



NYS Association of Counties

2021 Legislative Priorities

POLICY BRIEF

Health, Mental Health, Alcoholism and Substance Abuse

December 30, 2020

Policy Snapshot:

- Allocate \$46 million to the Lead Poisoning Prevention Program grants to assure successful implementation and operation of the expanded blood lead level program to protect children with elevated blood lead levels;
- Fully restore the Cost of Living Adjustment (COLA) for Department of Health programs, which was removed in the 2018-19 State Budget; and
- Allow reimbursement of fringe expenses under Article 6 State Aid appropriation.
- If adult-use cannabis is legalized, provide counties with resources for public education and technical assistance to manage the societal impacts by allowing counties to apply their local sales tax rate on these transactions and sharing the cultivation tax with the county in which the product is grown.

CONTACT: Ryan Gregoire, NYSAC Legislative Director
rgregoire@nysac.org • (518) 465-1473 x. 221

Policy Priorities

Oppose Costs Shifts to Counties and New York City -- Stop shifting Medicaid, social services and public health program costs. These shifts are unsustainable for local taxpayers and counterproductive to maintaining local quality of life services required by taxpayers and businesses to ensure New York remains a great place to raise a family and grow a business. Local budgets cannot absorb future state costs shifts without further damaging local services and economic opportunity for our residents. To achieve this first recommendation, the State needs to *provide 100% reimbursement for the first full year of any new and/or significantly expanded public health mandate.*

Fully Fund Core Public Health Services and the Implementation of Lower Elevated Blood Lead Levels

Even before the COVID-19 pandemic, local health departments faced underfunded public health mandates emerging on a routine basis, including becoming responsibilities for children's camps, Zika virus/mosquito surveillance, monitoring of contaminants in drinking water, assisting schools to address lead in drinking water, registration of cooling towers and, most recently, lowering elevated blood lead levels in children (EBLL).

The 2019-20 State Budget negotiations lowered the definition of elevated blood lead level (EBLL) to 5 ug/dL, a protective public health policy resulting in a six-fold increase in children requiring public health interventions. The budget provided \$9.4 million for local health department services, leaving \$36.6 million, or 80% of the costs, to be paid by counties.

Recommendation

- Allocate \$46 million for Lead Poisoning Prevention Program grants to assure successful implementation of the elevated blood lead level program to protect children;
- Restore Article 6 reimbursement to New York City, which was reduced from 36% to 20% in the 2019-20 State Budget;
- Provide 100% reimbursement for the first full year of any new and/or significantly expanded public health mandates emerging from law, rule or regulation, including any programming related to lead safe housing/primary lead prevention;
- Fully restore the Cost of Living Adjustment (COLA) for Department of Health programs, which was removed in the 2018-19 State Budget; and
- Allow reimbursement of fringe expenses under Article 6 State Aid appropriation.

Raising Base Grant for Local Public Health Departments

Local health departments (LHDs) are New York's partners and operational extensions for addressing public health issues and serving as the first line of defense for all public health crises. The 58 local health departments across New York State achieve prevention agenda goals, address health disparities, improve health outcomes and ensure community safety and stability. LHDs have not received an increase in core public health aid in more than six years, nor have they received adequate compensation for responding to emerging health issues.

Recommendation

NYSAC urges State Lawmakers to reinvest in public health services by expanding Article 6 State Aid for General Public Health Work base grants and reimbursement rates to:

- Fully restore the COLA for DOH programs, (removed in the 2018-2019 State Budget);
- Allow reimbursement for fringe expenses under Article 6 State Aid appropriations; and
 - Increase base grants to ensure public health services are eligible for full reimbursement of local expenditures;
 - Increase base grant to Full Service LHDs (those with environmental health units) from \$650,000 to \$750,000;
 - Increase the base grant to Partial Service LHDs from \$500,000 to \$550,000;
 - Increase the per capita rate for large counties from \$0.65 per resident to \$1.30;
 - Increase the beyond-base-grant state aid reimbursement rate from 36% to 40%;
- Provide 100 percent reimbursement for the full first year of any new and/or significantly expanded mandates emerging from law, rule or regulation.

Jail Health Care and Medicaid Enrollment Pre-Release

Counties are struggling with increasing costs for providing health care for local inmates. Rising pharmaceutical costs, in conjunction with a spike in substance abuse and mental health needs

requires a targeted state investment to help alleviate pressure on local taxpayers. According to data from the New York State County Re-entry Task Forces, for the 19 participating counties, 26 percent of inmates required mental health services, 79 percent required substance use disorder treatment and 81 percent required social services. In New York City the situation is even more serious. Based on a review of 400 individuals that were each jailed nearly 20 times over the last five years, 67 percent of these individuals had a mental illness (21 percent had a serious mental illness) and 99 percent had a substance use disorder.

Recommendations

- The State should pursue a federal Medicaid waiver to help address health care issues in local jails, including:
 - Allowing Medicaid reimbursement for inpatient substance abuse services. Successful and lasting substance abuse treatment models can reduce recidivism by lowering overall detention costs for correctional facilities, in addition to providing other benefits. The White House has recently indicated it is considering broad Medicaid waiver authority to help address the current opioid drug epidemic.
 - Allow inmates to be enrolled 30-days prior to their release into Medicaid to ensure needed medical services can be put in place upon release, and/or ensure current treatments can continue without interruption.
- Provide support and financial resources to counties to offset the costs of providing HIV and Hepatitis C treatment to incarcerated individuals.
- Provide counties with funding for health care services provided to state parole violators and “state readies.”

As noted above, many inmates require mental health services, and most require substance use disorder treatment and social services. Therefore, the state needs to provide more state fiscal support:

- From the Office of Mental Health and Office of Alcoholism and Substance Abuse Services to enhance treatment of individuals with mental health and substance use disorders who are incarcerated in county jails. The heroin and opioid abuse epidemic greatly increases the need in this area.
- To prisoner re-entry services that improve the health and safety of individuals, as well as reduce recidivism.
- To review a model that uses a statewide negotiated health care rate between individual counties and nearby health care providers to lower costs and improve access to high quality health care. Time and cost restraints of transporting inmates to health care providers limits the pool of health care providers or hospitals a county can use for treatment, potentially limiting negotiating leverage on price and access to health care services.

Medicaid Savings – Promotion and Advancement of Telemedicine:

Effective 2020, the state greatly expanded the use of telemedicine in Medicaid. Counties support the utilization of this technology to increase quality and access to care for Medicaid beneficiaries and others seeking responsive and assuring medical services and information, for routine matters and more importantly during a possible emergency. We also believe it can be especially helpful in areas that lack necessary health care providers and we strongly encourage the state to promulgate regulations for telemedicine use in the Early Intervention program, that currently

struggles with a lack of qualified providers in many areas of the state. Rensselaer County recently announced the details of a new public-private telemedicine partnership designed to improve the quality and accessibility of health care for Medicaid patients throughout the county. The partnership brings together private resources through United Concierge Medicine, CDPHP, County DSS and 9-1-1 services that provides a virtual app allowing patients to connect with emergency medical providers 24 hours a day, seven days a week. Under this system, called “ER Anywhere”, CDPHP Medicaid patients will be able to consult with emergency medical providers to discuss treatment or to triage any acute medical issue. The system allows emergency medical professionals to assess the situation and even provide for a direct hand off to 9-1-1 if it is deemed necessary. The goal is to provide quick access to medical professionals for patients, while reducing the number of unnecessary emergency room visits.

Recommendation

- Counties propose the state allow up to 12 counties (initially) to share in a portion of the Medicaid derived savings from this initiative when they partner with the private sector, state, 9-1-1 and other local services in promoting this technology and normalizing this health care delivery mode as a workable option for beneficiaries and providers. Counties can be a vital partner with the state and private sector to promote these advancements so they can become an accepted and normalized health care service delivery tool for Medicaid beneficiaries and others. Without broad acceptance and outreach to beneficiaries, the initiative may not reach its full potential. We believe that expanding public private models similar to what Rensselaer County is doing can promote telemedicine in conjunction with other public services, improving quality of care and access for beneficiaries, while also streamlining and optimizing the delivery and availability of vital 9-1-1 and other services.

Additional Policy Reforms

- If adult-use cannabis is legalized, provide counties with resources to manage the societal impacts by allowing counties to apply their local sales tax rate on these transactions and sharing the cultivation tax with the county in which the product is grown.
- Reform individual grants for public health work to a block grant, while maintaining funding level from the consolidated programs into the new block grant, similar to social services program areas, to allow for flexibility and eliminate administrative work.
- **Enact S.8292-A (Rivera) / A.10466-A (Kim) (2019) into law, amending the Paid Sick Leave bill to expand the definition of eligible individuals for protections.**
- Allow the NYS Commissioner of Health to align regulatory requirements with the limited scope of public health related clinical services provided by local health departments.