



A.2400/S.6219 (PAULIN/RIVERA)

**AN ACT to amend the public health law, in relation to
Municipal limited health care service facilities**

The New York State Association of County Health Officials (NYSACHO) strongly supports the above-referenced legislation, which would authorize the New York State Commissioner of Health to align regulatory requirements with the limited scope of public health related clinical services provided by local health departments.

Local health departments' (LHDs) role in health care service delivery has changed. For many years, local health departments served as safety net health care providers in their communities, to both meet gaps in service capacity, and to provide care for the un/underinsured. Local health departments started moving away from the provision of primary care services starting in the late 1990s and early 2000s due to implementation of Child Health Plus, Medicaid Managed Care and payment system changes. The Affordable Care Act further reduced the need for local health departments to serve as safety net primary care providers.

The trend in both state policy and funding (in statute, regulation and administrative actions) continues to encourage, and at times, require that local health departments move away from providing clinical, primary care services. Acute shortages in clinical professions, particularly nursing, further pushes this ongoing trend in many LHDs. As a result, most local health departments provide limited public health related clinical services defined under Article 6 of the Public Health Law, which include immunizations, TB, STD, HIV Counseling/Testing, Family Planning and Dental services. Many departments contract out for even these services. In a survey of local health departments regarding public health clinical services, of 43 respondents, 55% contracted some portion of the public health clinical services to either other Article 28 clinics or private providers.

Local government public health clinics do not fit much of the defining criteria established by the state in statute and regulation to require Article 28 licensure. These include criteria related to extensiveness of facility structure, patient registries, and volume of patients processed when compared to private physician practices. In a review of the regulations governing Article 28 facilities of 421 provisions, a workgroup of local health officials and their clinical staffs identified 205 provisions that do not apply either due to the local government structure or in light of the limited scope of services local health departments provide. These stringent - and often onerous and expensive - regulatory requirements impose significant administrative costs on municipalities, and thus, on local and state taxpayers.

NYSACHO believes that the update to the Public Health Law proposed in this legislation will enable the state commissioner to rationalize regulation that is now unnecessarily complex for most local health departments, assuring that the requirements reflect the level of services that they provide. NYSACHO therefore supports this legislation and recommends its passage.

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