

The Legislature and Executive have completed budget negotiations and printed all of the final budget bills. It is expected that the Legislature will vote on the bills by Thursday, March 28th. Below is a summary of key State Fiscal Year 2013-14 budget provisions. You will see that – thanks to your advocacy efforts – many of the budget issues that we were concerned about were favorably addressed.

State Fiscal Year 2013-2014 Budget Highlights

- The Medicaid Cap is extended through 2015, with growth of 3.9% built in. Additionally, the 2% across-the-board cuts are extended through 2015 (FQHC PPS rates are protected from the 2% reduction).
- The Diagnostic and Treatment Center (DTC) Indigent Care Pool was funded at \$54.4 million, the same funding level as SFY2012-13.
- The Executive’s proposal to block-grant 89 public health programs was rejected. While the final budget does include a smaller block grant appropriation in the amount of \$28.5M, this was included in last year’s budget as well.
 - The following public health program line items were restored:
 - School Based Health Center line items at \$9.8M, \$557,000, and \$2.6M (these are less than previous year funding). Note that separately, the budget provides for \$57.4M funding for school health services, which is the same as last year.
 - School Based Health Clinics line items for
 - Individual specific school health clinics at slightly less than previous year’s funding levels
 - \$5.2 M (v. \$5.6 last year)
 - Migrant Farmworkers: \$406K (v. \$430K last year)
 - Doctors Across NY: \$4M + \$1.6M (v. \$4.3M + \$1.7M last year. Note that while DANY funding was fully restored, it is fully obligated and there is no new funding to expand the program)
 - Center for Workforce Studies: \$185,100 (v. \$196,000 last year)
 - Sexual Health Programs: \$4.96M (v. \$5.2M last year)
 - Universal Prenatal: \$1.8M (v. \$1.9M last year)
 - Prenatal Care Assistance Program: \$2.29M (v. \$2.4M last year)
 - Family Planning: \$23.7M + \$750K (v. \$25.1M + \$750K last year)
 - Adolescent Pregnancy Prevention: \$10.6M (v. \$11.2M last year)
 - Obesity & Diabetes Programs: \$6.8M (v. \$7.2M last year)
 - Hypertension Prevention: \$232,300 (v. \$246K last year)
 - Asthma Program: \$213,400
 - Childhood Asthma Program: \$1.16M (v. \$1.2M last year)
 - Tobacco Cessation and Education Programs: \$33M + \$2.1M (v. \$30.1M and \$2.3M last year)
- While the final budget did not include the Assembly’s proposal to create a Basic Health Plan, the Budget does include language requiring the creation of a Work Group on the issue. While Family Health Plus will be phased out as a program, the Budget provides for premium assistance for persons with incomes between 133-150% of the Federal Poverty Level transitioning to the Exchange.
- The Executive’s Retail Clinic proposal was rejected.
- The Executive’s CON reform proposals, including those around primary care CON reforms, were rejected.
- The scope of practice proposals relating to physician assistants was included. The dental hygienists language was limited to school dental health certifications. Additionally, the Governor’s proposal to permanently exempt certain persons from social work licensing requirements was included in modified form. No changes were made for nurse practitioners.
- Health Home technical assistance funding at \$15M is provided for SFY13-14.
- Rural Health care access development and networks were funded at \$9.8M + \$6.4M (same as last year)

- New funding was provided for PCDC (\$400K) and the School Based Health Center Coalition (\$39K)
- Please also note that the budget makes various changes to Medicaid eligibility and enrollment as the State prepares for implementation of the ACA and the Exchange.
- While the Governor proposed cutting funding to OPWDD not-for-profit providers by \$120M state share annually (which would have a \$240M impact with federal share), the Legislatures restored \$30M in state spending, thus reducing the overall impact on providers from \$240M to \$180M.
- The budget also included provisions that would continue to implement the Department's "care management for all" – including the developmentally disabled, those dually eligible for Medicaid and Medicare, and those requiring behavioral health services.
- No cuts were included to Medicaid Optional Services.

If you have any questions, or would like further details about the proposed budget, contact Beverly Grossman, Senior Policy Director, at bgrossman@chcanys.org