State FY 2024-2025 Budget Priorities

Provide a 25% Medicaid rate increase to community health centers (CHCs) and reform their Medicaid rates.

- Per the Urban Institute, on average, costs are 44% higher than the maximum allowable CHC Medicaid rate.
- CHCs' base reimbursement rate was set in 1999/2000 and limited to marginal growth ever since.
- (*See* A.7560 Paulin/S.6959 Rivera)

Ensure full CHC telehealth reimbursement parity, regardless of patient or provider location.

- Correct disparities inherent in the current telehealth law by expanding the Governor's budget proposal to ensure CHCs receive their full in-person rate for services provided via telehealth.
- (See A.7316 Paulin/S.6733 Rivera)

Expand investments in Patient Centered Medical Homes (PCMH).

Enhance the Governor's proposal by expanding per member per month rates for all PCMH payments by \$4.

Allow medical assistants (MAs) to administer vaccinations under supervision.

 Support Governor's proposal to allow licensed physicians, nurse practitioners, and physician assistants to assign and supervise MAs' tasks related to immunizations in outpatient settings pursuant to training.

® Bolster the healthcare workforce.

- Support dental workforce initiatives: Allow dentists to administer vaccines related to a declared PHE and perform HIV, Hepatitis C, and hemoglobin A1C screening and tests; establish collaborative practice dental hygiene expand scope of practice for dental hygienists in eligible settings including CHCs.
- Adopt legislation allowing New York to license and provide Medicaid reimbursement for dental therapists.
 (See A.5373 Woerner/S.4428 Fernandez)
- Sustain workforce investments: Doctors Across New York, Nurses Across New York, Diversity in Medicine Program, Area Health Education Centers, and Rural Health Access Networks.
- Support healthcare workforce initiatives: New York joining Interstate Medical and Nurse Licensure Compacts;
 expand the scope of practice for physicians, physician assistants, nurse practitioners, and pharmacists related to patient and non-patient specific standing orders and regimens.
- Expand billable providers at CHCs, including doulas, CHWs, LMSWs, CASACs, and peer support workers.
- Allow primary care clinics to deliver up to 49% of their total visit volume through behavioral health.

Support healthcare coverage expansions for all New Yorkers, including undocumented immigrants.

- Adopt Coverage4All (See A.2030B Gonzalez-Rojas/S.2237B Rivera)
- Support coverage expansion proposals: Ensure minors' confidential access to reproductive healthcare; protect codify access to contraception under the Reproductive Health Act; issue "standing order" for doula coverage.

Expand Medicaid managed care oversight.

 Support proposals to allow DOH to impose liquidated damages for failing to comply with the model contract and to issue a procurement process for Medicaid managed care plans.

Sustain and enhance existing investments in key health initiatives.

 Support full funding for enhanced care management and expanded access to comprehensive primary care services: NYRx reinvestment funds; Diagnostic & Treatment Center Uncompensated Care Safety Net Pool; Health Homes; School Based Health Centers; and Migrant & Seasonal Farm Workers program.