









May 11, 2020

The Honorable Mitch McConnell Majority Leader S-230, The Capitol Washington, DC 20510

The Honorable Nancy Pelosi Speaker H-232, The Capitol Washington, DC 20515 The Honorable Chuck Schumer Minority Leader S-221, The Capitol Washington, DC 20510

The Honorable Kevin McCarthy Minority Leader H-204, The Capital Washington, DC 20515

Dear Leader McConnell, Senator Schumer, Speaker Pelosi, and Representative McCarthy:

The emergence of the coronavirus disease 2019 (COVID-19) is a public health emergency unlike any the nation has experienced in recent decades. The COVID-19 pandemic has had a devastating impact on states, counties, cities, towns, and tribal areas throughout the United States. As a result of this emergency, the federal government has marshalled resources to support states as they engage in response efforts, as well as to mitigate some of the associated economic impacts to businesses, local communities, and individuals. We, the undersigned, appreciate the recent relief actions that provided assistance to individuals, businesses, and hospitals.

As you contemplate further expanding Relief Funding, we urge you to consider the following:

1. Appropriate funding to state and local governments to provide enhanced resources to **not-for-profit agencies** that serve our most vulnerable residents, including those who are elderly, homeless or have disabilities. We now know that these people are also the most likely to become seriously ill with COVID-19. Nonprofit agencies employ many thousands of frontline essential workers who continue to devote themselves to caring

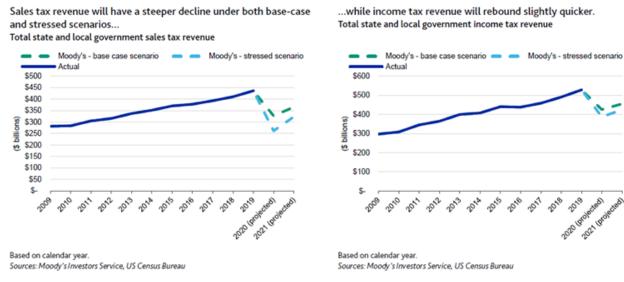
for these vulnerable individuals. It will be especially important to provide additional support to all programs that provide congregate or residential services.

- 2. Recognize the role of **emergency medical services**, especially in underserved communities. In large cities EMS members are often municipal employees, but this is not the case in rural communities. Rural EMS members provide life saving pre-hospital care, often at great risk to themselves. EMS agencies urgently need improved access to personal protective equipment. FEMA guidelines must be adjusted to direct a larger percentage of funds to EMS agencies. We recommend an increase in funding of the SIREN Act, and a 20% add-on payment to the Medicare extender for rural EMS providers.
- 3. Enhance funding for core **public health infrastructure** to pay for such essential activities as disease surveillance, epidemiology, and laboratory capacity; all-hazards preparedness and response; policy development and support; communications; community partnership development; and organizational competencies. Robust federal investment in the public health system is vital as the economic impacts of the pandemic are felt nationwide. Our resiliency depends on the decisions we make today.
- 4. Allocate additional resources for increased access to **behavioral healthcare**. The psychological effects of the COVID-19 pandemic and extended social distancing measures are becoming more apparent every day. Disrupted routines, isolation and financial stress can cause severe distress that requires trained peers and professionals to provide more services than ever before. In New York State, there has been a disturbing increase in domestic violence and substance use in recent weeks.
- 5. Designate funding to state and local governments to flexibly support the **long-term care facilities** in their communities. Heartbreaking experience has taught us that people living in skilled nursing homes, assisted living and other congregate facilities for older adults are more likely to develop severe illness from COVID-19. The management of these homes varies considerably, including municipal, for-profit, and not-for-profit agencies. Funding should be included in the allocation to state and local governments to flexibly support the long-term care facilities in their communities.

We strongly support the financial assistance for hospitals, community health centers and other healthcare providers that was included in previous legislation.

The New York State Division of the Budget projects a \$13.3 billion shortfall, or 14%, in revenue from the Executive Budget Forecast released in January and estimates a \$61 billion

decline through FY 2024 as a direct consequence of the COVID-19 pandemic. As a result, in the absence of Federal assistance, initial budget control actions outlined in the Financial Plan will reduce spending by \$10.1 billion from the Executive Budget. This includes a cut of at least \$8.2 billion in direct state aid to local communities and represents a \$7.3 billion reduction in state spending from FY 2020 levels.



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As the nation begins phased reopening, public health agencies and local governments will be strained, not only for staffing and resources but also funding to help support continued service delivery to the community. A revenue shortfall of this magnitude would devastate businesses across New York State, beyond the healthcare and public health sectors. As a state, and as a nation, we need your steadfast support now more than ever.

We appreciate your consideration of these recommendations. If you have any questions or require additional information please contact Sara Wall Bollinger at the NYS Association for Rural Health at sara@NYSARH.org or 315.447.7937.

Thank you

New York State Association for Rural Health New York Council on Nonprofits Community Health Center Association of New York State New York State Association of County Health Officials New York State Public Health Association

cc: Senator Kirsten Gillibrand

Representatives Lee Zeldin, Peter King, Tom Suozzi, Kathleen Rice, Gregory Meeks, Grace Meng, Nydia Velazquez, Hakeem Jeffries, Yvette Clarke, Jerrold Nadler, Max Rose, Carolyn Maloney, Adriano Espaillat, Alexandria Ocasio-Cortez, Jose Serrano, Eliot Engel,

Nita Lowey, Sean Maloney, Antonio Delgado, Paul Tonko, Elise Stefanik, Anthony Brindisi, Tom Reed, John Katko, Joseph Morelle and Brian Higgins