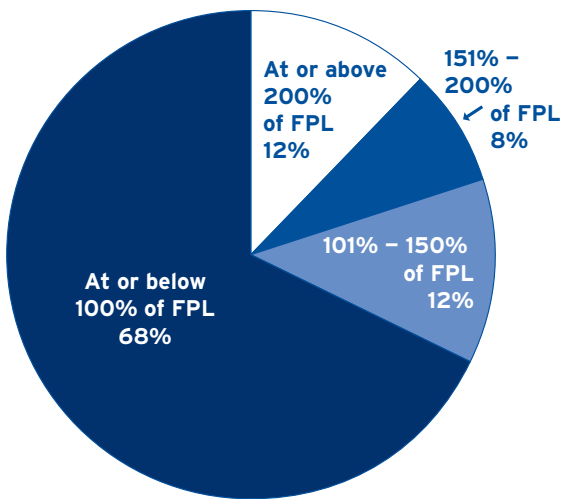




► End Block Granting for Public Health Programs and Restore Funding to These Already Woefully Underfunded Programs

► An estimated 88% of FQHC patients live at or below 200% of the FPL.



► FQHC patients are New York's most vulnerable citizens.

The 2013-2014 Executive Budget puts New York State's public health programs at risk. The budget does not clearly allocate funding on a program-by-program basis, but instead allocates public health programs into six areas and broadens the authority to the Commissioner of the Department of Health to review, allocate and change funding after the passage of the budget. Funds will be distributed within six broad areas or "buckets" which used to comprise 89 programs at a total funding level of \$395 million. The total funding allocation for the 89 programs for 2013-2014 has been reduced by about 10% to \$355.2 million.

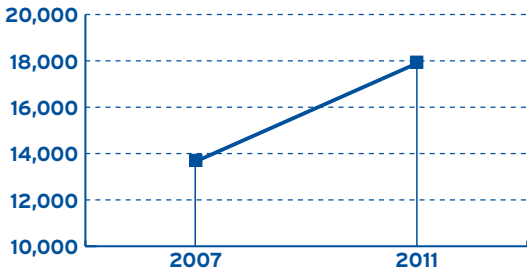
New York's Federally Qualified Health Centers (FQHCs) work to improve the health of communities with an emphasis on promoting health equity and eliminating health disparities. High-value health care cannot be achieved without engaging and empowering patients to maximize their own health. This is a major transformation that requires strong public health initiatives. A community-based health care infrastructure that focuses on prevention is critical to building and sustaining the high-performing, integrated systems of care that will achieve the "triple aim" of better health, better care, and lower costs.

- The proposed competitive process jeopardizes all public health funding including Migrant Health Care, Doctors Across New York programs, School-Based Health Center grants, and numerous other essential public health programs.
- The sum total of funds provided in the block grant amounts to a 10% cut over current funding appropriations, forcing programs to compete against each other for funding at a time of great need.
- The proposal gives unprecedented discretion to the Commissioner of Health as to the level of funding each of these programs will receive, leaving community providers with little certainty for the future.
- Many of these programs provide tremendous benefit to New York State and are critical to health care restructuring efforts to advance the "triple aim" of better care, improved health and reduced cost.

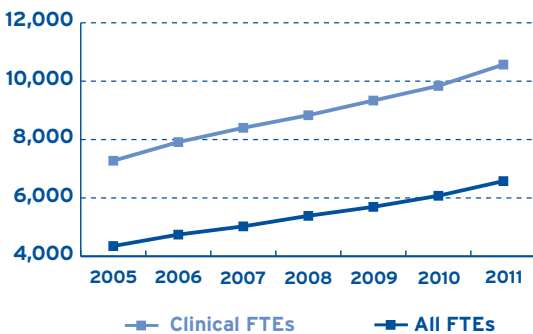
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We urge the Legislature to support public health programs as individual appropriations and maintain funding levels to ensure access to health care for all residents of this state.

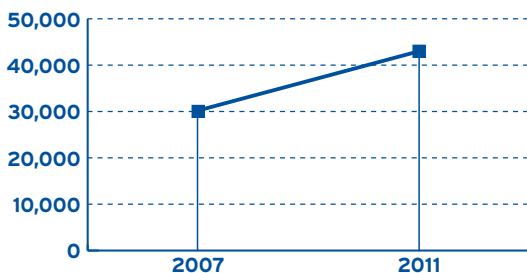
► Since 2007, FQHCs have seen a 21% increase in the number of farmworker families they serve with no increase in State funding to serve these patients.



► Clinical providers increased by 51% at FQHCs between 2005 and 2011.



► FQHCs have seen a 45% increase of SBHC patients.



Continue Funding for Community Health Centers Serving Migrant and Seasonal Farm Workers and Their Families

We strongly support continued funding at previous fiscal year levels (FY 12-13: \$430,000) for Migrant Health Care programs across New York State. Migrant Health Care funding allows health centers and other eligible providers to care for over 18,000 migratory and seasonal agricultural workers and their families, who are integral to New York State's agribusiness. Over 23% of migratory and seasonal agricultural worker families have total family income levels below the national poverty guidelines.

Protect Funding for Doctors Across New York

New York State recruitment and retention programs under Doctors Across New York (DANY) are and have been crucial mechanisms to help underserved communities and facilities with shortages of health care providers recruit and retain clinical providers. The Physician Practice Support and Physician Loan Repayment programs offered through DANY provide incentives to physicians who practice in medically underserved areas.

Filling existing provider vacancies at FQHCs could increase capacity to serve hundreds of thousands more patients, making workforce issues a top priority. Expanding the State's existing provider recruitment and retention programs to fill existing FQHC provider vacancies could produce 720,000 more visits for more than 155,000 patients.

Secure Funding for School-Based Health Centers

We urge level funding for School-Based Health Centers (SBHCs) at last year's level of \$21,738,317. SBHCs provide students with easy access to physical, mental health, dental, and health promotion/preventative services. Located in some of New York's poorest urban and rural communities, SBHCs provide comprehensive primary and preventive health care for children who face barriers trying to access primary care in their communities, helping to prevent unnecessary emergency room visits. The investments in SBHCs are essential to New York's primary care health system. In most cases, students don't need to miss school to get the help they need. School-Based Health Centers provide easily accessible services to students directly where they are – in school.