



## New York State Association of County Health Officials 2019-20 Budget and Legislative Priorities

NYSACHO's mission is to support, advocate for, and empower the 58 local health departments (LHDs) in their work to prevent disease, disability and injury and promote health and wellness throughout New York State. LHDs are your partners and operational extensions, working in the forefront of communities, addressing public health issues and serving as the first line of defense against all public health crises.

**Local health departments have reached a tipping point.** To adequately maintain core public health services and address emerging threats, we respectfully request:

1. **Article 6 State Aid:** Article 6 of the Public Health Law provides statutory authority for state aid for general public health work and reimbursement for expenses incurred by LHDs for core public health services.
  - a. Restoration of the proposed cut to State Aid Reimbursement for NYC Department of Health and Mental Hygiene which would reduce the percent of reimbursement above the base grant from 36% to 20%. This will result in a nearly \$60M revenue loss to essential public health programs. A cut of this magnitude will have a direct impact on the health and wellbeing of all New Yorkers and reduce or fully eliminate meaningful prevention programs.
  - b. Allocation of necessary resources to Article 6 base grants to ensure public health services are eligible for full reimbursement of local expenditures:
    - i. From \$650,000 to \$750,000 in full services LHDs;
    - ii. \$500,000 to \$550,000 in partial service LHDs;
    - iii. And in per capita reimbursement amount from 0.65¢ to \$1.30.
  - c. Rejection of proposal within Aid to Localities bill which would permit the State Director of Budget to reduce aid by a specified amount, in the event that the state revenues meet the threshold in the governor's 30 day amendment language. A 3% cut to Article 6 would equate to a 5.3M loss in State Aid and 23.6M in all public health categorical funding inclusive of Article 6.
2. **Adult-Use Regulated Cannabis:** Consideration of a slow and cautious approach to legalization of an adult-use cannabis program with the interest of public health and mental health at the forefront of decision making by:
  - a. Ensuring local health departments receive flexible funding to expand workforce capacity. Protecting public health must be the first major pillar of a regulated cannabis program and must be funded sufficiently to ensure harm reduction.
  - b. Inclusion of statutory language which will fortify State requirement to deliver funding to local health department for surveillance, education and inspection/enforcement activities.
  - c. Guaranteeing local health departments, through NYSACHO, have a seat at the table as regulations and policies are developed.
3. **Tobacco Control:** Your support and reinforcement of the statewide Tobacco 21 policy and all components of the tobacco control package which will protect millions of New Yorkers from exposure to dangerous tobacco products.

Local health departments are committed to supporting and carrying out strong public health policy, but the success of new or expanded policies can only be achieved with investments within flexible grant programs to allow for effective implementation at the local level. *Public health responses require public health resources!*

4. **Early Intervention:** NYSACHO supports the proposed 5% rate increase for targeted service providers and recommends:
  - a. Extension of rate increase to include all EI providers, evaluators and service coordinators.
  - b. Reflection of rate increase within enacted budget.
5. **Lead Poisoning Prevention:** NYSACHO conceptually supports primary lead poisoning prevention activities, including those such as the Governor's Lead Safe Housing policy. However, to adopt such a policy without providing the funding local health departments will need for effective implementation would doom the policy to certain failure. We recommend:
  - a. Increase Aid to Localities to \$34.9M and reallocate from the Department of Health aid for general public health work (PHL Article 6 State Aid) to the allocation in the Department of Financial Services for the lead poisoning prevention and assistance program.
  - b. Include recommended statutory language which will protect local governments from liability arising from workload demands.
    - i. Recommended Language: *“Immunity from liability, No governmental unit or agency shall be subjected to civil liability arising from this section.”*
  - c. If state requirements for environmental interventions are to be stricter than the recommended national standards, consider a multi-year phase-in approach, again, to allow sufficient time to address budget and workforce needs.
  - d. Set the effective date to lower the definition of elevated BLL to 5 µg/dL to January, 2, 2020, to allow local governments time to address how they will include any associated increased costs in their budgets.

**Thank you** for the opportunity to present our needs and ideas for collaboration. We look forward to continuing our work with both the Legislative and Executive branches to serve the essential public health needs of the people of New York State.