

STATE WIDE

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2021 NYS LEGISLATIVE GOALS

New York StateWide Senior Action Council (“*StateWide*”) urges the NYS Legislature and the Governor to address our priority concerns in the 2021 Session. We will be strong advocates on issues related to:

- response to the Coronavirus and, moving forward, adequacy of planning for disaster preparedness/public health emergencies
- the home care worker shortage
- ensuring quality of care in hospitals and nursing homes and upholding consumer rights
- universal access to broadband connectivity, especially important due to the expanded reliance on tele-health services,
- adequate funding for services for older residents, including continued funding for StateWide’s Patient Rights Helpline and Medicare & EPIC counseling programs
- improving health and prescription drug benefits
- protecting the eligibility, rights and services of Medicaid enrollees and preventing Medicaid cuts to Enhanced Safety Net Hospitals
- improving health delivery systems and access to care,
- elimination of racial and economic disparities.

To accomplish these goals, we urge adoption of various bills and specifically urge the:

- adoption of the New York Health Act, which places patients before profits, expands benefits and achieves savings for most covered New Yorkers and the state (A6058, Assy. Gottfried/S5474, Sen. Rivera)
- elimination of the self-imposed state spending cap and the Medicaid Global Cap (A226, Assy. Gottfried/S5255, Sen. Rivera) to ensure the needed investment in services,
- increase revenues by taxing those most able to afford to pay, ending the stock transfer tax rebate and ensuring that older residents on limited incomes do not face a burden of increased property taxes.

ENSURING ADEQUATE FUNDING FOR SERVICES FOR OLDER RESIDENTS

Invest in safety net community based human services providers who are facing unprecedented challenges due to state contract and payment delays, years of austerity funding, and cuts, all at a time when the community has great need for community and home-delivered services.

Community Services for the Elderly (CSE) funded under the NYS Office for Aging (NYSOFA) budget.

Increase the budget to address the needs of an aging population, to reduce waiting lists for EISEP/home care, nutrition, transportation and other services and address unmet and unidentified need.

Recommendation: For State Fiscal Year (SFY) 2021-2022, provide additional funds to the CSE budget, giving local Aging Commissioners the ability to determine how to spend the funds to address the highest level of needs. Ensure that there is no local match required for additional funding.

Patients Rights Helpline

Since 1987, *StateWide* has received state budget funding through the NYS Office for the Aging (NYSOFA) to educate and empower seniors to uphold their health care consumer rights. (Aid to Localities budget **S2503/A3003** Page 8, Line 27-30).

Recommendation: *StateWide* requests the Legislature maintain the program at the SFY 2020-2021 budgeted level. Executive budget includes appropriation of \$31,500, Legislature urged to add a \$200,000 Legislative Appropriation, for total program appropriation of \$231,500 – same as SFY 2020-2021.

Managed Care Consumer Assistance Program (MCCAP)

Since 2004, *StateWide* has received state budget funding through NYSOFA to help New Yorkers navigate the Elderly Pharmaceutical Insurance Coverage (EPIC) and Medicare programs, including enrollment and dispute assistance in EPIC, Medicare medical benefits and the Medicare drug coverage programs. Counselors also provide enrollment assistance in the Medicare Savings Program (MSP) that gives low income Medicare enrollees premium relief and Extra Help prescription drug assistance.

Recommendation: Provide funding for the Managed Care Consumer Assistance program at the SFY 2020-2021 levels. *StateWide* is one of 6 programs identified in the budget, our appropriation is \$354,000.

IMPROVING HEALTH AND PRESCRIPTION DRUG BENEFITS

Improve the Medicare Savings Program (MSP) to assist more low income New Yorkers with Medicare costs. Budget language or legislation is needed to expand the income eligibility for the MSP above the federal guideline that New York currently adheres to. States can do so under a federal option, and while there is some added cost to the Medicaid program to fund the expansion, the result is a significant benefit for low income Medicare enrollees. Since MSP enrollees automatically qualify for the 100% federally funded Extra Help program, the rate of enrollment in that prescription drug benefit will increase without state cost.

Recommendation: Improve the MSP by taking advantage of all federal options, including increasing the income limits to a minimum of 150% of the federal poverty level (FPL).

Improve the Elderly Pharmaceutical Insurance Coverage (EPIC) program, needed to help older residents offset the costs of their prescription drugs and for lower income enrollees, also helps offset premiums for Medicare drug coverage.

Recommendation: Legislators are asked to co-sponsor new legislation **S4603/A5422** (Sen. May/Assemblyman Kim) drafted by StateWide that will improve the EPIC program by:

- covering all Medicare enrollees regardless of age to offset Medicare prescription drug costs, phasing in the population over time
- allowing enrollees to retain their eligibility in the EPIC program if they previously qualified but are no longer eligible because of an increase in a public or private pension or social security benefit.
- ensuring transparency by reinstating the consumer advisory panel and requiring an annual report
requiring EPIC to post the drug manufacturers that are included in the program
- restoring the enrollment process so that applicants are enrolled in EPIC followed by EPIC reaching out for more information to qualify them for Extra Help
- reinstating EPIC's premium assistance benefit inclusion of any Late Enrollment Penalty (LEP) amount - up to the monthly benchmark amount (\$42.47 in 2021).

Enact the New York Health Act to place patients before profits, provide enhanced coverage including long term care and eliminate out of pocket costs, while reducing the taxpayer burden. (Contact Assemblymember Gottfried or Senator Rivera to co-sponsor new introduction.)

ENSURING QUALITY OF CARE IN HOSPITALS AND NURSING HOMES

- Ensure patients get the hospital and nursing home quality care they deserve by establishing minimum standards for staff to patient ratios, **S1168/A108** (Sen. Rivera/Assy. Gunther), the "safe staffing for quality care act." Ensure that nursing home residents receive a minimum of 4.1 direct care staff hours per day and require an infection control staff specialist at each facility.
- Guarantee access for essential personal care visitors and short-term compassionate care visitors at nursing homes and residential health care facilities. **S614/A1052** (Sen. May/Assy. Bronson)
- Enact the "Reimagining long-term task force act" to create a task force to study long term care services in the state.
- Assure that the NYS DOH rigorously asserts its regulatory powers over nursing homes and increase fines and penalties for violations.
- Improve the Long Term Care Ombudsman Program to meet the recommended national standards for an on-site presence and support recruitment of sufficient volunteers and paid staff. Budget funding must be tied to staffing/visitation goals.
- Ensure that for-profit nursing homes re-invest a minimum percentage of revenue on direct care staffing for residents and stop for-profit corporations from owning nursing homes.
- Change the Certificate of Need process to require a health equity assessment prior to approval of hospital or nursing home changes. **S1451/A191** (Sen. Rivera/Assy. Gottfried)

ADDRESS THE HOME CARE WORKER SHORTAGE

State and federal policy shifts care away from institutional settings by investing in community-based care. New Yorkers want to remain in their own homes for as long as it is safe to do so. The ongoing home care capacity issues must be addressed in a comprehensive manner so that the traditional medical/health home care worker shortage and the aging/EISEP home care worker shortage are addressed together, and that solutions for one sector do not create further problems for the other.

Recommendation: Set aside funding to develop innovative pilot projects to incentivize the growth of the home care workforce, which would be tested and replicable throughout different areas of New York State, **S4222** (Sen. May). Increase the hourly pay of home care workers to ensure a livable wage, a minimum of 150% of minimum wage.

MEDICAID

StateWide will advocate improvements to streamline and simplify Medicaid eligibility and enrollment policy and procedures to ensure people entitled to coverage and current enrollees obtain and retain Medicaid coverage as easily as possible. We urge policies that enhance the ability of people to obtain and retain home- and community-based long-term services and supports, which provide for higher satisfaction, lower cost, and abide by the right to live in the most-integrated setting. We oppose funding cuts to the program that impact access to benefits and safety net providers. To do so, we recommend the elimination of the Medicaid global spending cap in favor of adopting a Medicaid budget that realistically spends what is necessary to provide the program New Yorkers need.

Budget funding for Medicaid must be based on the following:

- **Inclusion.** New Yorkers need a health care system that works for everyone. It is essential to meet the health, well-being and social service needs of the many diverse individuals and families across our state. Medicaid funding is also an essential support for our health care safety net.
- **Community Focus.** New York remains overly invested in health care institutions, especially hospitals and nursing homes, instead of investing in a community health care safety net and infrastructure. Essential community-based primary and preventive care and long-term care services are woefully under-financed.
- **Racial equity.** Health equity requires that we recognize the central role of social determinants of health in maintaining healthy individuals, older residents, children families, and communities. Equity in health care delivery requires a full understanding of the part that racism and other systemic biases play in creating and perpetuating social, economic and political barriers.
- **Economic Justice.** State budget justice is essential to addressing health care equity across our state. Ongoing public investment in Medicaid is necessary to preserve and improve access to quality services.

We urge **repeal of the SFY2020-21 Medicaid cuts**, not yet implemented, to:

- a) eliminate the increased number of activities of daily living needed to qualify for personal care, **A5367** (Assy. Gottfried), and
- b) restore the community-based Medicaid enrollment eligibility financial look-back for home care services to 30 days.