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## 2025 STATE LEGISLATIVE GOALS

New York StateWide Senior Action Council (“*StateWide*”) urges the NYS Legislature and the Governor to address our priority concerns in the 2025 Session. We will be strong advocates on issues related to:

- the home care worker shortage
- ensuring quality of care in hospitals and nursing homes and upholding consumer rights
- adequate funding for services for older residents, including expanded funding for StateWide’s Patient Rights Helpline and Medicare & EPIC counseling programs
- ensuring full funding for Medicaid, especially in light of potential federal reductions
- improving health delivery systems and access to care, including dental providers, while addressing the capacity of the entire medical workforce to meet the needs of an aging population
- addressing the shortage of affordable, accessible and supportive housing
- providing adequate budget funding to the NYS Office for Aging (NYSOFA) and other state agencies that provide essential senior services to address a) current shortages, wait lists and unmet need b) the continued rapid aging of the population and c) the impact of sustained higher than normal inflation.

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
- repeal of the SFY2020-21 Medicaid home care consumer cuts related to an extended community Medicaid look back and changes in the number of ADLs needed to qualify for services.
- rejection of austerity budgeting and providing added funding through progressive taxation to ensure services are funded to make New York affordable for all and to avert any negative consequences of federal action.

## **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. We cannot wait for the delayed Master Plan in Aging to invest in services needed now and to build the programmatic and staffing infrastructure for the needs of tomorrow.

**Recommendation:** For State Fiscal Year (SFY) 2025-2026, provide significant 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. Further, we urge disclosure of data on the use of funds to determine how to reduce waiting lists specifically for EISEP home care services and improve transparency and accountability on funding for aging services. (Aid to Localities budget).

### **Patients Rights Helpline**

In 1987, *StateWide* received \$187,000 in state budget funding through the NYS Office for the Aging (NYSOFA) to educate and empower seniors to uphold their health care consumer rights. Funding was cut during years of recession and has never fully recovered. The SFY2024-25 funding total of \$231,500 (\$31,500 in the Executive Budget and \$200,000 added by the Legislature) is not sufficient to meet the increased case burden the program has endured. (Aid to Localities budget).

**Recommendation:** *StateWide* requests the Legislature continue to include funding to maintain the program and further requests an additional \$500,000 over SFY24-25. Total program funding needs to be \$731,500 annually.

### **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 \$1m additional funding for the Managed Care Consumer Assistance program (proportionately to the six named service providers) with an increase to address unmet needs and case finding for the recently expanded Medicare Savings Program and Medicaid income eligibility. *StateWide* is one of 6 programs identified in the budget, our distinct SFY2024-25 line-item appropriation is \$354,000. (Aid to Localities budget).

## **IMPROVING HEALTH AND PRESCRIPTION DRUG BENEFITS**

**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:**

1. Legislation will modernize the program, improve transparency and expand coverage during a time when the federal government is reducing Medicare covered out of pocket costs, the EPIC program can expand to provide coverage to people under age 65. Improve the EPIC program by:

- covering all Medicare enrollees regardless of age to offset Medicare prescription drug costs, phasing in the population over time
- 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 (\$48.72 in 2024).
- eliminating the co-pay for insulin, currently capped at \$35 by the federal government, so that EPIC enrollees can appreciate the same \$0 co-pay benefit as other New Yorkers

- allowing EPIC benefits for those New Yorkers who are not enrolled in a Part D plan, but have creditable coverage through their health benefits

**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. Until such time as the New York Health Act is implemented there is a need for immediate improvements to access affordable, quality health care. During the 2025 Session we support such incremental steps as:

- ensuring Coverage for All to ensure every NY resident has health insurance coverage.
- allowing all New Yorkers (including Medicare beneficiaries) to enroll in comprehensive dental insurance on the state's NY State of Health Exchange.

### **MEDICAID**

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.

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, **S358 Sen. Rivera /A1198 Assy. Paulin** and b) restore the community-based Medicaid enrollment eligibility financial look-back for home care services to 30 days.

We urge legislation to remove the asset test to qualify for Medicaid. Currently, Medicare enrollees who apply or re-apply for Medicaid become subject to an asset test that is not required of any other Medicaid applicants.

We urge efforts to address capacity concerns to ensure that Medicaid enrollees have timely access to medical, mental health and dental providers;

We support ending Managed Long Term Care (MLTC) in the Medicaid program and re-investing savings to improve home and community based services including providing better pay and benefits to workers.

## ENSURING QUALITY OF CARE IN HOSPITALS AND NURSING HOMES

- Assure that the NYS DOH rigorously asserts its regulatory powers over hospitals, nursing homes and assisted living facilities with increased fines and penalties for violations and budget funding strengthens the capacity of the agency's surveillance staff and complaint reporting/investigating units.
- Attain a high level of quality care in long term care settings, including enforcement of a strong definition of adequate staffing (hours of resident care per day by licensed nurses and nursing aides,) to minimize the risk of infection and to ensure that residents receive services according to their plans of care;
- 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.
- Reform the current hospital closure process to ensure that community needs and voices are considered prior to the approval of hospital closure plans so that local communities have a voice when their hospitals seek to close entirely or shut down key units like emergency rooms and childbirth

## 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:** Increase the hourly pay of home care workers to ensure a livable wage, a minimum of 150% of minimum wage. (Known as "Fair Pay for Home Care")