**New York School-Based Health Alliance**

**Governor Andrew M. Cuomo Please Save School-Based Health Centers (SBHCs) in Your 2020-21 Proposed Executive Budget!**

The organizations listed above strongly urge Governor Cuomo to provide **5 million in the 2020-21 proposed State Executive Budget** **to restore non-Medicaid State grant funds to 27 School-Based Health Center (SBHC)** sponsors whose grant funds were disproportionately reduced in 2017 due to the combination of a 20% cut in the State budget and a new methodology developed by the NYS Health Department which resulted in reductions to SBHCs ranging from 25% to 70% of total grant funds**.**

**In addition, we strongly urge you not to include any cuts to SBHCs in your proposed 2020-21 State Budget.**

School-Based Health Centers are in financial crisis. Non-Medicaid grant funding for the State’s 262 SBHCs for the delivery of core primary, preventive, mental and dental health care services to over 250,000 children has been reduced by over 25%, ($5.8 million), since 2013. These cuts represent the largest reductions in the 41-year history of the program. They are the result of a:

* 5% across the board reduction in the State Fiscal Year (SFY) 2013-14 budget;
* 20% across the board reduction in SFY 2017-18; and
* **permanent** elimination of the Cost-of-Living Adjustment (COLA) in SFY 2018-19.

These across the board cuts originated in the proposed Executive Budget as part of a public health consolidation and reduction plan. The permanent elimination of the COLA last year was also initiated in the proposed Executive Budget and subsequently passed by the Legislature. We ask you not to put SBHCs in harm’s way and to exclude them from any further cuts.

In addition, in July 2017, the NYS Department of Health implemented a new redistribution of non-Medicaid State grant funding which resulted in reductions to SBHC sponsors in some of the most medically underserved and low-income areas of the State such as Buffalo, Brooklyn, the Bronx and other high-need areas. A total of $5 million in permanent funding is needed in the 2020-21 proposed Executive Budget to bring financial stability to these centers.

The combined impact of these cuts has been to reduce access to services for underserved youth. Many of the children and adolescents that we serve are emotionally and physically fragile. They live in communities with a high incidence of drug and alcohol abuse, violence, adolescent pregnancy, and sexually transmitted disease.

The non-Medicaid State grant funds are used by centers to help cover the deficits incurred by the SBHC commitment to serve all children, including those who are uninsured. Based on the Census Bureau, American Community Survey, 2017, over 80,000 youth ages six to 18 are uninsured in the State. In addition, immigrants who have not obtained US citizenship comprise 36.8% of the State’s total uninsured population with 409,697 individuals lacking coverage.

President Trump’s “public charge” rule, orginally slated to go into effect on October,15, 2019, will likely result in even greater numbers of uninsured immigrants and the need for increased non-Medicaid grant funds to SBHCs. The rule changes the definition of “public charge” to include the receipt of most forms of Medicaid, Food Stamps, and housing assistance programs as potential disqualifying factors for immigrants seeking to enter the U.S. or obtain a green card.

According to data compiled by the Kaiser Foundation, nearly eight in ten (79%) non-citizens who originally entered the U.S. with legal permanent status have at least one characteristic that the Department of Homeland Security (DHS) could weigh negatively in a public charge determination. The rule could lead to disenrollment rates ranging from 15% to 35% among Medicaid and CHP enrollees who are non-citizens or live in a household with a non-citizen. Between 2.0 and 4.7 million individuals could disenroll. [[1]](#footnote-1)

While multiple federal courts recently blocked the President’s public charge regulation, it is causing fear and confusion among legal immigrants about using public programs and has led to parents disenrolling themselves and their children from Medicaid and CHIP coverage, choosing not to renew coverage, or choosing not to enroll despite being eligible.[[2]](#footnote-2) It is critical that SBHCs who offer free care regardless of a student’s immigration or insurance status have the resources necessary to meet the needs of immigrant children and adolescents who are or who become uninsured.

Increasing funding for SBHCs is a wise investment for the State. They save taxpayers money by reducing emergency room visits and hospitalizations. Multiple studies show that the “economic benefit of SBHCs exceeds the intervention cost and that they result in a net savings to the Medicaid program. Total annual savings to the program ranges from $30 dollars per visit to $969 per visit. (Economic Evaluation of School-Based Health Centers. A Community Guide Systematic Review. Ran, et. al. American Journal of Preventive Medicine 2016: 51 (1):129-138).

The benefit of SBHCs to children and adolescents is wide-ranging. They improve educational outcomes such as school performance, grade promotion, and high school completion. Improved health outcomes include the delivery of vaccinations and other recommended preventive services, lower asthma morbidity, emergency department and hospital admissions, and increases in female contraceptive use, prenatal care and birth weight.

School-Based Health Centers are a powerful tool for reducing racial and ethnic disparities. According to the State Department of Health, 44% served are Hispanic or Latino and 31% are Black or African American. They are safety-net providers for children who are undocumented and/or uninsured and are a critical point of care for immigrant children.

You have always been a champion for children’s health and recognized the critical importance of SBHCs in your 2010 Urban Agenda. The Alliance strongly urges you to provide **$5 million for SBHCs and to hold them harmless from any funding reductions in your 2020-21 proposed State Executive Budget.** Thank you for your consideration of these issues.

**For further information contact Sarah Murphy, Executive Director of the New York School-Based Health Alliance, at (518) 694-3423 or** nysbha@gmail.com**.**

1. Survey of Income and Program Participation (SIPP) 2014 Panel, and 2017 American Community Survey (ACS) data. [↑](#footnote-ref-1)
2. Kaiser Foundation [↑](#footnote-ref-2)