

# FINAL NYS SFY 13-14 BUDGET

Summary for CHCANYS Public Policy Group  
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# AGENDA

- Block granting
- Indigent Care
- Workforce
- Retail Clinics
- Elimination of Family Health Plus
- Exchange and ACA
- Other

# BLOCK GRANT

- **Block grant “buckets.”**
  - **Proposal:** Consolidate 89 separate health awareness and prevention programs into six competitive pools totaling \$355.2 million, and to reduce total funding for these programs by \$40 million (10%).
- **FINAL: block-grant proposal 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.

# PROGRAM FUNDING RESTORATIONS

- School Based Health Center line items at \$9.8M, \$557,000, and \$2.6M (these are less than previous year funding). 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)
- Racial Disparities Study \$147,500 (same as 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)



# PROGRAM FUNDING RESTORATIONS

- 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)
- Nutritional Services for Women: \$26.2M
- Hunger & Prevention assistance: \$28M (v. 29.7M 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)

# INDIGENT CARE

- Indigent Care Funding for D&TCs: \$54.4M
  - Proposed and final

# WORKFORCE

- *Home Health Aide scope of practice: **REJECTED***
  - Proposed: Expand Home Health Aides to administer routine prescribed medication
- *Certified Nurse Practitioners: **REJECTED***
  - Proposed: Eliminates requirement that NPs who provide primary care services to have written practice agreement or protocols
- *Certified advanced home health aide scope of practice: **REJECTED***
  - Proposed: (1) Establish certified advanced home health aide, qualifications, etc.; and (2) allow such person to provide nursing services to a self-directing individual under nurse supervision

# WORKFORCE

- *Dental hygienists*
  - Proposed & ACCEPTED:
    - Allow dental hygienist to sign dental health certificate for students. *ACCEPTED.*
  - Proposed & REJECTED:
    - Prohibit dental hygienists from administering nitrous oxide or other certain types of anesthesia. *Rejected.*
    - Allow hospital-employed dental hygienist to practice pursuant to collaborative agreement. *Rejected.*
    - Remove requirement that dental support services be performed under dentist's supervision *Rejected.*
    - Require supervision of dentist for x-rays. *Rejected.*
    - Add dental services to free, school-based services. *Rejected.*



# WORKFORCE

- *Physicians' Assistants*

- Proposed: Raise maximum number of PAs employed/supervised by private practice doctor from 2 to 4.

**ACCEPTED**

# WORKFORCE

- *Social Workers*
  - Proposed: Make permanent exemption for certain provider agencies.
  - FINAL: ***MODIFIED***
    - (1) Extend exemption for three years
    - (2) Specifically exempt persons performing certain services under supervision of licensed social worker

# WORKFORCE

***Social workers* (FINAL):** New exception to licensure for persons engaged in

•basic information collection, gathering of demographic data, and informal observations, screening and referral used for general eligibility for a program or service and determining the functional status of an individual for the purpose of determining need for services **unrelated to a behavioral health diagnosis or treatment plan.**

•creating, developing or implementing a service plan **unrelated to a behavioral health diagnosis or treatment plan.** Including

- job training and employability,
- housing,
- general public assistance,
- in home services and supports or home-delivered meals,
- de-escalation techniques,
- peer services or skill development.

# RETAIL CLINICS

- **Proposal for Limited Service Clinics (Retail Clinics)**
  - Allow D&TCs in retail settings operated by legal entities (not natural persons) w/ stockholders w/ DOH approval.
  - Retail setting: examples include pharmacy, shopping mall, store open to the general public
  - PHHPC to adopt rules and regs on matters it “deems pertinent”
  - Deemed to be a health care provider
  - DOH to issue regs on operational and physical plant standards
  - Workgroup, including primary care association, to convene to discuss ways to ensure
- Final Budget: ***REJECTED***



# ELIMINATION OF FAMILY HEALTH PLUS

- **Proposed: Eliminate of Family Health Plus**

- Provide enrollees who fit within the new Medicaid eligibility benchmark of 138% of FPL (ACA-conforming) with the current Medicaid benefit (except long-term care), and provide subsidized coverage of a Silver-level plan on the Exchange for parents up to 150% of FPL.
- FINAL: *Accepted*
  - New FHP enrollment to end on 12/31/2013. End program 12/31/14.
  - FHP membership to transition to silver level Exchange plan
  - **Premium assistance**
    - persons with incomes between 133-150% of the Federal Poverty Level transitioning to the Exchange.
    - As a parent or step-parent under the age of 21, have been eligible for or enrolled in FHP immediately prior to enrollment in QHP to be eligible for premium assistance



# PCMH & E-PRESCRIBING

- **PCMH: Administrative rate reductions – July 1**
  - Eliminate payments for 2008 PCMH recognized Level 2 providers and reduce payments from \$6 PMPM to \$5 PMPM for PCMH recognized Level 3 providers
- **E-prescribing: Eliminate incentives to encourage e-prescribing – July 1**
  - State claims that there are add'l federal incentives for this purpose
  - Providers required to adopt e-prescribing as part of I-STOP

# CON REFORM

- **PROPOSED:** To implement December 2012 PHHPC recommendations, including
  - **eliminate CON for primary care** and where construction not involve change in capacity, services provided, major medical equipment, facility replacement or geographic location
  - change character & competence provisions (7 v. 10 year look-back)
  - transfer of interest rules change
- **FINAL:** *Rejected*

# OTHER ISSUES

- 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.
- **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)
- **ACA** conformance and **Exchange** measures
  - Basic Health Plan Work Group

# OTHER ISSUES

- **OPWDD:**
  - Proposed cutting funding to OPWDD not-for-profit providers by \$120M state share annually (which would have a \$240M impact with federal share)
  - **FINAL:** Legislature restored \$30M in State spending, thus reducing the overall impact on providers from \$240M to \$180M.
- **Care Management for All:** 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.

# CONCLUSION

QUESTIONS?