



Office of the Public Advocate Letitia James

Hearing on Health Care:

The American Health Care Act and the Better Care Reconciliation Act

Testimony by

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The Coalition for Behavioral Health

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Thank you, Public Advocate Letitia James, for convening today's hearing on The American Health Care Act and the Better Care Reconciliation Act.

The Coalition for Behavioral Health, Inc. (The Coalition) is the umbrella advocacy and training organization of New York's behavioral health community, representing over 140 non-profit community-based agencies that serve more than 450,000 consumers and employ well over 35,000 workers. Our members serve the entire continuum of behavioral health care in every neighborhood of New York City, and communities across Long Island, Westchester, Rockland and Orange counties. Coalition members provide access to the range of outpatient mental health and substance use services, supportive housing, crisis intervention, peer support services, employment readiness, Personalized Recovery Oriented Services (PROS), Club Houses, education and nutritional services, as well as many other supports that promote recovery. The Coalition also trains over 4000 human services providers annually on cutting edge and proven clinical and best business practices through generous support from the New York City Council, New York City Department of Health and Mental Hygiene (DOHMH), New York State Office of Mental Health OMH), and in conjunction with foundations and leaders from the behavioral health sector.

We are grateful for the opportunity to offer our thoughts on the American Health Care Act and the Better Care Reconciliation Act, the congressional bills intended to repeal and replace the Affordable Care Act (ACA).

New York State has made judicious use of the Affordable Care Act to strengthen and expand New York's Medicaid program through the benefits afforded by the ACA and implemented through New York Medicaid Redesign (MRT). Coverage increased by

more than 700,000 from fall 2013 to June 2016, and the number of uninsured individuals was reduced by 32%. Almost 6 million beneficiaries have access to medical and behavioral health care; 4.8 million of them enrolled in Medicaid managed care plans, and 3.6 million – 58% of all beneficiaries - live in New York City. Statewide, approximately 35% express the need for mental health and /or substance use services. In New York State, approximately 535,000 individuals 18–64 years of age receive services in the public mental health system. The regulatory agency, the Office of Mental Health, maintains oversight of over 4,500 State, voluntary, and county-operated mental health service and support programs.

An effective model for addressing the needs of people with mental and emotional illness and substance use disorders is holistic and comprehensive. Although there have been significant advances with medication assistance treatment, the journey to recovery requires addressing multiple needs – from integration of physical health concerns to employment, housing, and the host of social services provided through Home and Community Based Services which are embedded in New York MRT. And importantly, the coordination of these services to ensure they are mutually supportive and which alleviates counter-productiveness and increases effectiveness. We are fortunate in New York City for the leadership in addressing mental health and substance use disorders by the landmark initiatives of ThriveNYC and HealingNYC promoted by First Lady Chirlane McCray and Mayor de Blasio.

New Yorkers depend on Medicaid for these services. But in the words of Governor Andrew Cuomo:

Like the disastrous House proposal, this bill (Better Care Reconciliation Act) will strip coverage from millions of New Yorkers, cost New York State billions of dollars, and devastate our health care system... leading to devastating cuts to our hospitals, nursing homes, and home care providers. (Statement by Andrew Cuomo, June 22, 2017).

New York City is, as is much of the United States, in the midst of the heroin and Opioid epidemic. Recent data from the New York City Department of Health and Mental Hygiene showed no abatement in the use and disastrous effects of heroin and opioids. In 2016, deaths rose to 1,374 unintentional drug overdoses compared to 937 in 2015, averaging four deaths each day of 2016. From 2010, the rate of unintentional drug overdoses increased from 8.2 per 100,000 residents to 19.9 per 100,000 residents in 2016, an unprecedented increase of 143%.

While the highest rates of deaths in 2016 involved white New Yorkers, the greatest increases were among black New Yorkers and people living in very high poverty neighborhoods, communities where residents are most likely to depend on Medicaid. New York Medicaid covers 24% of New Yorkers, and is one of the primary payors of addiction and mental health treatment, both in New York and nationally.

Having Medicaid coverage allows an individual to access any health or related facility which opens the door to an extensive range of outpatient mental health and substance use services as well as supportive services necessary to promote recovery. For example, one of our members qualifies their services as “big and broad” and outlined how the individual, seeking one service, receives additional complementary but needed services, and how the majority of those services are paid for by public insurance program:

During their initial assessment, we identify the multitude of needs for individuals with serious mental illness and recommend them to a variety of personalized services, including crisis intervention, peer support services, Personalized Recovery Oriented Services (PROS), psychiatric Club Houses, residential services, detox and rehabilitation, financial one shots, food pantry, job placement, housing, mobile outreach and assessments, residential services, drama and dance therapy, educational services, as well as specific programs for children, seniors, court involved youth and others.

55% of our clients are insured through Medicaid managed care, 7% fee for service Medicaid, and 6% are dually eligible for Medicaid and Medicare.

Everyone who meets the eligibility requirements qualifies for Medicaid. Yet, the proposals before Congress to impose a per capita cap would impose a limit on federal funds available regardless of need. States, including New York, would be forced to restrict eligibility and limit services. According to the latest estimates, the House American Health Care Act, if enacted, would put 2.7 million New Yorkers at risk of losing their health insurance and would include \$7 billion in cuts from New York’s health care system over the next four years.

The proposals also eliminate Medicaid expansion over three or five years; that debate means little to the 11 million Americans - including the 700,000 New Yorkers enrolled through the expansion. They will eventually find their benefits diminished or eliminated, their providers stretched, their prescriptions too costly or no longer available because the essential health benefits, including mental health services mandated by the ACA, are at the discretion of the states.

Nor does the proposed one year grant fund of \$2billion for mental health and addiction treatment in 2018 come anywhere close to meeting the need for care. In contrast, Sens. Shelley Moore Capito (R-W. Va.) and Rob Portman (R-Ohio) from two states hard hit by the heroin and opioid epidemic, are seeking \$45 billion over 10 years.

The ramifications of defunding Medicaid are clear. People who are poor, the disabled, seniors, and others will, without Medicaid, be unable to get the physical and behavioral health care they need. They will wait longer to access care while

their health deteriorates; they will not have the medications they need to maintain their wellness and functioning; they will not have the support services necessary to hold their jobs or find a place to live; they will end up in costlier emergency rooms, and some will die prematurely and from overdosing.

For them, the Republican approach to “repeal and replace” is more than a matter of conservative policy. It is their health, well-being and lives. We have made great strides advancing access to care for mental illness and addiction. The 4500 mental health and substance use service providers in New York State are at the hub of wellness, resiliency and recovery. It is inhumane, against our values and plainly irresponsible to lose these gains and return to an era when people with addictions or mental illness cannot not access treatment.

The Coalition for Behavioral Health sincerely thanks the Public Advocate for this opportunity to express our concerns regarding bills recently introduced in Congress. We know full well the Public Advocate stands for and with the people of New York City, and particularly those who are disenfranchised and disadvantaged. We are proud to stand in solidarity with the Public Advocate and the people she represents.