overall health costs. NYSARH respectfully requests a 5% additional investment of \$470,500 in the final enacted budget.

NYSARH requests that the following Policy Initiatives to Improve Rural Community Health be included in the enacted 2025-26 Budget:

ACCESS TO HEALTHCARE

Legislative and regulatory actions are needed to increase access and remove barriers for rural residents of NYS by

- Continuing progress to reduce medical debt;
 - Supporting prescription price programs such as 340b;
 - Ensuring primary care services are located in rural communities;
 - Increasing the number of school-based healthcare clinics;
 - Strengthening occupational health programs and
 - Enhancing public engagement around hospital closures and mergers.
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DENTAL CARE ACCESS

Rural communities struggle to maintain good oral health.

- Increase access to School-based oral health services;
- Add incentives for dentists to accept Medicaid-insured patients.

<https://scaany.org/oral-health/>

MENTAL HEALTH & SUBSTANCE USE CARE

While the burden of mental health and substance use issues keep rising in rural New York, policy-level barriers lead to a lack of availability and accessibility to mental healthcare services.

- Increase School-based mental health services;
- Provide better payment models for Peer Support programs.

<https://nysarh.org/wp-content/uploads/2024/09/Policy-Brief-on-Gaps-in-Youth-Mental-Health-Infrastructure-in-Rural-New-York.pdf>

ACCESS TO OB/GYN CARE

The Senate and Assembly have an opportunity to address alarming gaps and disparities in rural maternal health in rural counties.

- Expand training for primary care providers;
- Support community prevention and maternal health programs;
- Increase capacity for safe labor and delivery in rural communities;
- Expand access to and payment for midwifery and doula services.

<https://nysarh.org/wp-content/uploads/2024/09/Perinatal-Health-in-Rural-New-York.pdf>

BROADBAND AND TELEMEDICINE

Codify payment parity for telehealth visits in Medicaid and commercial plans and expand teleconsultation for EMS personnel, case managers and community health workers.

ACCESS TO LONG TERM CARE

Rural residents are typically older and have more chronic conditions than urban counterparts.

- Support a full continuum of care;
- Insist on higher pay for home care workers and home visiting nurses;
- Increase payment for skilled nursing facilities;
- Facilitate technology support for home monitoring;
- Allow community paramedicine with EMS partners.

<https://www.ruralhealthinfo.org/topics/community-paramedicine#definition>

RURAL HEALTH DISPARITIES

Regulatory reform and practice patterns that consider the shortage of specialists and specialty care in rural communities including allowing pharmacists and paramedics to continue expanding their roles as members of the healthcare safety net.

<https://nysarh.org/wp-content/uploads/2024/09/Supporting-HIV-Prevention-in-Rural-New-York-State-Policy-Brief-August-2024.pdf>

<https://nysarh.org/wp-content/uploads/2024/01/NYSARH-Report-Health-Disparities-1.pdf>

HEALTHCARE WORKFORCE

There are numerous provider shortage areas in rural New York. NYSARH requests funding for more career pathways including rural internships, rotations, practicums and residencies; student loan repayment programs; diversity initiatives; Area Health Education Centers.

<https://nysarh.org/wp-content/uploads/2024/09/Supporting-Underrepresented-Minority-Physicians-in-Rural-Residencies-Policy-Brief-Approved-Aug-2024.pdf>

PUBLIC HEALTH

Fund our Local Health Departments to enable them to provide health education, conduct disease surveillance and monitoring, immunization programs, lead abatement, well water safety and all the other essential services they provide.

<https://www.nyspha.org/Statements-of-Policy>

EMERGENCY MEDICAL SERVICES (EMS)

Support EMS initiatives designed to help recruit and educate our rural workforce. Assist in higher reimbursement that helps reduce healthcare costs and keeps patients out of the hospital.

<https://nysarh.org/wp-content/uploads/2025/01/Who-Will-Answer-their-Call.pdf>

SOCIAL DETERMINANTS OF HEALTH

Wellness is more than the absence of illness. NYSARH members support:

- **Nutrition** Opportunities to enhance food access and quality through school breakfasts and lunches, farm to institutional programs, food pantries, farmer's markets, home-delivered meals and medically tailored meals.
- **Housing** Programs to repair and upgrade existing housing for accessibility, energy efficiency and habitability; support for construction of small apartment buildings and rehabilitation of abandoned buildings into apartments.
- **Transportation** Subsidies for small-city public transit; quality monitoring of Medicaid transportation providers; incentives for volunteer driver programs; funding for nonprofit rural transportation providers.
- **Safety** Educational programs for safe storage and use of firearms; suicide prevention programs; safety programs for snowmobiles and four-wheelers.

The Mission of the New York State Association for Rural Health [NYSARH] is to improve the health and wellbeing of rural New Yorkers and their communities. NYSARH is the hub for New York's rural organizations, connecting members, building capacity and bringing many voices together to advocate for an inclusive community of rural stakeholders. NYSARH members represent the 44 of 62 counties in the state designated as partially or fully rural.

For further information or follow-up please contact
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COPIED:

Senator Rachel May, Chair, Commission on Rural Resources
Senator Michelle Hinchey, Chair, Committee on Agriculture
Senator Samra Brouk, Chair, Mental Health Committee
Senator Roxanne Persaud, Chair, Social Services Committee
Senator Cordell Cleare, Chair, Committee on Aging
Senator Jeremy Cooney, Chair, Committee on Transportation
Senator Pete Harckham, Chair, Committee on Alcoholism and Substance Abuse

Assembly Member Anna Kelles, Chair, Commission on Rural Resources
Assembly Member Donna Lupardo, Chair, Committee on Agriculture
Assembly Member Jo Anne Simon, Chair, Committee on Mental Health
Assembly Member Maritza Davila, Chair, Committee on Social Services
Assembly Member Rebecca Seawright, Chair, Committee on Aging
Assembly Member Bill Magnarelli, Chair, Committee on Transportation
Assembly Member Al Stirpe, Chair, Committee on Economic Development
Assembly Member Phil Steck, Chair, Committee on Alcoholism and Drug Abuse

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