**New York School-Based Health Alliance**

**Memorandum in Support
2020-21 State Budget Priorities**

* **Support $17,098,000 in funds provided in the 2020-21 proposed State Executive Budget for School-Based Health Centers (SBHCs).**
* **Support $5 million in new funds in the final 2020-21 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.**
* **Hold SBHCs harmless from any Medicaid Cuts in the 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 43-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 in SFY 2018-19.

**In addition, effective, January 1, 2020, most Medicaid providers, including SBHCs, were hit with a permanent 1% decrease in their Medicaid rates. Further Medicaid cuts to SBHCs are unsustainable and we ask you to hold us harmless from any Medicaid cuts in the 2020-21 State Budget.**

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 which was recently upheld by the US Supreme Court could 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.

The Supreme Court decision will heighten fears and cause confusion among legal immigrants about using public programs. Even before the Court’s decision, the pending rule 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.[[1]](#footnote-1) 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

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. [[2]](#footnote-2)

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, 43% served are Hispanic or Latino and 27% 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 Support This Vital Safety New for Children!**

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