



# Article 6 Funding Assures a Strong Public Health Foundation

## **NYS PUBLIC HEALTH LAW ARTICLE 6 PROVIDES A BASE LEVEL OF STATE PUBLIC HEALTH INVESTMENT IN ALL COMMUNITIES SO THAT LOCAL HEALTH DEPARTMENTS CAN DELIVER:**

- Disease Control
- Family Health
- Chronic Disease Prevention
- Environmental Health
- Emergency Preparedness
- Community Health Assessment

- Vaccinations
- STI and HIV Testing
- Drinking Water Monitoring
- Newborn Home Visits
- Lead Poisoning Prevention
- Restaurant Inspections
- Diabetes Self-Management

- H5N1/Bird Flu Response
- Disease outbreak control
- Public health response to weather related disasters
- Overdose Prevention
- Harmful Algal Blooms Monitoring

### **RESTORE NYC REIMBURSEMENT FROM 20% TO 36%, ALIGNING WITH THE REST OF STATE**

NYS reduced funding to NYC in 2019 from 36% to 20% reimbursement above the base grant, resulting in a loss of \$90 million in state aid annually.

New York City is home to the largest portion of Medicaid recipients in the state, the largest populations of back, Indigenous, and people of color, and the most low-income individuals within their jurisdictional boundaries.

With anticipated federal funding losses, the time to restore equitable funding to NYC is now.

### **INCREASE BASE GRANT TO ALL MUNICIPALITIES TO PROTECT COMMUNITIES FROM FEDERAL FUNDING REDUCTIONS**

All LHDS receive some share of federal funds. Outside of NYC, which receives direct federal funding, this is typically a passthrough portion of federal funding by New York State to assure that federal investment in public health reaches the community level in the rest of the state. All local public health services will be hurt by federal funding cuts.

Increasing the base grant will help mitigate the impact of the loss of federal grant funding and protect vital public health services.

**NYSACHO Requests: Increase base grant to \$850,000 or \$1.50 per capita for full service counties and to \$654,000 for partial service counties**