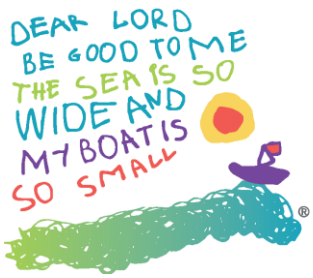

children's defense fund new york

Joint Legislative Hearing on the 2022 – 2023 New York State Mental Hygiene Executive Budget Proposal

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Joint Legislative Hearing Testimony: 2022 – 2023 New York State Mental Hygiene Executive Budget Proposal

About the Children's Defense Fund – New York

Children's Defense Fund – New York (CDF-NY) thanks the chairs of the Assembly Ways and Means Committee and the Senate Finance Committee for the opportunity to submit testimony on the 2022 – 2023 New York State Mental Hygiene Executive Budget Proposal.

CDF-NY is a non-profit child advocacy organization that works statewide to ensure *every* child in New York State has a *Healthy Start*, a *Head Start*, a *Fair Start*, a *Safe Start* and a *Moral Start* in life and a successful passage to adulthood with the help of caring families and communities. As the New York office of the Children's Defense Fund (CDF), a national organization with roots in the Civil Rights Movement, we are committed to advancing racial equity and to leveling the playing field for vulnerable New York children, youth and families. We envision a state – and a nation – where children flourish, leaders prioritize their well-being and communities wield the power to ensure they thrive. CDF-NY provides a strong, effective and independent voice for children who cannot vote, lobby, or speak for themselves. We pay particular attention to the needs of children living in poverty, children of color and those with disabilities. CDF-NY strives to improve conditions for children through research, public education, policy development, direct service, organizing and advocacy. Our policy priorities are racial justice, health justice, education justice, child welfare, youth justice and economic mobility. To learn more about CDF-NY, please visit www.cdfny.org.

The Mental Health of New York's Most Marginalized Children, Youth and Families Continues to Suffer

Last Fall, the American Association of Pediatrics (AAP), American Academy of Child and Adolescent Psychiatry (AACAP) and Children's Hospital Association (CHA) jointly declared a national emergency in child and adolescent mental health [1] and not long after, the United States Surgeon General issued his own advisory on the youth mental health crisis. [2] These somber declarations come on the heels of two years during which the COVID-19 pandemic has upended the lives of New York's most marginalized children, youth and families. The pandemic has brought with it devastating loss of life and destabilizing unemployment, not to mention harrowing food and housing insecurity, onset of poverty and loss of health insurance throughout our State – traumas disparately shouldered by our communities of color. Between March and July of 2020, approximately 4,200 of our State's children, or 1 out of every 1,000 of the youngest New Yorkers, experienced a parental or caregiver death due to COVID-19, with Black and Latinx children experiencing these losses at

[1] "AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health," American Academy of Pediatrics, October 19, 2021, https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/.

[2] "Protecting Youth Mental Health: The U.S. Surgeon General's Advisory," Surgeon General of the United States, December 7, 2021, https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf.

twice the rate of Asian and white children. Nearly 1,000 of these children may have lost their sole parent or guardian. [3] According to recent modeling data, as many as 9,000 New York children are estimated to have lost either their parents or their primary or secondary caregiving grandparents between April of 2020 and June of 2021. [4]

Unsurprisingly, children experiencing the loss of a parent or guardian as a result of the pandemic will very likely suffer serious short and long-term mental health consequences, potentially leading to depression, anxiety and other mental health disorders. Adverse Childhood Experiences (ACEs) such as the death of a parent or caregiver are an underlying factor in not only mental health disorders but also in chronic disease, drug misuse and overdose, and suicide. Effects of ACEs are far-reaching, can negatively affect a person's life as an adult and could even have intergenerational effects. [5] Our State must invest in supportive services, including behavioral health supports, to help our children cope with these insurmountable traumas.

It is not just young people who have experienced the death of a loved one whose mental health is suffering. The ongoing public reckoning with systemic racism and deep-rooted inequities that is occurring amidst the ongoing struggle for racial justice is compounding the pandemic's traumas for our youth. Furthermore, nearly all children and youth have seen their daily routines drastically change over these past two years amidst repeated transitions to remote schooling, missed doctor's visits, the shuttering of child care facilities, and the subsequent sudden disconnection from in-person supportive services, physical activities and daily opportunities for socialization and enrichment. Young people who live in difficult home environments have been forced to spend more time in these environments and have found themselves increasingly in isolation.

COVID-19 is undoubtedly profoundly impacting the mental health of the youngest New Yorkers, and its effects on our youth will likely be far-reaching. Due to the pandemic-induced spike in children in mental distress we are seeing an influx of children and youth in psychiatric crises across New York, with increases in suicide attempts, psychiatric emergencies and demand for inpatient mental health services. [6] Our State must act swiftly to ensure children and families have access to the mental health resources they need to weather this storm.

In Order to Respond to the Mental Health Toll of the Pandemic on Young New Yorkers, the State *Must*:

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[3] "COVID-19 Ripple Effect – The Impact of COVID-19 on Children in New York State. Part 1: Death of Parent or Caregiver," United Hospital Fund, September 2020, https://uhfnyc.org/media/filer_public/22/4b/224bf5ba-6ab2-42f6-8744-929135f2f42b/covid_ripple_effect_part_1_final.pdf.
[4] Hillis SD, Blenkinsop A, Villaveces A, et al. "COVID-19–Associated Orphanhood and Caregiver Death in the United States." *Pediatrics*. 2021; 148(6): e2021053760. https://doi.org/10.1542/peds.2021-053760.
[5] "Prevention Agenda – Toward the Healthiest State. Progress Report 2018: Health of Women, Infants and Children," New York State Department of Health, 2018, https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/docs/sha/contributing_causes_of_health_challenges.pdf#page=78.
[6] "In COVID-Era New York, Suicidal Kids Spend Days Waiting for Hospital Beds," Center for New York City Affairs, January 2021, https://static1.squarespace.com/static/53ee4f0be4b015b9c3690d84/t/600f58e40b2c314a7c52541c/1611618532846/In+Covid-Era+New+York%2C+Suicidal+Kids+Spend+Days+Waiting+for+Hospital+Beds.pdf.

I. Ensure adequate access to in-person behavioral health services for children, youth and families

As our children and youth continue to suffer the mental health effects of this pandemic, it is imperative that our State ensure that they can adequately access behavioral health services. First, the State must work to increase access to in-person mental health services for children and youth who are not able to adequately utilize telehealth services due to technological limitations, or whose home environments do not afford them the privacy to do so comfortably – or at all. Even before COVID-19, our State has suffered a longstanding scarcity of youth mental health services, with just five psychiatrists for every 10,000 children under the age of 18 and a particular shortage of intensive outpatient programs for children and youth. [7] In New York City, there are only 4,525 guidance counselors and social workers serving 1.1 million students across the City, representing a ratio of 1:371 supportive staff to students and falling short of recommended standards for appropriate therapeutic support staff-to-student ratios of 1:250 and 1:50 for students with intensive needs. [8] The many stressors of the pandemic have only compounded this statewide demand for behavioral health services. It is critical that our State work to increase access to in-person behavioral health services for these young people, or to designate community 'safe spaces' where they can privately and confidentially utilize telehealth services.

II. Assess equity, access and quality of telehealth service provision statewide

Telehealth holds great potential to improve access to critical behavioral health services throughout the duration of the pandemic and beyond, particularly for New Yorkers facing barriers to in-person visits and those living in areas with provider shortages. As New Yorkers increasingly turn to telehealth to meet their health needs, it is incumbent upon our State to ensure equity, access and quality of telehealth service provision.

While telehealth can increase access to health services for many New Yorkers, CDF-NY urges the Legislature to remember that the digital divide continues to plague communities across our State and disproportionately impacts New Yorkers of color. In New York City, nearly 60 percent of Black and Latinx households (compared to over 80 percent of white households) have a computer in the home, with broadband usage lower in Black and Latinx homes than in white homes. Around a quarter of Black and Latinx New York City households can only access the Internet via their smartphones. [9] These families may find themselves at the mercy of homes and neighborhoods with limited connectivity. The inequity of New York's technological divide is even more stark for Black and Latinx families

[7] "In COVID-Era New York, Suicidal Kids Spend Days Waiting for Hospital Beds," Center for New York City Affairs, January 2021, https://static1.squarespace.com/static/53ee4f0be4b015b9c3690d84/t/600f58e40b2c314a7c52541c/1611618532846/In+Covid-Era+New+York%2C+Suicidal+Kids+Spend+Days+Waiting+for+Hospital+Beds.pdf.

[8] The Brotherhood/Sister Sol, Children's Defense Fund – New York, Dignity in Schools – NY, Integrate NYC, NYCLU – Teen Activist Project, Youth Power Coalition, "Youth Vision for Education Justice in NYC," February 2021, https://www.cdfny.org/wp-content/uploads/sites/3/2021/02/Youth-Vision-for-Education-Justice-in-NYC.pdf.

[9] "The State of Black New York," New York Urban League, November 2020, https://ad1a3eae-9408-4799-abeb-aa6ebc798f5b.usrfiles.com/ugd/ccf12e_06a44ca4995a40d7944b361219f9a6d8.pdf.

living in poverty and deep poverty. Only 54 percent of all New York City households with incomes under $20,000 have internet in the home [10] and such disparities are echoed throughout our State, making telehealth services likely unattainable for the most marginalized New Yorkers. For families struggling to pay rent or put food on the table, the internet may simply be out of reach – meaning marginalized New York families will still need access to high quality in-person health services. Telehealth also poses language barriers to individuals with limited language proficiency, and is not always fully accessible for individuals with disabilities.

The Executive Budget proposes to require telehealth reimbursement parity in Medicaid, commercial insurance and for health maintenance organizations (HMOs). While this provision seemingly has equity in mind, reimbursement parity is potentially problematic in that it may incentivize plans and providers to offer more or all of their services via telehealth, thereby worsening access issues for low-income New Yorkers and communities of color. Telehealth may also lead to increased cost-shifting to patients, as patients may end up paying 'duplicate' copays for health episodes where a telehealth visit results directly in an in-person follow-up visit. And while the Executive Budget requires commercial insurers and HMOs maintain adequate telehealth networks, the State must also ensure that a sufficient number of providers participating with Medicaid offer adequate telehealth services.

Furthermore, it is important that the State recognize the patient privacy concerns that can be posed by telehealth visits. A lack of secure housing, or a lack of privacy in a difficult home environment, can serve as strong barriers to adolescents seeking out behavioral or reproductive health care services via telehealth, particularly for those who share rooms with siblings or lack access to their own electronic devices, or for those whose home environments are the reason they are seeking out such services in the first place. For youth experiencing abuse at the hands of individuals living in their home, telehealth is simply an unthinkable option, leaving them without any emotional support and amplifying the mental trauma of the abuse. It is critical that our State increase access to in-person behavioral health services for these young people, or designate community safe spaces where they can privately and confidentially utilize telehealth services, particularly given the troubling recent increases in suicide attempts and psychiatric emergencies among young New Yorkers generally [11] and among Black youth in particular, [12] and the alarm that the Surgeon General, American Academy of Pediatrics (AAP) and American Academy of Child and Adolescent Psychiatry (AACAP) have sounded on child and adolescent mental health. [13]

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[10] "The State of Black New York," New York Urban League, November 2020, https://ad1a3eae-9408-4799-abeb-aa6ebc798f5b.usrfiles.com/ugd/ccf12e_06a44ca4995a40d7944b361219f9a6d8.pdf.
[11] "In COVID-Era New York, Suicidal Kids Spend Days Waiting for Hospital Beds," Center for New York City Affairs, January 2021, https://static1.squarespace.com/static/53ee4f0be4b015b9c3690d84/t/601775c3f0007e386c5924e0/1612150213177/1_In+Covid-Era+New+York%2C+Suicidal+Kids+Spend+Days+Waiting+for+Hospital+Beds.pdf.
[12] "Black Youth Suicide in New York: An Urgent Crisis," Children's Defense Fund – New York, March 2021, https://www.cdfny.org/wp-content/uploads/sites/3/2021/05/Black-Youth-Suicide-in-New-York-An-Urgent-Crisis.pdf.
[13] "AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health," American Academy of Pediatrics, October 19, 2021, https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/.

III. Create a Black Youth Suicide Prevention Task Force to center suicide prevention in New York's pandemic response

Even prior to COVID-19 and the traumas it has inflicted upon our children and youth, our State has seen recent increases in mental health emergencies among young people. Pre-pandemic, suicide was the second leading cause of death among New York youth ages 15 to 19, and the third leading cause of death among children ages 5 to 14. [14] Suicide is the second leading cause of death among Latina adolescents in New York, accounting for approximately 23.5 percent of all deaths of Latinas ages 15 to 19 between 2006 and 2015, with the risk of completed suicides among Latina adolescents nearly doubling since 1999. [15]

Black youth are at a particularly heightened risk of suicide in our State and are classified as a high-risk suicide population in New York, [16] a characterization supported by data from the Centers for Disease Control and Prevention's biennial Youth Risk Behavior Survey (YRBS). [17] A higher percentage of New York's Black high school YRBS respondents reported feeling sad or hopeless almost every day for two or more consecutive weeks than white respondents for all but two survey years between 1999 and 2019, with approximately 34.1 percent of Black high school respondents to the 2019 YRBS reporting feeling sad or hopeless. [18] From 1997 to 2019, the percentage of New York's Black high school YRBS respondents reporting attempting suicide at least once within the prior year increased by 8.8 percent, while the percentage of white respondents reporting a suicide attempt decreased by 16.4 percent. This disparity reflects a trend demonstrated by every YRBS since 2003, in which Black youth's rate of self-reported suicide attempt is between 0.2 and 5.6 percentage points higher than that of white youth. New York's Black high school YRBS respondents are also the only racial or ethnic group whose rate of self-reported injurious suicide attempt requiring medical attention increased from 2017 to 2019, with the 2019 percentage of Black high school respondents reporting an injurious suicide attempt equivalent to the combined percentage of white and Asian youth reporting the same. [19]

New York's data reflects stark national trends. Nationwide, the suicide death rate among Black youth is increasing faster than that of any other racial or ethnic group, with self-reported Black adolescent suicide attempts rising by 73 percent between 1991 and 2017 and injury by suicide attempt growing by 122 percent for Black adolescent boys during this time.[20]

New York must bolster mental health supports and increase investments in suicide prevention resources for its marginalized young people and in particular, for Black youth. CDF–NY urges the passage of *S. 3408* (Brouk) / *A. 1716* (Jean-Pierre), which would establish a Black Youth Suicide Prevention Task Force in New York to examine mental health practices

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[14] "New York State Leading Causes of Death," New York State Department of Health, Accessed February 2, 2021, https://apps.health.ny.gov/public/tabvis/PHIG_Public/lcd/reports/#state.
[15] New York State Suicide Prevention Task Force Report, New York State Suicide Prevention Task Force, April 2019, https://omh.ny.gov/omhweb/resources/publications/suicide-prevention-task-force-report.pdf.
[16] "High-Risk Populations," Suicide Prevention Center of New York, Accessed May 7, 2021, https://www.preventsuicideny.org/communities/specific-populations/.
[17] "Black Youth Suicide in New York: An Urgent Crisis," Children's Defense Fund – New York, March 2021, https://www.cdfny.org/wp-content/uploads/sites/3/2021/05/Black-Youth-Suicide-in-New-York-An-Urgent-Crisis.pdf.
[18] "1997-2019 High School Youth Risk Behavior Survey (YRBS) Data," Centers for Disease Control and Prevention (CDC), Accessed March 4, 2021, http://nccd.cdc.gov/youthonline/.
[19] "1997-2019 High School Youth Risk Behavior Survey (YRBS) Data," Centers for Disease Control and Prevention (CDC), Accessed March 4, 2021, http://nccd.cdc.gov/youthonline/.
[20] "Ring the Alarm: The Crisis of Black Youth Suicide in America," The Congressional Black Caucus Emergency Taskforce on Black Youth Suicide and Mental Health, December 2019, https://watsoncoleman.house.gov/uploadedfiles/full_taskforce_report.pdf.

and improve suicide prevention resources for Black youth ages 5 through 18. Establishing this Task Force would also enable New York to make additional progress towards meeting its Prevention Agenda Objectives of decreasing the percentage of adolescents in Grades 9 to 12 who felt sad or hopeless for two or more weeks in a row in the past year by 25 percent to 21.5 percent and decreasing the suicide mortality rate for youth ages 15 to 19 years by 6 percent to 4.7 per 100,000. [21]

IV. Expand the population of students that can receive Medicaid-covered school health services

During this time of especially great need, our State must seize every opportunity to reach our children where they are and to provide them with access to critical health and mental health services. Amidst the national decline in children receiving primary and preventive care services during the pandemic, bolstering the capacity of New York schools to meet the health needs of our students is imperative. New York can expand access to critical health services for thousands of additional students by submitting a Medicaid State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS) to permit public schools to bill Medicaid for health services delivered to all Medicaid- covered students, not just those with Individualized Education Programs (IEPs). Doing so would enable New York to not only expand its population of students accessing Medicaid-reimbursable school health services, but also to join California, Massachusetts, Connecticut and the growing rank of states currently leveraging federal Medicaid dollars to provide needed health services to students. [22] By enabling more students – particularly students of color – to receive high quality health services at school, this policy change would also enable New York to address the persistent health disparities that have been magnified by the COVID-19 pandemic.

V. Expand mental health supports in schools

Guidance counselors and social workers are a crucial part of our education system. As students grapple with the impacts of the COVID-19 pandemic and their own social-emotional development it is imperative that we fully fund our mental health support infrastructure in our schools. In addition to moving New York State towards the national recommendation of a student support staff ratio of 1:250 and 1:50 for students with intensive needs, New York must pass Mental Health Supports in Schools (*S. 1969* / *A. 5019*) to ensure all elementary, middle, and high schools in New York State have a full-time licensed social worker and a full-time licensed psychologist on staff to meet the needs of their students and expand the type of school mental health services provided by a licensed clinical social worker or certified school social worker to include diagnosing or addressing mental, social, emotional, behavioral, and developmental conditions and disabilities.

[21] "Prevention Agenda 2019-2024: Promote Healthy Women, Infants, and Children Action Plan," New York State Department of Health, July 2019, https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/hwic.htm#FA3.
[22] "Schools Are Key to Improving Children's Health: How States Can Leverage Medicaid Funds to Expand School-Based Health Services," Healthy Schools Campaign, January 2020, https://healthyschoolscampaign.org/dev/wp-content/uploads/2020/02/Policy-Brief-1-28-20.pdf.

VI. Permanently restore $5 million in funding for our State's school-based health centers (SBHCs)

An additional $5 million in permanent funding is needed to restore specific Fiscal Year 2018-19 budget cuts to school-based health centers (SBHCs) and to ensure the long-term financial stability of those previously cut programs. SBHCs provide vital physical and mental health care services to over 250,000 New York youth statewide, the majority of whom are Medicaid recipients. These Centers fill care gaps in our State's most medically underserved communities, where children may have limited access to comprehensive health services due to financial, geographical and other barriers to care. SBHCs are staffed with a team of health care professionals and provide a wide range of preventive, primary care, emergency, dental, mental health and reproductive health services to students. Services are provided on-site in schools to all students at no cost and regardless of insurance coverage or immigration status. SBHCs prevent unnecessary hospitalizations, reduce emergency room visits, improve school attendance and avoid lost workdays for parents. SBHCs thereby improve both health and educational outcomes by helping to identify health barriers to learning (HBLs) – medical issues that when missed or undermanaged, can hinder children's ability to learn and succeed in school. SBHCs also save our State money. It is critical that the State increase its investment in SBHCs and consequently, in the health of New York children.

VII. Expand health coverage for New Yorkers

Despite the coverage gains our State has made in recent years, too many New York families – and disproportionately families of color – still lack affordable and comprehensive health coverage, harming both their mental well-being in addition to their physical health. CDF-NY applauds the Governor's proposal to expand Essential Plan income eligibility from 200 percent to 250 percent of the Federal Poverty Level, reducing our uninsured population by at least 14,000 and making healthcare more affordable for at least 92,000 New Yorkers. However, there is still more work to be done to expand health coverage for our State's most vulnerable. While passing the New York Health Act (*S. 5474 / A. 6058*) would provide universal coverage for all New Yorkers, health coverage for children and families can and must be improved – and racial disparities reduced – by:

- **Expanding Immigrant Health Coverage |** Immigrant New Yorkers have been at the forefront of New York's fight against COVID-19, comprising one-third of our State's essential workers and playing a key role in all sectors of our battle against the pandemic. This ongoing exposure has contributed to disparate outcomes in COVID-19 infection and death, which have disproportionately afflicted immigrant communities of color. Another important driver of this inequity is the ongoing disparity in access to health care caused by the exclusion of undocumented New Yorkers from health insurance coverage due to their immigration status.

  By allocating $345 million to create a state-funded Essential Plan for all New Yorkers up to 200 percent of the Federal Poverty Level who are currently excluded from coverage due to their immigration status (*S. 1572A / A. 880A)*, our State can offer coverage to the estimated 154,000 uninsured, low-income New Yorkers who are currently uninsured because of their immigration status. It is estimated that 46,000 New Yorkers would enroll in the program annually once fully implemented.

- **Extending Post-Pregnancy Medicaid Coverage for All |** Granting our State's new mothers extended access to adequate health care is essential for promoting both their physical and emotional wellbeing, decreasing their risk of maternal mortality and improving their ability to care for their children. New York is especially vulnerable with regards to maternal mortality – New York's maternal mortality rate is approximately 20 deaths per 100,000 live births, with black women in our State more than three times more likely to die of pregnancy-related causes than white women. [23]

  New York's Medicaid program currently provides health insurance during pregnancy and for 60 days post-pregnancy for those who meet income requirements. For most beneficiaries, New York receives federal funding to do so. However, some immigrants are not eligible for federally-funded Medicaid due to their immigration status. New York State uses state-only funding to provide the same coverage to that population instead of leaving them uninsured during such a vulnerable time. The Executive Budget excludes many immigrants from its proposal to extend the Medicaid for Pregnant Women program for 12-months post-pregnancy. Disparities in maternal mortality and morbidity cannot be addressed if key groups are excluded. New York could provide health insurance to everyone for one-year post-pregnancy with $24 million annually in state-only funds. To do this, the Legislature should first strike lines 14-19 and 23-28 on page 187 of the Article VII bill and lines 1-2 on page 188. It should then incorporate the language used in *S. 1411A / A. 307A* in the one-house budget bills and in the final Enacted Budget.

- **Eliminating the $9 premium for low-income Child Health Plus enrollees whose families earn below 223 percent of the federal poverty level (FPL) |** Insurance premiums of any amount cause coverage disruptions and delays in obtaining and maintaining Children's Health Insurance Program (CHIP) coverage among low-income individuals. [24] Premiums can discourage enrollment in health insurance and cause churning when payments are missed. CDF-NY applauds the Executive Budget's elimination of the Child Health Plus premium for families whose incomes fall between 160 and 222 percent of the FPL. In 2019, failure to pay this $9 premium caused 69,000 children (almost half of the children required to pay the $9 premium) to have their coverage terminated for at least a month. Removing the Child Health Plus premium requirement can help New York eliminate these disruptions. Nobody – and especially, no child – should lose health coverage because of a premium.

- **Expanding Child Health Plus benefits |** CDF-NY applauds the Executive Budget's expansion of Child Health Plus benefits, including
  - Additional mental health services including Children and Family Treatment and Support Services (includes Crisis Intervention, Community Psychiatric Support and Treatment, Psychosocial Rehabilitation, Youth Peer Support and Training and Family Peer Support), Children's Home and Community Based Services, Assertive Community Treatment (ACT) and Residential Rehabilitation for Youth (RRSY)

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[23] New York State Taskforce on Maternal Mortality and Disparate Racial Outcomes, *Recommendations to the Governor to Reduce Maternal Mortality and Racial Disparities,* https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/maternal_mortality_Mar12.pdf (March 2019).
[24] Kaiser Family Foundation, "The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings," June 1, 2017, https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-andcost-sharing-on-low-income-populations-updated-review-of-research-findings/.

- Coverage of air ambulance services and additional emergency ambulance transportation, including emergency transportation between hospitals
- Medical supplies other than the currently covered supplies needed for ostomy or diabetes care
- Medically necessary orthodontia services to match Medicaid guidelines.
- Expanded services for undocumented children in foster care, including nursing services, skill building service, treatment and discharge planning, clinical consultation/supervision services and liaison/administrative services

- **Implementing continuous Medicaid eligibility in the early years of life |** Our State can further safeguard the health of the youngest New Yorkers (and particularly, of our young New Yorkers of color), protect children against insurance churn and coverage losses, and offer continuity of care during a period of critical growth and development by implementing continuous Medicaid eligibility for infants in their first three years of life.

New York should increase funding for enrollment assistance and outreach.

Over 100,000 New York children are currently uninsured. While most of these children are eligible for health coverage, their families are often unaware of the free or affordable coverage options available to them. Furthermore, even when New Yorkers are aware of coverage options, fragmented and confusing plan options often create barriers for consumers. Navigators, who can provide in-person assistance to families seeking health coverage and clarify often-complicated enrollment procedures, have helped over 300,000 New Yorkers enroll in coverage since 2013. However, New York's navigators have never received a cost-of-living increase. The State should increase the health insurance navigator budget from $27.2 million to $32 million to guarantee high-quality enrollment services for New Yorkers. The State should also allocate $2 million to fund community-based organizations so that they are able to conduct outreach in communities with high uninsured rates and educate consumers about coverage options. This is particularly important in immigrant communities where policies like public charge have left a chilling effect, and amidst the current pandemic-fueled rise in insurance churn as New Yorkers who become unemployed seek out health coverage.

VIII. Repeal the Medicaid Global Cap

The Governor's Executive Budget proposes to extend New York's Medicaid Global Cap for an additional two years, and to change the methodology by which it is calculated by basing it on the five-year rolling average of Medicaid spending projections within the National Health Expenditure Accounts produced by the Centers for Medicare and Medicaid Service's (CMS) actuary. While this change is intended to allow for growth and account for age and acuity of enrollees, it would ultimately keep the Cap in place, which is in and of itself problematic.

CDF-NY has long warned that our State's Medicaid Global Cap creates an arbitrary and artificial shortfall for vital services that enable New Yorkers to remain healthy and independent members of society and to provide for themselves and their families. The Cap fails to properly account for the true growth in health care costs, predictable demographic

shifts due to an aging population and increased health needs during natural disasters or pandemics, such as the one we are currently in. The nine months following the COVID-19 pandemic's arrival in New York saw a 12 percent growth in Medicaid enrollment with over 700,000 new enrollees – a strong affirmation of Medicaid's important role in responding to population health demands during times of economic downturn.

If the Medicaid Global Cap remains in place, future Medicaid budget 'gaps' will become a regular occurrence and could result in additional drastic cuts to our State's Medicaid program, such as those enacted in the Fiscal Year 2021 Budget. Furthermore, it is important to note that the Medicaid Global Cap effectively limits the amount of federal funding New York can receive for its Medicaid program.

CDF-NY thereby calls on the Legislature to protect our State's Medicaid beneficiaries – including more than two million children, one out of every three New Yorkers and one out of every two births in New York – by:

(1) Eliminating the Medicaid Global Cap and replacing it with a global budgeting system that is based on demand for services;

(2) Raising revenue to balance our State budget;
(3) Making smart, long-term investments that are more likely to substantially bend the Medicaid cost curve; and
(4) Ensuring that Medicaid consumers and independent consumer advocates comprise a substantial portion (more than one-third) of any body making recommendations regarding Medicaid policy and budget goals.

IX. Support Youth Well-Being

Access to culturally-responsive, high quality mental and behavioral health care is more crucial now than ever, especially for adolescents. Children's health experts, including the American Academy of Pediatrics (AAP), have recently called a State of Emergency in Children's Mental Health. The AAP stated that the "worsening crisis in child and adolescent mental health is inextricably tied to the stress brought on by COVID-19 and the ongoing struggle for racial justice and represents an acceleration of trends observed prior to 2020. . . We are caring for young people with soaring rates of depression, anxiety, trauma, loneliness, and suicidality that will have lasting impacts on them, their families, and their communities." CDF-NY asks the Legislature to support and make permanent investments and rate enhancements in the Executive Budget, including a 5.2 percent increase for outpatient mental health clinics, a 15 percent increase to Residential Treatment Facilities, $7.5 million for Home-Based Crisis Intervention, and the alignment of behavioral health benefits between Medicaid and CHIP. We urge you to advocate the 5.4 percent COLA for human service providers in the Executive Budget, to help support a sustainable array of youth services, and include a worker retention tax credit and employee assistance grants to support the workforce that serves our youth and families when they have contact with these systems.

X. Establish an independent office to produce racial and ethnic impact statements for *all* legislation and rules

New York's pervasive racial and ethnic disparities must be addressed through systemic change. The pandemic has provided irrefutable evidence of the long-standing, deeply-rooted racial inequities that have caused increasingly disparate outcomes in New York and throughout the nation for far too long. These wide-ranging and long-standing inequities, encompassing such areas as healthcare access, involvement in the child welfare and youth justice systems, economic security, educational opportunity and workforce disparities, continue to harm New York's most marginalized children and families.

Our State can lead the nation in achieving equity in all policies by establishing an independent office to ensure that we no longer pass legislation or adopt rules without first examining whether these policies will create, eliminate, or perpetuate racial and ethnic disparities. Enacting new legislation and rules without first evaluating their potential to disproportionately impact communities of color only perpetuates these disparities. In the absence of racial impact assessment, legislation that "appears" race-neutral at face value can, in practice, adversely – and disparately – affect New York's children and families of color. This is evidenced by the pervasive, wide-ranging and long-standing disparities and inequities that assault people and communities of color in our state and around the nation due to the impact of our policies and regulations. Just as our State legislators consider the fiscal and environmental impacts of new laws, so too must they examine the potential racial disparities of all legislation and rule-making activity – prior to enactment.

To implement this approach, the State will need to invest more resources in both the legislative and rule-making process. Furthermore, the evaluation of racial and ethnic impact needs to be insulated from politics – meaning the office producing the impact statements should be independent from both the Legislature and the Governor. Maintaining this independence will ensure that meaningful, unbiased impact statements are faithfully and consistently produced at an optimal level.

Undoing generations of racial and ethnic disparities and institutionalized harm demands an anti-racist approach that actively examines the role of legislative and regulatory action in perpetuating inequality in New York. In order to ensure that our laws truly advance racial and ethnic equity and begin to dismantle systemic racism, New York should adopt:

(1) The establishment of an independent office or entity tasked with producing racial impact statements.

(2) A requirement that all bills and amendments to bills in the legislature must be accompanied by a racial impact statement.

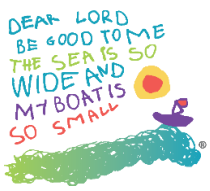
(3) A requirement that all proposed rules must be accompanied by a racial impact statement when introduced.

(4) A requirement that racial impact statements must include an estimate of the impact of the bill, amendment or proposed rule on racial and ethnic minorities, and the basis for the estimate, including any specific data relied upon.

(5) A prohibition against passing bills that increase racial or ethnic disparities.

Conclusion

Thank you for your time and consideration. The Children's Defense Fund – New York looks forward to working with you on a State budget that improves the health and well-being of children and families in *every* community in New York.



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