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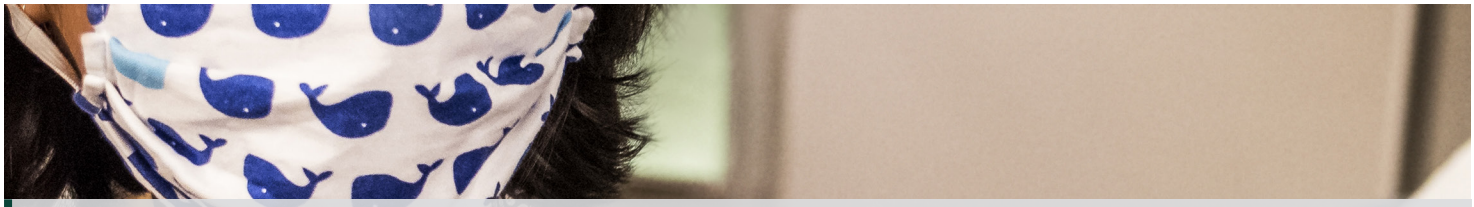
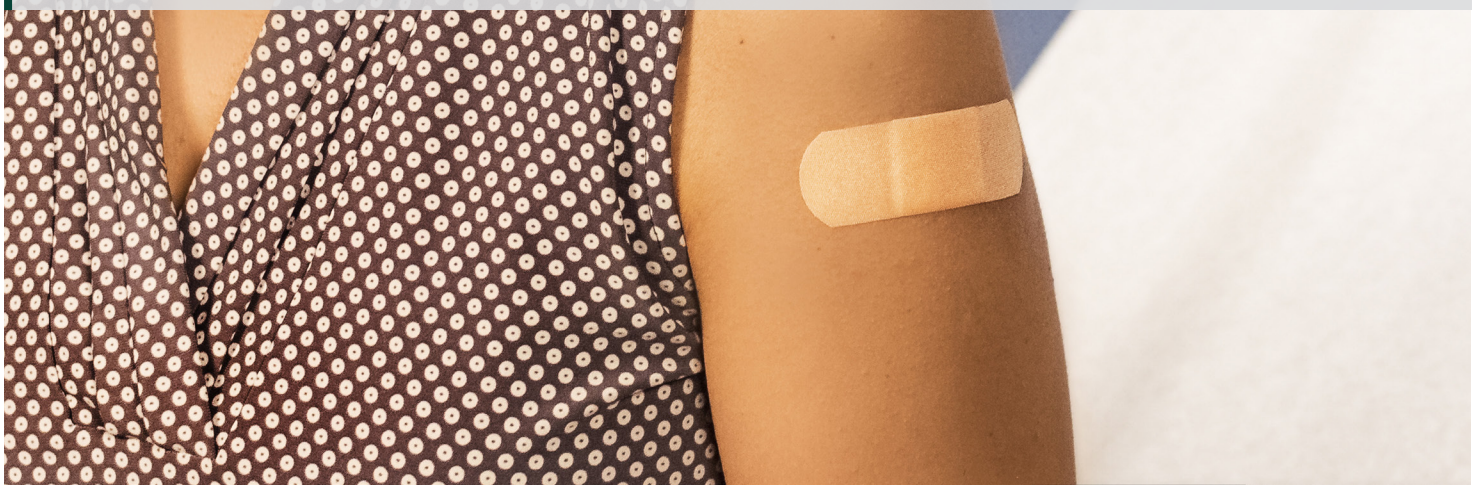
County Health Officials of New York
Leading the way to healthier communities



Investing in NYS Public Health

A Primer for State and Local Officials

MARCH 2022



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Introduction

Over the past two years, New Yorkers have had the opportunity to see their local health departments (LHDs) in action as they rose to the challenge of the COVID-19 pandemic. Emergency response is an important responsibility of our local health departments and one of the six core public health services they provide. Across the state, LHDs act as the New York State Department of Health (NYSDOH)'s partners and operational extensions, providing essential, population-based health services that promote and protect the health of all who live, work, and play here.

This white paper serves to educate state and local leaders, as well as the public, about the important public health services that local health departments provide under Article 6 of the Public Health Law and how they are funded. We urge state lawmakers to use this background to support increasing Article 6 state aid in the 2022-23 Enacted State Budget so our LHDs have the resources they need to continue to provide essential services in every corner of the state.

Counties urge state lawmakers to bolster our public health response infrastructure and support LHDs.

Article 6 of the Public Health Law

The 57 county health departments and New York City Department of Health and Mental Health operate under the administrative authority of their county or the City of New York, respectively, and the statutory authority of Article 3 and Article 6 of New York State's Public Health Law (PBH). Article 6 sets the statutory framework for the NYSDOH's state aid program, which partially reimburses LHDs for eligible expenses related to the six core public health services.

1. Family health
2. Communicable disease control
3. Chronic disease prevention
4. Community health assessment
5. Emergency preparedness and response
6. Environmental health

Thirty-six counties and the City of New York have full-service health departments that perform all core public health services required under Article 6 of the Public Health Law. Partial-service LHDs are primarily in rural counties and perform all core services except for environmental health. In the 21 counties with partial-service health departments, NYSDOH district offices provide environmental health services.

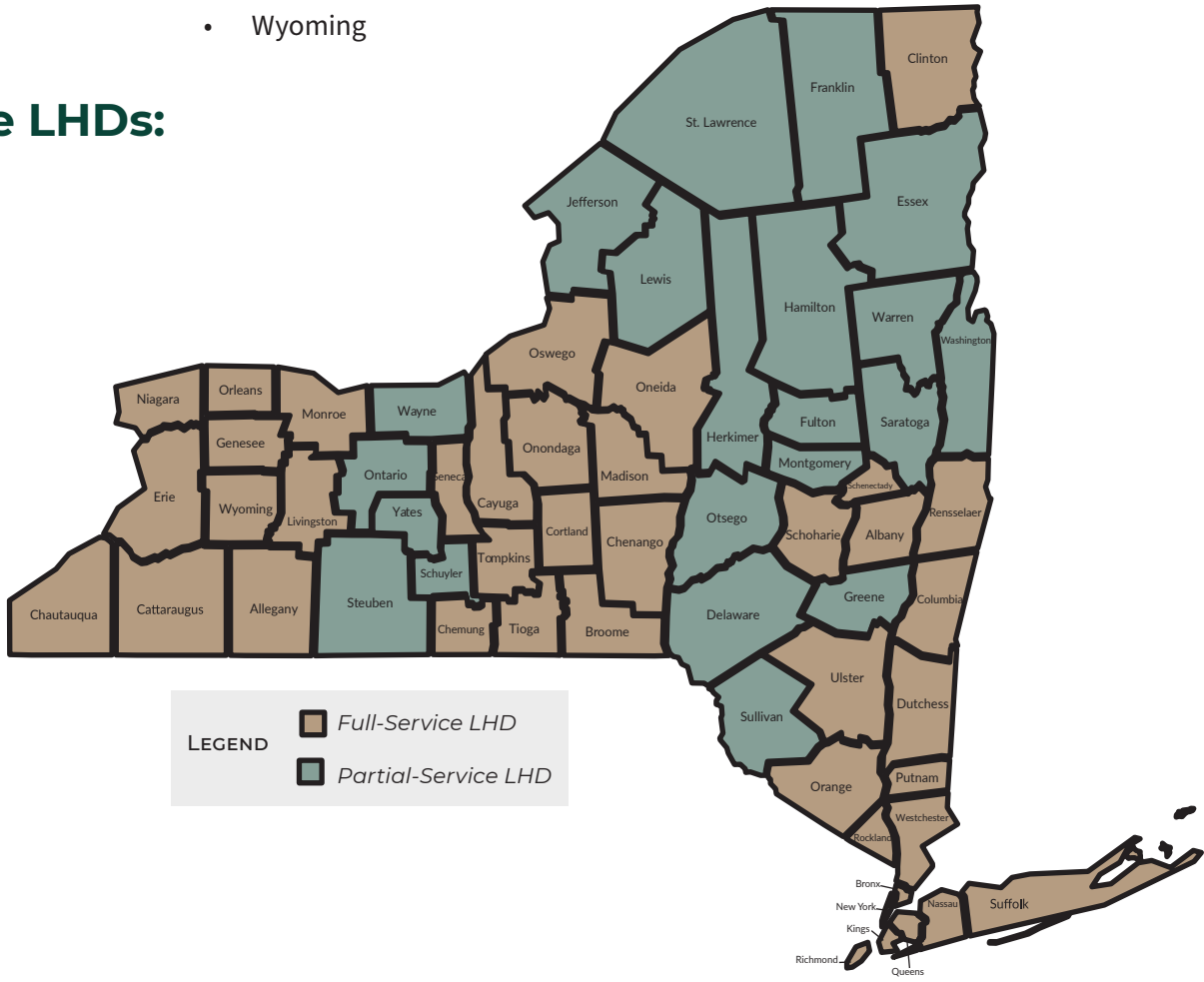
Full-Service LHDs:

- Albany
- Allegany
- Broome
- Cattaraugus
- Cayuga
- Chautauqua
- Chemung
- Chenango
- Clinton
- Columbia
- Cortland
- Dutchess
- Erie
- Genesee
- Livingston
- Madison
- Monroe
- Nassau
- New York City
- Niagara
- Oneida
- Onondaga
- Orange
- Orleans
- Oswego
- Putnam
- Rensselaer
- Rockland
- Schenectady
- Schoharie
- Seneca
- Suffolk
- Tioga
- Tompkins
- Ulster
- Westchester
- Wyoming

36 counties and the **City of New York** have full-service health departments, and **21 counties** have partial-service health departments

Partial-Service LHDs:

- Delaware
- Essex
- Franklin
- Fulton
- Greene
- Hamilton
- Herkimer
- Jefferson
- Lewis
- Montgomery
- Ontario
- Otsego
- Saratoga
- Schuyler
- St. Lawrence
- Steuben
- Sullivan
- Warren
- Washington
- Wayne
- Yates



Core Public Health Services Under Article 6

LHDs are statutorily required to provide a variety of public health services under each of the six core categories included in Article 6 of the Public Health Law, including but not limited to:

Family Health

LHDs work with schools and other community stakeholders to encourage good nutrition, physical activity, smoking cessation programs, and oral health education. They also connect with pregnant women and new moms to encourage breastfeeding.

Communicable Disease Control

LHDs investigate communicable disease reports and outbreaks. They provide childhood and adult immunizations directly or connect families to providers who offer immunizations. They also offer rabies clinics to help pet owners comply with state vaccination laws.

Chronic Disease Prevention

LHDs create policies and plans that reduce the burden of chronic diseases, such as smoke-free parks, working with schools and restaurants to offer healthy food choices, encouraging physical activity, and providing services such as cancer screening or diabetes self-management classes.

Community Health Assessment

LHDs conduct community health assessments to understand the health needs and priorities of their citizens. By analyzing community health quality data and convening community stakeholders, such as hospitals, other health care providers, schools, businesses and non-profit organizations, they identify and design strategies to address the health and prevention priorities in their communities. The Community Health Assessment and Community Health Improvement Plan are generally completed to cover four-year cycles and can be required no more frequently than every two years.

Emergency Preparedness and Response

LHDs plan and train for all hazards for health emergencies, including medical countermeasures; perform exercises and drills; increase community readiness; and respond to emergencies, such as pandemics, floods, or other extreme weather events.

Environmental Health

LHDs monitor public water supply systems; inspect and permit restaurants, hotels, swimming pools and beaches, children's camps, mass gatherings, and other facilities; provide technical assistance for individual sewage and wells; enforce tobacco control laws; and provide environmental management of lead poisoning primary prevention and control.

Article 6 Reimbursement

County governments and the City of New York receive state reimbursement for expenses their LHDs incur in the core public health areas under Article 6. LHDs are eligible to receive a flat base grant of $650,000 or a per capita rate of 65 cents per person, whichever is higher. Currently, this means that counties with populations of 1,000,000 or less receive a flat base of $650,000, while counties with more than 1,000,000 residents receive a per capita rate of 65 cents per person. The flat base grant establishes a funding floor so that even the least populated counties receive enough state aid to support their core public health work. The per capita rate raises the funding ceiling to recognize the increased public health needs in the most populous counties.

Eligible expenses are reimbursed 100% by the state up to the amount of the base grant. Once a county exceeds its base grant reimbursement funding, the 57 LHDs outside of New York City receive 36% reimbursement from the State and pay the remaining 64%, while New York City is reimbursed at only 20%. LHDs are responsible for 100% of the costs associated with services that are ineligible for reimbursement, such as employee benefits.

Article Six of the Public Health Law also provides a process to address public health emergencies that may exceed a local health department's budget by allowing localities to request a declaration of an Imminent Threat to Public Health (ITPH). This can be a statewide declaration or can be approved for one or more counties. Under an ITPH, a municipality must first expend the state approved funding for any core public health service that supports the emergency response. Once the non-emergency budget is exceeded, if an ITPH is declared. the State reimburses additional emergency expenses at 50% state/local share of eligible expenditures. Article 6 is always considered the payer of last resort, which means state funding reimburses only eligible expenses not covered by other emergency funding sources.

The 2019-20 State Budget reduced the reimbursement New York City's Department of Health and Mental Hygiene receives for expenses beyond the base grant from 36% to 20%, translating to a loss of $59 million in state aid to support essential public health programs for New York City residents. The justification provided was that New York City has access to other sources of funding, such as federal grants; however, this does not align with the current Article 6 claiming process, which requires earned and grant revenue to be subtracted from eligible costs and/or expenditures. This means other sources of funding are already factored into the net eligible expenditures submitted for reimbursement. New York City's reimbursement has not been increased in the years since 2019, which has left the City responsible for covering 80% of the cost of expenses beyond their base grant.

Additional Services LHDs Provide

In addition to the core public health services described above, many LHDs provide additional services that are not eligible for state reimbursement. Many of these optional services were once required and eligible for reimbursement under Article 6. Examples of what New York State considers optional services include:

- Emergency Medical Services (EMS),
- Medical Examiners,
- Hospice,
- Dental Health Services,
- Certified Home Health Agencies (CHHAs),
- Housing Hygiene, and
- Early Intervention Administration and Service Coordination.

One area that is important to highlight is medical examiner, pathology, and toxicology services. Prior to 2011, county coroners and medical examiners were recognized as a core public health service, with medical examiner (ME) services reimbursed up to 36% with state aid from Article 6 funding to local health departments. In 2011, the State Budget shifted the reimbursement for medical examiners from NYSDOH to the Division of Criminal Justice Services Home (DCJS). Since that time, Article 6 reimbursement was no longer available, as the State deemed ME services to be a public safety function rather than a public health function. Since that loss of state support, the public health need for ME, pathology, and toxicology services has grown, especially amid the opioid and COVID-19 epidemics.

Recommendations for Reforming Article 6 State Aid

Despite the attention that has been paid to emerging public health issues and ongoing challenges, local health departments have not received an increase in core public health aid in more than seven years. Short-term emergency funding, while necessary and appreciated, has allowed the state and federal governments to ignore public health infrastructure needs until the next crisis. As a result, our public health response infrastructure has been weakened to a point of unprecedented fragility.

Over the past decade, the local public health workforce – made up of public health nurses, disease control investigators, sanitarians, community health workers, and other professionals – has decreased by one-third while demands on the public health system have only increased, including the global threats of Ebola, Zika, COVID-19, and the reemergence of vaccine-preventable diseases in the United States.The following investments are critical to recruiting and retaining a responsive, skilled public health workforce that can provide the communities they serve with a base level of protection and take prompt action in public health emergencies.

1. **ACCEPT the SFY 2023 Executive Budget proposal to increase Article 6 base grant funding to $750,000 or $1.30 per capita for full-service LHDs and $577,500 for partial-service LHDs.** This long-overdue increase in core public health funding will allow LHDs to better respond to new and emerging public health threats.

2. **AMEND the SFY 2023 Executive Budget proposal to restore New York City to 36% reimbursement for expenses beyond their base grant.** Governor Hochul's budget proposal fails to restore the 16% state reimbursement cut that was first included in the SFY 2020 State Budget. The Legislature should restore New York City's reimbursement to 36%, consistent with the rest of the state, so City residents do not continue to suffer from a $59 million loss in state aid to support essential public health programs.

3. **ACCEPT the SFY 2023 Executive Budget proposal to permit fringe benefits as an eligible expense under Article 6 state aid and AMEND the proposal to remove the 50% cap on the county fringe rate.** Fringe benefits are critical for recruiting and retaining a qualified, experienced public health force, as public sector salaries typically cannot compete with those in the private sector.

   The Executive Budget proposes to make fringe benefits an eligible expense for Article 6 state aid. However, the Executive Budget proposal would cap the county fringe rate at 50%. At least 29 LHDs have fringe rates above 50% due to factors generally outside of the county's control, including the age/retirement tier of the workforce, health benefits, federal contribution requirements, and rates set by insurers. For this reason, it is important that the Legislature reject the proposed 50% fringe cap and allow 100% of LHD fringe rates to be eligible for reimbursement either within the base grant or beyond the base grant at 36%.

4. **AMEND the SFY 2023 Executive Budget proposal to provide 50% reimbursement for pathology and toxicology services provided by county coroners and medical examiners.** Governor Hochul's budget proposal fails to restore funding to counties to help offset the increasing costs of state-mandated autopsy services. We urge state lawmakers to once again allow state aid reimbursement for pathology and toxicology services provided by coroners and medical examiners in recognition of the critical public health data that death investigations provide, including identifying real-time trends like prescription medication and drug abuse.

5. **AMEND the SFY 2023 Executive Budget proposal to fully fund the implementation of lowering the elevated blood lead level.** In 2020, New York State enhanced lead prevention activities by lowering the actionable blood lead level to 5 micrograms per deciliter (µg/dL). However, the current state investment of $9.7 million falls far short of the costs of implementing the new lower elevated blood lead level. To better protect children, the SFY 2023 Enacted Budget should allocate an additional $30.3 million for lead poisoning prevention to cover the true cost of local implementation. The new CDC recommendation to further reduce the actionable blood lead level from 5 microgram/dL to 3.5 microgram /dL further underscores the need for robust state investment in strengthening local public health programs to protect the health of children across New York State.

Conclusion

The COVID-19 pandemic put public health center stage, shining a light on the important work our state and local health departments perform and exposing weaknesses caused by more than a decade of disinvestment. As New York State emerges from the pandemic in a strong financial position and with a new appreciation of the value of our public health system, we have a unique opportunity to make policy and resource decisions that will bolster our public health infrastructure and better prepare us for the next crisis. Counties urge state lawmakers to include the above-mentioned proposals in the 2022-23 State Budget to bolster our public health response infrastructure and support LHDs in providing for the health of all New Yorkers.

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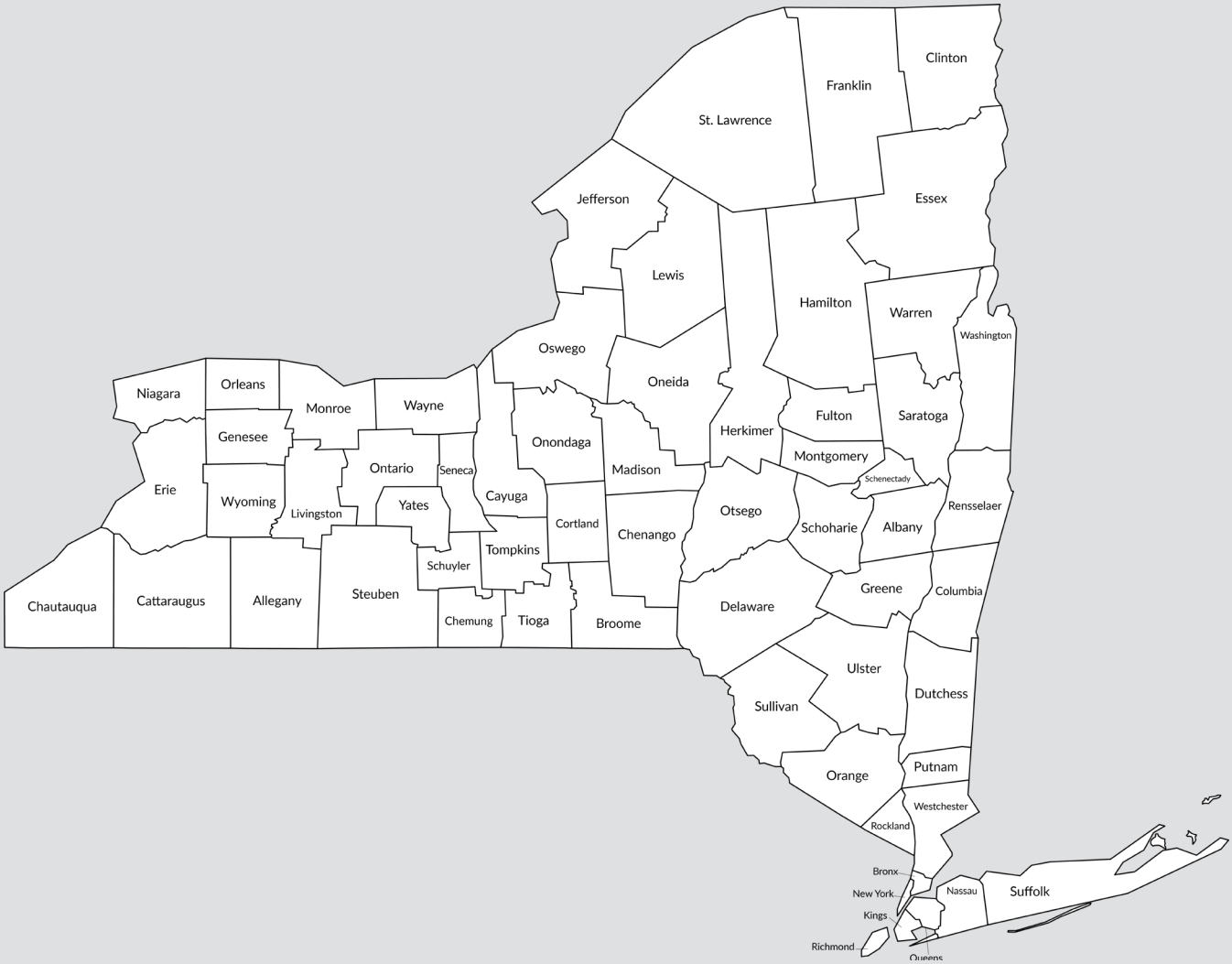

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