



New York State Public Health Association (NYSPHA)

December 2, 2019

The Honorable Andrew M. Cuomo
Governor of New York State
New York State Capitol
Albany, NY 12224

Dear Governor Cuomo,

NYSPHA is the New York State affiliate of the American Public Health Association and serves as the statewide organization for members from all disciplines across the spectrum of public health professionals. Our mission is to improve the public's health through networking, professional development, advocacy, and education. While NYSPHA realizes that this will be a difficult budget year due to increases in the Medicaid budget, it still believes that a prudent set of funding initiatives will provide a return on investment and reduce health care costs in the coming years. In this light, NYSPHA strongly recommends the following regarding the development of the 2019 proposed Executive Budget:

1. Banning the Sale of Flavored Tobacco, Vaping & E-Cigarette Products.

NYSPHA applauds your Administration for enacting a ban on flavored tobacco and e-cigarette liquids and for announcing his intention to broaden the scope of the ban to include menthol products. NYSPHA fully supports banning these products permanently in 2020. This ban is one example of an emerging public health need that requires increased resources to Article 6 state aid, to ensure local health departments' capacity to support the Governor's initiatives around public health and safety.

NYSPHA Recommends: Include the flavored tobacco and e-cigarette ban in the Executive Budget proposal, as Tobacco 21 was included in last year's budget. In addition, funding for local health departments is required (see below).

2. Funding the Elevated Blood Level Mandate to Combat Childhood Lead Poisoning.

NYSPHA fully supports New York State's leadership in passing policy to better protect children at risk for exposure to lead. Earlier this year, the State EBLL was lowered from 10 micrograms of lead per deciliter (mcg/dL) of whole blood to 5 mcg/dL. DOH estimates that the lowering of the blood lead level (BLL) will result in an estimated 17,046 additional cases, which translates into a six-fold increase in workload. The state's additional investment last year of \$9.4 million for local health departments (LHDs) for this program, via Article 6 funding, leaves approximately \$36.6 million or 80% of the costs to be paid by local governments. Reimbursement under Article 6 of the Public Health Law does not cover fringe benefits and

indirect costs. Therefore, it is imperative, in order to support the implementation, these additional costs be covered in full by the state through a grant mechanism to allow the needed flexibility to hire at the discretion of the Local health Departments.

NYSPHA Recommends: Fully fund the expand lead poisoning prevention mandate, through flexible grant funding to give LHDs the resources they need to succeed in protecting children and families from lead poisoning. This means allocating \$46 million dollars to the Lead Poisoning Prevention Program grants to assure successful implementation and operation of the expanded blood lead level mandate.

3. Increase funding for New York's local public health and safety infrastructure.

Local health departments are New York State's 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 by protecting communities and residents. Activities led by the 58 local health departments are paramount to our collective ability to achieve Prevention Agenda goals, address health disparities, improve health outcomes and ensure community safety and stability. Over time, we have seen an increase in emerging issues such as threats to water quality: harmful algal blooms, presence of PFOA/PFOS; opioid overdose deaths; vector borne diseases: rabies and tick-borne illnesses; the vaping epidemic in our youth; communicable disease outbreaks such as STDs which are at their highest rates ever among young people, Ebola virus and Zika virus; environmental hazards: lead in housing stock and legionella and natural disasters such as hurricanes or flooding.

Local health departments have not received an increase in core public health aid in more than six years, nor have they received adequate compensation needed to respond to emerging health issues. The public health workforce is central to New York State's public health infrastructure, yet is dwindling due to public-sector budget restraints, competition, shortages of workers who are approaching retirement, ability to recruit new workers in all areas throughout the state, all of these factors culminate in significant workforce retention challenges. Now is the time for a call to action to reinvest in public health and safety infrastructure in New York State, bolstered through funding of Article 6, Public Health Law and demonstrate the State's commitment to public health preparedness and safety measures aimed to protect residents in New York State.

NYSPHA Recommends: Increase Article 6 base grants and state aid reimbursement to ensure public health services are eligible for full reimbursement of local expenditures:

- **From \$650,000 to \$750,000 in full services LHDs;**
- **From \$500,000 to \$550,000 in partial service LHDs;**
- **In the six largest counties, a per capita reimbursement increase from 0.65 to \$1.30;**
- **Increase the beyond-base-grant state aid reimbursement from 36% to 40%.**
- **Provide 100% reimbursement for the first full year of any new and/or significantly expanded mandates emerging from law, rule or regulation including reimbursement of salary and fringe expenses under Article 6 State Aid Appropriation.**

4. Increase funding for State's public health programs.

Years of flat funding and cuts have eroded the Department of Health's ability to achieve its own goals found in a variety of state plans such as the NYS Prevention Agenda/State Health Improvement Plan and the NYS Comprehensive Cancer Control Plan. Tobacco control, for example, is currently funded at \$39 million, which is only 19% of what CDC recommends for an optimally effective, comprehensive tobacco control program (\$203M/year for New York) and it was cut from \$85 million 10 years ago. The State's own mandated independent tobacco program evaluation has pointed out that the cuts have affected the ability of the program to address disparities in certain populations, such as the mentally ill and low-income persons, who have the highest use of tobacco and require the most assistance and resources to reach them and assist them in quitting. People who stop smoking have an immediate decrease in hospitalizations for heart attacks, pneumonia and other illnesses, saving health care dollars. With more than 25,000 New Yorkers dying from tobacco caused diseases each year and the use of electronic cigarettes tripling among youth in just one year (CDC) more must be done to protect youth and address these disparities. Also, funding in other program areas such as immunizations and recommended health screenings has not kept pace with the need. Finally, gun violence continues to take a tremendous toll on our society despite regulatory efforts to date. Research is needed into effective ways to combat violence as long as guns remain abundant in our society.

Additionally, while New York State has made significant fiscal and programmatic enhancements to assist municipalities in protecting drinking water, the same cannot be said for support for the county-level role of monitoring and regulation of drinking water supplies. The state invested \$2.5 billion in Clean Water Infrastructure and Water Quality Protection in 2017-2018 SFY, and increased appropriations by \$500,000 in the 2019-20 SFY budget, yet the total investment for Drinking Water Enhancement grants to local health departments is only 0.2% of the entire appropriation for Clean Water Infrastructure and Water Quality Protection. The original appropriation for Drinking Water Enhancement grants was \$6M, but between 2009-2010 SFY and the 2013-14 SFY, these grants were cut by a cumulative 16%, and then have remained flat funded since 2013-14 despite growing public health needs, water quality mandates and increased focus on improving drinking water quality.

NYSPPHA Recommends:

- **Increase the Bureau of Tobacco Control's funding from \$39 to \$52 million;**
- **Target other funding increases to impact health behaviors where there is a large potential return on investment such as tobacco control, increasing HPV vaccination, and colorectal cancer screening rates;**
- **Initiate a new program in the Bureau of Occupational Health and Injury Prevention to fund research at one or more NYS Schools of Public Health on policy options to reduce gun violence.**
- **Fully restore the COLA for Department of Health programs which was removed in the 2018-2019 State Budget.**
- **NYSPPHA Recommends: Restore drinking water enhancement grant funding to original 2007-2008 appropriation in funding at \$6M. Increase drinking water enhancement grant funding to equal 1% of Clean Water Infrastructure Act appropriation, totaling \$30M.**
- **Maintain other funding for public health programs in the 2019-2020 Executive Budget.**

5. Support Comprehensive School Wellness Policies.

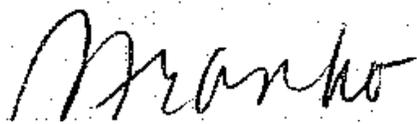
School districts need more support for school wellness. Under federal law, all New York districts must have a school wellness policy. Yet nearly 90% of New York districts' policies are missing at least one federal requirement. Evidence shows that state-level wellness policy laws lead to more comprehensive, better-implemented wellness policies. Twenty-four states have these laws; New York does not. Moreover, New York ranks near the bottom in overall policies that comprehensively address healthy schools.

NYSPPHA Recommends:

- **Invest \$21M in funding and technical assistance to support school districts—particularly high-needs districts—to improve and implement wellness policies.**
 - **\$20M: New York has 205 high-needs school districts. These districts need funding to bring strong, comprehensive wellness policies to life for our state's most vulnerable children. Funding should be flexible to address communities' local challenges.**
 - **\$1M: Provide funding for the Department of Education to fill a health and wellness position and create a resource hub to provide wellness policy technical assistance to all districts that need help.**
- **Develop a New York State model wellness policy. Our state can be a leader—becoming the first in the country to codify a comprehensive model wellness policy that gives districts a roadmap for students' physical, mental, and emotional well-being. This model policy would NOT create a new mandate. Instead, it provides a voluntary framework that gives districts a shared resource for policy improvement instead of asking them to reinvent the wheel.**

We respectfully ask you to **support the public health of all New Yorkers** by including these priorities in the FY 2020-2021 Executive Budget.

Sincerely,



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CC:

Paul Francis, Assistant Secretary for Health and Human Services;
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