**New York School-Based Health Alliance**

**Memorandum in Support  
2019-20 State Budget Priorities**

* **Support $17,098,000 in funds provided in the 2019-20 proposed State Executive Budget for School-Based Health Centers (SBHCs).**
* **Support $5 million in new funds in the final 2019-20 State Budget to fully restore cuts to SBHC sponsors whose non-Medicaid State grants funds were disproportionately reduced in 2017 due to the combination of: 1) a 20% across the board cut in the final 2017-18 State budget: and 2) an administrative action by the Department of Health to impose additional cuts on some SBHCs ranging from 25% to 70% of total grants funds.**

State non-Medicaid grant funding for the State’s 255 School-Based Health Centers for core, primary, preventive, mental and dental health services has been reduced by over 25% ($5M) in the last several years.

In 2017, non-Medicaid grant funding for SBHCs was reduced by $3.823 million due to a 20% across the board cut in the State Budget. That same year, the New York State Department of Health implemented a new redistribution of non-Medicaid State grant funding which resulted in reductions to 30 SBHC sponsors located in some of the most medically underserved and low-income areas of the State. These cuts ranged from 25% to 70% of the sponsors’ total grant funds.

The New York State Assembly added $3.823 million in funding in the final 2018-19 State Budget to help restore these cuts**. This year we respectively request that the Legislature add $5 million in new funds to fully restore the lost funding**.

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.

A proposed rule put forward by the Trump Administration in October 2018 to change “public charge” policies could result in even greater numbers of uninsured immigrants and the need for increases in non-Medicaid State grant funds to SBHCs. Currently receipt of cash-based assistance and long-term institutional care at government expense can be used to potentially disqualify someone from entering the U.S. or obtaining a green card on the basis that they are likely to become dependent on government assistance as a “public charge.” The new proposal would expand the list of public benefit programs that the government could use as disqualifying factors to include the receipt of Food Stamps, Women, Children, and Infants (WIC) program, and housing assistance benefits.

The rule is not final and if published there will be at least 60 days before it takes effect. It currently does not apply to refugees, asylees, or green card holders who apply to become U.S. citizens. However, according to the Kaiser Family Foundation, the rule as proposed is increasing confusion and fear among legal immigrants about using public programs. Advocates for immigrants are concerned that non-citizen parents will not seek health insurance for their citizen children even though they are entitled to do so. The Kaiser Foundation reports that the rule could lead to Medicaid and CHIP enrollment dropping among citizen children with noncitizen parents by between 15% (875,000) and 35% (2 million).

SBHCs are on the front lines offering immigrant children and adolescents free health and mental health care in a confidential and trusted setting. The centers should receive sufficient financial resources to continue to provide these critical services.

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.

**Please $5 million in the final 2019-20 State Budget to support the School-Based Health Center Safety Net for Children!**