

NYSACHO REQUEST FOR INCREASE IN 2018-19 ARTICLE 6 STATE AID TO LOCAL HEALTH DEPARTMENTS



LOCAL HEALTH DEPARTMENTS (LHDs) ARE ON THE FRONT LINES OF POPULATION HEALTH.

THEY CONSTITUTE AN ESSENTIAL INFRASTRUCTURE THAT NEEDS TO BE STRENGTHENED.

Local health departments are on the front lines every day protecting the health of New York State's residents, communities and visitors. Daily challenges include: leading public health response to the ongoing opioid epidemic, providing technical assistance to schools and public water supplies to prevent exposures to harmful contaminants in drinking water; educating the public regarding prevention of Zika virus, Lyme Disease and other vector-borne diseases; responding to outbreaks of mumps and other vaccine-preventable diseases; offering health education to the public to prevent obesity and chronic diseases; and much, much more. We are proud to be a partner with New York State to ensure public health and safety.

As the number and complexity of public health needs increase, local health departments must remain vigilant and responsive to a variety of challenges. Currently, LHDs provide local support to the Triple Aim and Population Health initiatives of the State Health Department, including the Prevention Agenda, the Medicaid Redesign DSRIP program, and Public Health Improvement Programs (PHIPs). In light of these increased responsibilities, along with ongoing and emerging threats to public health, we respectfully request additional Article 6 funding in the 2018-19 State Budget as follows:

Increase Article 6 base grants and state aid to local health departments:

- ◆ Increase the base grants that ensure 100% reimbursement of local expenditures:
 - ◇ Increase the base grant to Full Service LHDs (i.e. those with environmental health units) from \$650,000 to \$750,000.
 - ◇ Increase the base grant to Partial Service LHDs (i.e. those smaller counties with no environmental health unit) from \$500,000 to \$550,000.
 - ◇ Increase the per capita rate for the largest counties from 65 cents per resident to \$1.30 per resident to address structural inequities in per capita support for public health.
- ◆ Increase the beyond-base-grant state aid reimbursement rate from 36% to 38%.
- ◆ Provide 100% reimbursement for the first full year of any new and/or significantly expanded mandates emerging from law, rule or regulation.

**.AN ADDITIONAL ALLOCATION FOR ARTICLE 6 STATE AID FOR GENERAL PUBLIC HEALTH WORK
WOULD ENSURE A SOUND PUBLIC HEALTH INFRASTRUCTURE THROUGHOUT THE STATE.**

**THE COUNTY
HEALTH
OFFICIALS OF NEW
YORK (NYSACHO)
REPRESENTS ALL 58
LOCAL HEALTH
DEPARTMENTS
IN NEW YORK STATE.**

**OUR MISSION:
TO SUPPORT AND
ADVOCATE FOR
LOCAL HEALTH
DEPARTMENTS IN
THEIR WORK TO
PREVENT DISEASE,
DISABILITY AND
INJURY AND
PROMOTE HEALTH
AND WELLNESS
THROUGHOUT
NEW YORK STATE**

**CONTACT US:
518-456-7905
ONE UNITED WAY
PINE WEST PLAZA
ALBANY NY 12205
WWW.NYSACHO.ORG**

SUPPORT AN INCREASE IN STATE AID FOR GENERAL PUBLIC HEALTH WORK TO MAINTAIN LOCAL CAPACITY FOR PUBLIC HEALTH SERVICES

While most of the costs required to meet LHD obligations under Article 6 of the Public Health Law are covered by local tax levies, State Aid to LHDs provides a crucial foundation for fulfilling government responsibilities and obligations for core public health services in communities throughout NYS.

STATE SUPPORT IS CRUCIAL

Article 6 of the Public Health Law provides a base grant as well as state reimbursement for 36% of local health department (LHD) eligible costs for mandated services after the base grant is spent. It is the fiscal foundation that enables local health departments to respond to the public health needs and priorities in your communities. These include the opioid epidemic, Zika virus and other insect-borne diseases such as Lyme disease, Babesiosis and EEE, water quality concerns, mumps, measles, pertussis and other communicable disease outbreaks, public health threats from natural disasters and climate change—and work to prevent or reduce incidence of the major causes of morbidity and mortality from chronic diseases such as heart disease, cancer, diabetes, asthma, and cancer.

Reductions Diminish Capacity: State funding under Article 6 decreased by more than 40% between 2011 - 2015. The last base grant increase occurred in 2013 and there have been no increases to the percent reimbursed after the base grant is expended. The historical elimination of optional services from state aid, subsequent administrative reductions and restrictions, and local revenue constraints from the property tax cap and stagnant sales tax growth all deeply offset prior base grant increases.

Cumulative Cuts Compromise the Public Health Infrastructure: The legacy of state aid reductions has had a cascading impact on the ability of local health departments to do their jobs. Staff and budget reductions have compromised the capacity of local governments to ensure the provision of core services to protect the public's health.

Both Workforce and Services are Shrinking: When cash-strapped counties make hard choices regarding local budgets, the ineligibility of fringe and indirect costs under Article 6 state aid make reductions to local health department staffing more cost-effective as compared to cuts to other local units.

Mandates Grow While Budgets Decline: Over the past year, local health departments faced new, unbudgeted demands on their workload from Zika virus surveillance and mosquito control; Legionella regulations for cooling towers; monitoring tests of school drinking water for the presence of lead; and the moving up by one year requirements for Community Health Assessment to conform the LHD process with the IRS deadlines for hospitals. For many departments, the need to respond to unanticipated and unbudgeted work diverts scarce resources away from other core public health services.

Public Health=Prevention: Local health departments provide both health education and services that contribute to keeping people out of the hospital. Maternal/child home visits, immunizations, asthma education, education about - and screening for - chronic diseases are where true hope resides for controlling health care costs — in primary prevention. New York has recognized the critical role of population health in controlling health care costs through both DSRIP and PHIP. However, the state investment has focused on pushing clinical care into a duplicative population health role, rather than tapping and supporting existing expertise available within local health departments. This fails to leverage skilled public health resources and ignores the statutory responsibility that LHDs bear in our state for addressing the population health needs of their communities.