



NEW YORK STATE ASSOCIATION OF COUNTY HEALTH OFFICIALS

Leading the Way to Healthier Communities

TESTIMONY OF HEIDI BOND, PRESIDENT, NYSACHO AND DIRECTOR OF PUBLIC HEALTH, OTSEGO COUNTY, ON BEHALF OF THE NEW YORK STATE ASSOCIATION OF COUNTY HEALTH OFFICIALS BEFORE THE JOINT ASSEMBLY AND SENATE HEALTH BUDGET HEARING

FEBRUARY 10, 2026

Introduction

Senate Finance Chair Krueger, Assembly Ways & Means Chair Pretlow, Senate Health Committee Chair Rivera, Assembly Health Committee Chair Paulin, and members of the Joint Health Budget Committee. I thank you for this opportunity to submit testimony for your consideration as you begin to review proposals with respect to the Governor's proposed 2026 – 2027 New York State Budget. My name is Heidi Bond, and I serve as the President of NYSACHO and the Director of Public Health for the Otsego County Health Department.

It is an honor and a privilege to represent my colleagues, the Local Health Officials across the state, during today's budget hearing. I am here today testifying as President of the New York State Association of County Health Officials (NYSACHO), which represents local health departments in New York State. NYSACHO's mission is to support, advocate for, and empower local health departments' workforce to promote health and wellness, protect communities, and prevent disease, disability, and injury throughout New York State.

I have served as the Otsego County Director of Public Health and Director of Patient Services since 2008 and have over two decades of leadership and clinical experience. Appointed as the county's Early Intervention Official in 2012, I also coordinate services for children with developmental delays. I began my career as a pediatric nurse at Bassett Medical Center, transitioning to local public health as a Public Health Nurse, providing community-based home visits and care coordination and taught community health nursing at Hartwick College. I hold a BSN from Utica College and a Certificate in Public Health from

the University at Albany and I'm certified in BLS/CPR, infection control, and multiple FEMA emergency response systems. I am proud to advocate for public health and particularly children's health at the state-level as a municipal representative serving on the New York State Early Intervention Coordinating Council.

Introduction

On behalf of the New York State Association of County Health Officials (NYSACHO), representing county and city health departments across New York State, thank you for the opportunity to submit testimony on the SFY 2026–2027 Executive Budget.

Local health departments are the front line of public health in New York State, protecting residents from disease, preventing injury, ensuring safe housing, and delivering essential services to children and families.

During the COVID-19 pandemic, leaders often talked about its unprecedented nature, but epidemics and pandemics have occurred routinely throughout human history. What has emerged as the unprecedented part is the ongoing erosion of support for science and proven public health interventions at the national level. This erosion includes:

- Previous federal and state successes under the Affordable Care Act significantly expanded access to health insurance, which in turn led local health departments in New York State to shift away from the provision of direct clinical care services. As a result, local public health systems no longer maintain the clinical capacity they once had to serve uninsured or underinsured populations. Given the ongoing workforce challenges within the medical care system, coupled with the proposed changes in the HR1 bill that would further restrict access to coverage, there is serious concern that New York's public health infrastructure is not positioned to absorb an increased demand for direct clinical services.
- Loss of federal staff with decades of expertise and experience. The workforce at CDC and related federal level health agencies have always been integral partners in supporting state and local public health service delivery and we are starting to see the downstream impacts of 2025's reduction in force, from slowdowns in the

- release of federal funds to reductions in critical programs such as foodborne illness surveillance.
- Uncertainty and stop-work orders impacting a host of federal programs with the expectation that this trend will shift to include the elimination of federal investment in state and local public health services. My colleagues across the state and I share unease regarding the stability of federal funding that the county health departments rely on. This is resulting budgetary limits by local county elected officials out of concern for potential loss of federal resources.

- Since 2025, several examples have arisen, such as stop work orders affecting the funding stream used by New York State to administer the New York State Public Health Fellowship Program, a unique public health workforce pathway for professionals, as well as SAMSHA housing and addiction support services grants, and the Population Health Improvement Program (PHIG) funding. Although these funding streams were reinstated following litigation and advocacy efforts, the resultant uncertainty and interruption in programming posed significant barriers to continuous service delivery and threatened the stability of a qualified professional workforce.
- The pervasive spread of misinformation and disinformation which causes confusion and impacts local public health messaging around many important public health priorities including vaccine safety, health benefits of fluoridation and healthy eating recommendations.
- Loss of reliable, timely and accessible national data, data which the entire public health system is built on and relied upon at all levels of government. Examples include the loss of vaccination data, health equity and disparity data, and overdose fatality data.

State policy and resource investment in public health and evidence-based science at both the state and local level will be imperative to protect and stabilize the public health systems that ensure the health of our communities.

I. Protecting Core Public Health and Categorical Infrastructure

Article 6 Core State Aid Funding

NYSACHO thanks Governor Kathy Hochul for maintaining current Article 6 funding as the State navigates broader health care pressures stemming from federal Medicaid policy changes. This stability is particularly important at a time when several localities have been forced to flat-fund or reduce local public health investments due to uncertainty surrounding the reliability of federal public health funding.

New York State's largest local health department, the New York City Department of Health and Mental Hygiene, serves more than eight million residents each day and supports the health and safety of nearly 70 million visitors annually. Given this scale, New York City faces heightened exposure to both longstanding and emerging public health threats, and its robust public health infrastructure provides protections that extend well beyond city boundaries.

Potential reductions or eliminations of federal public health aid would have disproportionate impacts on New York City, in part due to the comparatively lower **percentage of** reimbursement it receives through Article 6 state aid. In 2019, New York City's reimbursement rate was cut from 36% to 20% while other counties still receive 36%. This is a loss of \$90 million a year in state funding for public health services. We ask that New York City's reimbursement rate is restored back to the 36% rate so that the residents of New York City receive the same amount of state aid for public health services as the rest of the state. Timely leadership by the Executive and Legislature is needed to address this structural gap help preserve essential public health capacity and safeguard health protections statewide.

Restore Funding for the Healthy Neighborhoods Program

NYSACHO strongly urges restoration of funding for the Healthy Neighborhoods Program, which has demonstrated success in reducing asthma triggers, preventing injuries, supporting safe housing, and enabling older adults to remain safely in their homes. This funding is distinct from other sources provided to local health departments and directly supports a highly effective, evidence-based program. Its elimination would likely lead to increased risk of injury and preventable loss of life.

In her Executive Budget, Governor Hochul states that “families and individuals at all income levels, ages, and phases of life are struggling to find or remain in a stable, affordable home.”

Access to safe, affordable housing is a key determinant of health, and while we laud the Governor’s overall focus on expanding new affordable housing opportunities, we are concerned that at the same time, the budget proposal eliminates this \$1.45 million program with documented positive safety and housing outcomes. The Healthy Neighborhood Program (HNP) provides direct, no-cost, in-home services that help ensure residents have safe and healthy living conditions. Through education, assessment, and targeted interventions, residents gain resources they need to reduce preventable health and safety risks. Services address fire prevention and safety, indoor air quality, preventing lead poisoning, preventing falls and accidents in the home, smoking education and cessation, and asthma. While eligibility criteria vary by county, it primarily serves those living under the poverty line or disproportionately affected by the social determinants of health.

Healthy Neighborhoods programs function as **upstream housing stabilization**, reducing emergency responses, displacement, and injury-related housing loss, particularly among the populations the budget identifies as priorities. In New York State, 18 localities, including New York City, receive this funding to assist their communities. Other participating counties include Broome, Cattaraugus, Cayuga, Columbia, Cortland, Erie, Genesee, Madison, Monroe, Niagara, Onondaga, Orange, Rockland, Schenectady, Seneca, and Tompkins.

Eliminating the Healthy Neighborhood Program would not only harm the vulnerable residents who rely on these services but also the public health workforce that delivers them. Local health departments report they have around one to three employees fully funded by HNP, as well as many part-time employees supported by the grant. This may force local health departments to reorganize their staff, undermining the very individuals who ensure safe housing conditions for at-risk residents.

Healthy Neighborhoods specialists working at local health departments who spearhead this program educate individuals and make impactful improvements by supplying

equipment made through HNP funding. Resources include, but are not limited to, smoke detectors, carbon monoxide detectors, fire extinguishers, radon detectors, and cleaning supplies to reduce lead hazards and asthma triggers. Eliminating the funding which provides these critical safety tools for housing safety resources hurts the residents who may otherwise be unable to afford them.

Participants consistently report the benefits of the program provided to them. Stories include:

- A father from Broome County, with a 12-month-old who was previously residing in a hotel, was able to safely set up his new apartment through the program with lead poisoning education and baby gates.
- In Cortland County, a family used cabinet locks, fridge locks, and doorknob covers from HNP to safeguard their house to prevent their grandfather with dementia from any accidents.
- Cayuga County's Healthy Neighborhoods Program, in partnership with the local fire department, has made a significant difference in protecting residents. By providing and installing smoke and carbon monoxide detectors, the program enabled families to detect hazards early and quickly contact emergency services. According to the City Fire Chief, in two recent incidents, detectors installed through the program allowed all occupants to escape fires safely and without harm.

As one public health county official stated, "By identifying housing issues and providing repairs, we are effectively preserving and enhancing existing housing stock." NYSACHO strongly urges restoration of Healthy Neighborhoods Program funding to not only expand housing access but preserve the fundamental right of all residents to safe and healthy homes. The collaboration stemming from these examples underscore the importance of housing safety and stability, a key focus of the New York State Prevention Agenda, and highlights the critical need for the Legislature to restore the \$1.45 million in funding proposed for elimination.

Restore Other Public Health Funding Reductions

NYSACHO also urges restoration of funding for tick-borne disease prevention, health promotion campaigns, Nurse-Family Partnership, school health centers, and family planning programs. The tick-borne disease prevention appropriation remains the only resource in the Aid to Localities budget specifically dedicated to supporting education/outreach for tickborne diseases. Changing climate and weather patterns continue to increase the risk of vector-borne diseases. This resource helps communities understand risks and take action to help prevent exposure to the many life-threatening diseases that ticks can transmit.

II. Strengthening Early Intervention (EI) Services

Extend the Early Intervention Covered Lives Assessment

NYSACHO supports extending the sunset on the Early Intervention Covered Lives Assessment and urges action to address inequities in the intended 50–50 state–county cost share.

NYSACHO strongly supports the extension of the Healthcare Reform Act to implement the Covered Lives assessment, which was enacted to address persistent and pervasive third-party commercial insurance payment deficits in the Early Intervention program. While NYSACHO strongly supports the extension of this sunset, we would also request that existing language be added to clarify that the distribution of funds between NYS and local health departments follows the well-established structure of Early Intervention financing that requires fifty percent of the amount expended by the municipality based on the rates established by the New York State Commissioner of Health. Current law requires the municipalities to pay the upfront cost of Early Intervention services and since State Fiscal Year 2008-2009, New York State has also reduced its payments of the State share of program costs by 2% annually through ongoing budget actions. Since the implementation of the covered lives assessment in 2022, only \$15M of the expected \$20M for municipalities has been disbursed annually to the municipalities even though the enacted NYS budgets have allocated \$40M in the Early Intervention State Appropriations. Along with language related to the distribution of funds, NYSACHO would also like to see language included in the budget to establish a regular disbursement schedule of the Early Intervention funds for

future years. Since its enactment, the funds have not been released on a regular or predictable schedule. This creates real budgeting challenges for the counties as we never know when we will see reimbursement for their early intervention services. We request that the current State Appropriations language be amended to from “may, at the discretion of the director of the budget, be transferred” to “be transferred by the director of the budget into the county escrow accounts quarterly.” We believe that this guaranteed payment schedule will provide greater stability for the counties and New York City, as well as the providers and recipients of Early Intervention Services.

An amendment to the proposed budget language will correct these deficiencies and will improve the administration of EI services to children who need those services.

Reject Reductions to State Operations Funding for EI Administration

The Executive Budget proposes a 5.3% reduction in state operations funding supporting the Bureau of Early Intervention. The New York State Department of Health Bureau of Early Intervention provides critical oversight and support for the delivery of Early Intervention services to eligible children and families, including contracting and oversight of providers and administration of payments, all key to successful implementation of the program at the local level. NYSACHO urges rejection of this reduction to ensure timely provider approval, address provider capacity gaps, ensure prompt payments, and maintain program oversight.

Support State Funding for Early Hearing Detection and Intervention (EHDI)

NYSACHO supports state funding to fill gaps left by federal reductions to the EHDI program. This program is vital to early detection of infants with hearing loss for referrals for early intervention services. We urge the legislature to maintain funding in the budget to cover the cost of the Early Hearing Detection and Intervention program that was reduced at the federal level.

III. Expanding Access to Immunizations

NYSACHO supports provisions allowing medical assistants and EMS personnel to administer vaccinations under appropriate supervision to improve access in underserved communities.

Expanding the authority for additional medical-related paraprofessionals to administer immunizations, as proposed in the Executive Budget, is a practical and necessary response to ongoing workforce shortages that continue to limit timely access to vaccines across New York State. Local health departments and healthcare providers are experiencing persistent constraints in nursing and clinical capacity, particularly during seasonal vaccination surges and outbreak response. Providers also report needing to spend significantly more time with patients and parents addressing vaccine hesitancy and countering misinformation-time that is essential but further reduces overall immunization throughput. Authorizing appropriately trained paraprofessionals-such as medical assistants, emergency medical technicians, and other allied health professionals-to serve as immunizers would immediately expand capacity, improve service delivery in high-need and rural communities, and support the state's immunization and disease prevention goals.

Importantly, this proposal maintains patient safety while strengthening system resilience. The budget language appropriately relies on standardized training, defined scopes of practice, and clinical oversight to ensure vaccines are administered safely and effectively-an approach that mirrors successful models already implemented in other states and during prior public health emergencies. Expanding the immunizer workforce will improve equity, allow immunizations to be delivered in community-based and non-traditional settings, and enhance New York's ability to respond rapidly to outbreaks and public health emergencies, while reducing preventable illness and long-term healthcare costs.

IV. Strengthening Enforcement Against Illegal and Flavored Vape Products

NYSACHO supports the enhanced taxation proposals and enforcement tools aimed at addressing the current widespread access to illegal flavored vapor products, which continue to target youth and lead to nicotine addiction. As the boots to the ground in the enforcement space, we want to work with State health and tax and finance partners to ensure that enforcement efforts are coordinated and that the proposed legal vapor products registry is designed in such a way to be easily updated and practicable for inspector use in the field. While these proposals have the potential to improve enforcement, we urge the legislature to consider either passage of existing legislation, A.2128 and A4619-A/S4527that would close loopholes in the public health law that created

the current proliferation of readily available access to illegal products and unsafe working conditions for inspectors trying to improve retail owner compliance or include these proposals along with the Governor's proposals in this space in the final enacted budget.

Conclusion

NYSACHO appreciates the Legislature's continued partnership, leadership and urges prioritization of public health funding restorations that preserve local public health capacity and protect New Yorkers statewide.