



**City Council
FY 2009-10 Executive Budget Hearing
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Good afternoon, my name is Darryl Ng and I am the Director of Government Affairs for the Community Health Care Association of New York State (CHCANYS). I want to thank the City Council for this opportunity to testify at its Executive Budget Hearing. Community Health Centers (CHCs) are nonprofit health care practices that provide high quality and cost-effective primary care to anyone seeking care. In New York City, 35 federally qualified community health centers provide care to over 700,000 individuals in approximately 200 sites. These sites are situated throughout the five boroughs and located in designated underserved areas or to assist underserved communities, like the homeless and migrant workers.

Together, New York City's community health centers comprise one of the most comprehensive primary care networks in the five boroughs. These centers provide an impressive scope of medical services targeted at those who are the most difficult to reach. CHCs focus their services on families that live near or below the federal poverty level and specialize in providing care to people battling serious chronic illnesses such as diabetes, cardiovascular disease and HIV/AIDS.

CHCs provide general medical and specialty services that include obstetrics and gynecology, pediatric, dental, mental health and substance abuse services. Community health centers provide a "one-stop" approach to care that has repeatedly produced outstanding health outcomes for individuals and communities.

Founded in 1971, the Community Health Care Association of New York State (CHCANYS) has represented the community health centers of New York for over 35 years. CHCANYS works to increase access for those who would otherwise go without care through advocacy and education and also creates major new programs and initiatives that showcase community health centers as centers of excellence. CHCANYS works to ensure that all New Yorkers have medical homes. Our key policy priorities are:

- **Access to high quality primary care and prevention programs for all New Yorkers;**
- **Health insurance coverage for all New Yorker;**
- **Investment in community-based primary care infrastructure including development of a strong primary care workforce, support for health information technology for primary care providers and capital funds for primary care in underserved communities.**

New York City FY10 Executive Budget

These are tough economic times and now more than ever, we must make some careful decisions and allocate resources wisely. We believe that we can and should stimulate New York's economy by strengthening its health care infrastructure in primary care. During times of great economic stress, when many communities are struggling, community health centers help to stimulate local economies by providing jobs as well as integral primary health care services to all, regardless of insurance status or ability to pay.

We should increase funding for community-based primary and preventive health care. Health centers have already seen an increase in uninsured patients due to the economy. Proposed decreases in funding will leave community health centers very vulnerable at a time that they are needed the most. If New Yorkers are not able to get the comprehensive primary care services that community health centers provide, the City will see a decrease in health outcomes and there will be more emergency room visits, which is less efficient and ultimately more costly for the City.

CHCANYS has four essential recommendations for the FY 10 budget:

1) Complete Capital Funding for Health Information Technology Initiative

- Complete PCHIC's third and final capital allocation for Health Information Technology Initiative by allocating \$2.23 million in the FY 09-10 capital budget. Building on the tremendous success

and critical experience gained during the previous years, the City Council's HIT Initiative is poised to produce even greater results and outcomes.

- Broaden the list of items that qualify as acceptable expenses to include peripheral equipment such as tablet PCs, scanners, software licenses and double tray printers that are equipped to handle water marked prescription paper.

2.) Augment CHCANYS' Obesity Prevention and Management Consortium Program

- Restore funding of CHCANYS' Childhood Obesity Prevention Program to the FY 08 amount of \$625,000. During FY 09, CHCANYS program was reduced to \$525,000. The program has been tremendously successful and full funding would mean that the program could expand the number of participating health centers and the patients they serve.

3.) Continue Investing in NYC's Primary Care Initiative

- Reinstating full funding of the Primary Care Initiative to \$27 million over five years, including operational/expense funding totaling \$10 million.
- Release the overdue Primary Care Initiative FY 09 RFP and make it reflect the findings that were revealed by the 08 Primary Care Initiative's Needs Assessment conducted in FY 08.

4) Increase HPSAs and MUA/Ps Designations So That NYC Can Qualify For More Federal Funding Opportunities.

- Support Speaker Quinn and the City Council to implement a HPSAs and MUA/Ps Designation Initiative. The City should proactively assist communities and neighborhoods in achieving these federal designations so that federal resources coming into New York City are optimized.
- Design a HPSAs and MUA/Ps Designation Initiative that helps underserved communities determine service areas, provides statistical information/analysis, and prepares applications for federal shortage area designation. In the case of MUA/Ps designation, analysis must include computation of the Index of Medical Underservice with the following four components:
 - a) The percentage of the population below poverty
 - b) The percentage of the population that is elderly
 - c) The infant mortality rate
 - d) The availability of primary care physicians.

Additional Budget Needs

Patients of community health centers receive services from virtually all of the city agencies and departments. Below are additional budget reductions within the Department of Health and Mental Hygiene (DOHMH) and the Department of Homeless Services (DHS) that will also severely impact the patients that are served by health centers. We hope that the City Council remains vigilant and committed to protecting the following vital services by rejecting the following cuts:

- DOHMH proposes to cut Early Intervention Programs by \$2.9 million in FY 10. DOHMH explains that the State's delays in cost of living increases for Early Intervention providers will reduce the program's available spending.
- DOHMH proposes to reduce funding provided to community-based and other non-HHC providers for mental health, substance abuse and mental retardation/developmental disability contracts. The City will eliminate \$1 million in FY 10 and \$3 million in FY11, 12, and 13.
- DHS proposes to reduce funding for HomeBased Prevention Programs. The City will eliminate \$5.1 million in FY 10, 11, 12, and 13.
- DHS proposes to reduce funding for Adult Shelter Providers through the implementation of performance-based contracts. The City will eliminate \$4 million in FY 10, 11, 12, and 13.
- DHS proposes to eliminate funding for recreation staff from Shelter Contracts. The City will eliminate \$2.4 million in FY 10, 11, 12 and 13.

Thank you for this opportunity to testify.