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Center for Independence of the Disabled, NY

February 11, 2019

2019 Budget and Legislative Agenda

The Center for the Independence of the Disabled, NY (CIDNY) is a leading nonprofit serving people with disabilities since 1978. CIDNY's goal is to ensure full integration, independence and equal opportunity for all people with disabilities by removing barriers to full participation in the community. In 2018, we reached more than 52,000 people with disabilities, their families and others in New York City.

Executive Summary

Over the past year, CIDNY has monitored proposed budget legislation and has monitored the effects of regulations and legislation on the over 2 million people with disabilities in New York State. As a result of our policy analysis and with the experiences of our consumers, we have developed the following recommendations related to the State budget and legislative agenda. For more information on the following recommendations, please see that attached policy agenda.

ILC Funding

CIDNY Supports

- An Increase of \$18 million Funding for Independent Living Centers(ILCs).

AGING

CIDNY supports

- An Increase of \$3 Million for the Long-Term Care Ombudsman Program (LTCOP).

HOUSING

CIDNY Supports

- Extension and Expansion of Rent Regulation Laws.
- Increasing Funding for Access to Home.

CIVIL RIGHTS

CIDNY Supports

- The Right to Vote Privately and Independently for People with Disabilities. S382 (Carlucci).
- Funding for Accessible Early Voting and Automatic and Same Day Voter Registration to Make It Easier for People with Disabilities to Vote.
- The Amendment of the State's Human Rights Law be to Make Discrimination by Landlords Based on a Tenant's Source of Income Illegal.
- Extension of New York State Human Rights Law to Protect Students with Disabilities in Public Schools.

EDUCATION

CIDNY Supports

- Oversight of Student Loan Servicers Who Link Lenders and Borrowers. These Servicers Should Inform Borrowers of All Their Rights to Permanently Discharge the Student Loan Debt Because of a Disability. A.07582 (Zebrowski) /S.6589 (Hamilton).

CIDNY Opposes

- Allowing Waivers from Services to Children with Disabilities by Local School Districts.

EMPLOYMENT

CIDNY Supports

- Development of Policy Requiring State Contractors to Employ People with Disabilities.

TRANSPORTATION

CIDNY Supports

- Funding for Access-A-Ride to Continue and to Expand Its On-Demand and E-Hail Pilots.
- Funding for Fully Accessible Subways in New York City.

HEALTH

CIDNY Supports

- Increased Funding for Community Health Advocates (CHA), the State’s Health Care Consumer Assistance Program, to \$6.5 million.
- Enrollment Assistance by New York State Navigators Urging the State to Increase the Budget to \$32 Million.
- New York State to Provide \$2 Million for Targeted Education and Outreach to Uninsured New Yorkers.
- Funding for Homecare That Will Both Cover the Hours That People Need and Pay Workers a Livable Wage.
- A Funding Mechanism to Allow MLTC Plans to Serve Those with the Greatest Needs.
- Fair Funding for Safety Net Hospitals.
- Ensuring Coverage for All New Yorkers with Affordable Coverage Options.
- Preservation of Spousal and Parental Refusal.
- Elimination of Visit Limits on Medicaid Physical Therapy, Occupational Therapy, and Speech Therapy in Medicaid.
- Simplifying Access to Supplemental Nutrition Assistance Program (SNAP) for People with Disabilities.

CIDNY Opposes

- Extending the Medicaid Global CAP through 2021.
- CIDNY Opposes Any Reform to the Consumer Directed Personal Assistance Program That Would Limit Consumer Choice of Fiscal Intermediaries or Limit Access to the Program.
- CIDNY Opposes the Giving Health Plans Greater Flexibility to Manage Care by Allowing Reductions When a Prior Authorization Allowed More Services than were Medically Necessary.
- CIDNY Opposes Reduced Coverage of Medicare Out-of-Pocket Costs for Dual Eligibles who are QMBs or Medicaid Recipients.
- CIDNY Opposes Increased Co-pays for Over-The-Counter Drugs and Removal of Over-The-Counter Coverage.
- CIDNY strongly opposes eliminating Provider Prevals.

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INDEPENDENT LIVING CENTERS



CIDNY Supports an Increase of \$18 million for Independent Living Centers (ILCs)

We are seeking an increase of \$18 million to base funding for Independent Living Centers (ILCs). This increase has been recommended by the State Education Department and Board of Regents for the past two years, yet the funding as remained static. The ultimate goal is to increase the State appropriation to a much needed \$25 million.

ILCs provide critical services to people with disabilities in New York State. We assist them in navigating the ever-changing service system in order to live independent, fully integrated lives in the community. ILCs have been severely underfunded for the past 14 years, while the cost of providing services has increased dramatically. This creates a crisis for ILCs and New Yorkers with 110,000 disabilities who seek their services.

AGING



CIDNY supports an Increase of \$3 Million for the Long-Term Care Ombudsman Program (LTCOP)

LTCOP provides important, legally required services for residents of nursing homes, adult care facilities and family-type homes. LTCOP receives, investigates and resolves complaints, and advocates for improvements in long term care facilities.

LTCOP is primarily a volunteer-based program that provides a weekly presence in facilities, offering the residents assistance with any concerns they may have while at the facility. LTCOP staff and volunteers are independent “hands-on” responders to complaints lodged and concerns raised in long-term care facilities regarding due process, safety, and quality of life.

LTCOP addresses violations of residents’ rights or dignity, physical, verbal or mental abuse, deprivation of services necessary to maintain residents’ physical and mental health, unsafe discharge, violations of due process, poor quality of care, inadequate personal hygiene, slow response to requests for assistance, improper transfers, use of chemical or or physical restraints. and unreasonable confinement. It advocates for resident-centered improvements to long-term care facilities and identifies trends that affect long-term care residents. LTCOP also represents residents when a facility is closing to ensure that their transitions to another facility or back to the community are safe and appropriate.

The inadequate funding LTCOP receives limits its ability to reach all residents in a large number of facilities and ensure that all long-term care residents have the protections that the program requires. The National Institute on Medicine (IOM) recommends one full-time ombudsman per 2000 residents. Having only 40 paid staff throughout the State (half the IOM recommendation) and 800 volunteers is not nearly enough to serve our 160,000 residents in over 1500 facilities. LTCOP receives half the funding of states with comparable numbers of residents and facilities, which means that only half the number of paid staff are available to recruit and provide certification training to volunteers and also go to facilities. We are, therefore, only able to reach approximately 25% of nursing homes and 40% of adult care facilities on a regular basis.

Properly funded, LTCOP has the potential to provide a cost savings to New York State. We provide a needed set of eyes and ears and the opportunity to resolve issues before they escalate to the level of increased and costly Department of Health intervention, or litigation, both of which are growing trends across the state. This increase in funding would support the enhancements of stepped up protections for older adults whether it be regarding financial exploitation or abuse. Increasing LTCOP funding can aid in assisting resident and families before they pursue legal action against New York State or the facilities housing these residents.

HOUSING



CIDNY Supports Extension and Expansion of Rent Regulation Laws

Most of New York City’s rent increases to regulated units are set by the Rent Guidelines Board. However, if a unit becomes vacant or improvements are made a landlord can apply for a supplemental boost. In addition, because of the State’s vacancy control policy a landlord is permitted to charge market-rate rent when rent reaches \$2,700 and when the apartment is vacated, the landlord is permitted to charge market-rate rent.

The governor’s proposal will preserve tenants’ rights, end vacancy decontrol, repeal preferential rent, limit building and apartment improvement charges.

CIDNY Supports Increasing Funding to Access to Home

Access to Home helps provide people with disabilities in low-income households access to home modifications so that they can stay in the community and out of nursing facilities.

CIVIL RIGHTS



CIDNY Supports the Right to Vote Privately and Independently for People with Disabilities. S382 (Carlucci).

While progress has been made as a result of the Help America Vote Act (HAVA), people with disabilities are still not able to vote privately and independently in local elections because inaccessible paper ballots are being used, without the option of accessible Ballot Marking Devices that are available in state and federal elections. Moving local, village, county and NYC elections to coincide with the dates of state and federal elections would help eliminate discrimination in voting by making Ballot Marking Devices available at all elections.

CIDNY Supports Funding for Accessible Early Voting and Automatic and Same Day Voter Registration to Make It Easier for People with Disabilities to Vote

While we applaud the Governor and legislature for voting reforms allowing automatic and same day voter registration, however, we urge funding in this year’s budget to maintain accessibility for voters with disabilities in all these reform efforts. Funding for accessible early and automatic voting must be included and provided to counties to fully implement these reforms for the November elections.

EDUCATION



CIDNY Supports Oversight of Student Loan Servicers, Who Link Lenders and Borrowers. These Servicers Should Inform Borrowers of All Their Rights to Permanently Discharge the Student Loan Debt Because of a Disability. A.07582 (Zebrowski) /S.6589 (Hamilton).

Currently, student loan servicers are unregulated. Their services are critical resources for borrowers with disabilities or people who become disabled. The servicers should explain to the borrower all their options in making payments or having the loan discharged. For example, a Consumer Financial Protection Bureau found that student loan servicers hinder borrowers from applying for an income-driven payments program. Instead, they push them into temporary forbearance and deferment options. This still requires payment of the interest on the loan, or it accrues increasing the total amount one has to pay. Thus, the burden actually increases.

A disability may arise while attending school or after employment when one is still making payments towards their loan. One study showed that more than one in four of today’s 20 year-olds can be expected to be out of work for at least a year before they reach the age of retirement because of a disabling condition. This means that many more people than might be assumed may have to defer or request discharge of their school loans. Therefore, they may have more difficulty in repaying student loans. Most people with disabilities who have student loans are more at risk of loan burden or default on loans.

CIDNY Opposes Allowing Waivers from Services to Children with Disabilities by Local School Districts.

The Governor proposes allowing local school districts to waive rights to services for students with disabilities that are crucial to ensure that these students are adequately evaluated and integrated in their community school. The Governor should not take steps backwards by removing rights that protect the appropriate placement of children with disabilities.

The governor has included this in his budget since 2015. If this legislation passes it would allow schools avoid providing certain services that students with disabilities require to obtain the same education as students without disabilities. Charter schools are seeking this waiver claiming it would be the only way they can accept students with disabilities.

EMPLOYMENT



The poverty rate for people with disabilities in New York State is 18 percent higher than for non-disabled New Yorkers. Working-age people with disabilities in the State have a 31.6 percent employment rate, resulting in an employment gap of 41.1 percent between people with and without disabilities.

CIDNY Supports a Waiver of the State’s Sovereign Immunity to Claims under the ADA and Section 504. A2546 (Lifton)/S1522 (Avella).

When state workers are discriminated against, they are not currently permitted to sue their employer in federal court for money damages, including lost wages. Public employers should be held to the same standard as private employers and should not be permitted to violate federal civil rights law.

The State’s waiver of its Sovereign Immunity would give New Yorkers employed by the State the protection under the ADA and Fair Labor Standards Act that all other New Yorkers have.

CIDNY Supports the Development of Policy Requiring State Contractors to Employ People with Disabilities

On March 24, 2014 new regulations of Section 503 of the Rehabilitation Act became effective. The regulation requires affirmative action by federal contractors and subcontractors to recruit and hire individuals with disabilities, and improve job opportunities for this population. The regulation establishes a nationwide utilization goal of 7 percent for qualified individuals with disabilities. We are seeking that New York State pass a similar law by requiring State contractors and subcontractors to recruit and hire individuals with disabilities, and improve their job opportunities.

CIDNY Supports Amendment of Section 55-a of the Civil Service Law

Section 55-a refers of New York State Civil Service Law allows local governmental entities to bypass the examination process when employing people with disabilities in competitive civil service jobs. However, the positions for which a person with a disability is hired would be considered non-competitive, and does not allow for job security and benefits until after five years of employment. Therefore, people with disabilities under the 55-a program are left unprotected and could be the first to be terminated because of the economy, consolidation or abolition of functions. We believe that people with disabilities in civil service jobs should receive the same job security and benefits at the same time in their employment as any other employee.

TRANSPORTATION



CIDNY Supports Funding for Access-A-Ride to Continue and Expand Its On-Demand and E-Hail Pilots

People with disabilities who use Access-A-Ride (AAR) are denied the right to travel throughout New York City in the same way as people who can use subways and buses because AAR requires users to book rides 24 hours in advance. This can severely limit the ability of people with disabilities to employment when unplanned same-day travel is part of the job, or to get accessible transportation needed for an unscheduled medical visit, respond to a child’s need at school or take advantage of social opportunities enjoyed by their non-disabled peers.

The E-hail pilot is for all users and allows them to book same day trips with a Yellow or Green Taxi using an app. They have to call the AAR dispatcher to arrange for the ride. The On-Demand is a small pilot program composed of 1,200 users who have access to an app that they use to get a ride anytime/anywhere. These pilots have been successful and opened up more options for accessible and immediate transportation to people with disabilities who cannot use subways or buses.

CIDNY Supports Funding for Fully Accessible Subways in New York City

The New York City subway system is largely inaccessible for people with disabilities, in violation of civil rights law. More than three out of four stations (76%) have no access at all, and the elevators in accessible stations often break down. We ask that the legislature fully fund a plan to achieve full accessibility of the subway system and to ensure that it is maintained in good repair.

The absence of elevators in the subway is a major challenge for people with disabilities as they try to live their daily lives, whether it's seeking employment, taking their children to school, visiting the doctor or spending time with family and friends. Of course, many other constituents lose out when stations aren't accessible, including people who are temporarily disabled and people with strollers.

CIDNY supports funding attached to a requirement that it be used to make all subway stations fully accessible. We seek a binding agreement to ensure the community that full accessibility will be achieved. The Governor and the Legislature should ensure that everyone, including people with disabilities, can use the subways safely and independently.

HEALTH



CIDNY Supports Increased Funding for Community Health Advocates (CHA), the State's Health Care Consumer Assistance Program, to \$6.5million.

Since 2010, CHA has helped 340,000 New Yorkers, including many people with disabilities, all over New York State to navigate their health insurance plans to get what they need and saved New Yorkers over \$37 million. People with serious illnesses and disabilities especially need this assistance so that they can get the services and supports that are right for them. CHA's contact information is listed on commercial, but not Medicaid Managed Care notices. This year, Medicaid patients have to "exhaust" their plan's internal appeal systems before going to an independent appeal process. Medicaid enrollees should receive CHA's information to manage the appeal process as people in the commercial market already do.

The Governor proposes a budget for the program of \$2.5 million. We urge the Legislature to add \$4 million for a total of \$6.5 million in FY 2020.

CIDNY Supports Enrollment Assistance by New York State Navigators Urging the State to Increase the Budget to \$32 Million.

Navigators are local, in-person assisters that help New Yorkers, including people with disabilities, to enroll in health insurance plans. Navigators have helped over 300,000 New Yorkers enroll since 2013 without ever receiving a cost-of-living increase.

The State should increase the navigator budget from \$27.2 million to \$32 million to guarantee high quality enrollment services.

CIDNY Urges the State to Provide \$2 Million for Education and Outreach to Uninsured New Yorkers.

One third of the remaining uninsured New Yorkers are eligible for free or low cost coverage, but are unaware of it. This is especially important for people in immigrant communities, including people with disabilities, who are living with great uncertainty because of federal threats like changing "public charge" rules for immigrants.

The State should provide \$2 million for community based organizations to conduct outreach and educate consumers in the hardest-to-reach communities.

CIDNY Supports Funding for Homecare That Will Cover the Hours That People Need and Pay Workers a Livable Wage.

While the Executive Budget does include \$1.1 billion to support the direct cost of the FY 2020 minimum wage increases for health care workers that provide services reimbursed by Medicaid, this is not sufficient. This funding only brings home care workers up to minimum wage – the same pay rate as fast food workers – however these are not minimum wage jobs.

These are vital jobs. Home care workers help people with disabilities by giving them the care they need to live at home. Simply providing enough funding to meet minimum wage is insufficient to address the home care crisis we are facing in New York. In many parts of the state, people are unable to get care at home because not enough people want these jobs due to the low pay. Home care-workers who work 24-hour shifts are not paid for all of the hours they work.

CIDNY supports a living wage for home care workers who are essential for allowing many people with disabilities to remain independent in their communities.

CIDNY Supports a Funding Mechanism to Allow MLTC Plans to Serve Those With the Greatest Needs.

Previous years’ budget included a commitment to explore the creation of a high-needs community rate cell to provide managed care organizations (MCOs) with sufficient funding to serve people with disabilities who have the greatest needs.

The State indicates that it will transform nursing home patient acuity data collection processes to provide improved rate adequacy. A similar commitment is needed to get to capitation rates that will ensure those with the most significant needs are able to get the supports and services they need to live in the community, to be consistent with the State’s Olmstead plan.

CIDNY Supports Fair Funding for Safety-Net Hospitals.

Under the current allocation of funds from New York’s indigent care pool true safety net hospitals, which serve uninsured people and have a high volume of Medicaid patients, like New York City Health + Hospitals, will face a disproportionate share of the burden from any cuts. People with disabilities disproportionately use public coverage like Medicaid for their health insurance and so are disproportionately served by these hospitals.

The Legislature needs to fix the inequities in the hospital Indigent Care Pool and Disproportionate Share Funding by ending the Indigent Care Pool transition collar and adopting legislation to allocate DSH and ICP funds in NYS to ensure continuation of true safety net hospitals and provision of services to their patients.

CIDNY Supports Ensuring Coverage for All New Yorkers with Affordable Coverage Options.

The Essential Plan is a popular health program that offers coverage for at most \$20 a month with no deductible. People who earn too much for the Essential Plan must buy coverage on the Marketplace which can cost \$150 or more and have deductibles that are over \$1,350 -- even with financial assistance.

New York could ease the health coverage affordability cliff by allowing people who earn between 200% and 250% of the federal poverty level (around \$25,000 for an individual) to choose between buying a private plan or buying the Essential Plan.

The state should subsidize an Essential Plan buy-in for people living under 250% of the federal poverty level by creating a gradual price increase that would cost \$132 Million and provide affordable coverage to around 116,000 people.

Making coverage more affordable would help address individual consumers’ budget challenges, but also bring down prices for the entire individual market by bringing more people into the risk pool.

The State should explore establishing a premium assistance program for people with incomes over 200% of the federal poverty level who buy private insurance.

About one third of the remaining uninsured New Yorkers are immigrants. We see undocumented immigrants with disabilities in New York who remain uninsured because of their immigration status. The Essential Plan covers people who earn up

to 200% of the federal poverty level. The State can provide Essential Plan coverage to an estimated 110,000 people by expanding coverage to immigrants, including people with disabilities, who are not currently eligible.

CIDNY urges the state to allocate \$532 million to create a state-funded Essential Plan for New Yorkers who are currently excluded because of their immigration status.

The Trump Administration is ending Temporary Protected Status for thousands of New Yorkers, many of who have lived in New York for decades, are disabled or elderly, and have made New York their permanent home.

The State should offer state-funded Medicaid to these residents.

CIDNY Supports Preservation of Spousal and Parental Refusal.

We urge the Legislature to reject elimination of spousal and parental refusal, as it has in the past.

The Governor’s Budget again proposes to eliminate the longstanding right of “spousal/parental refusal” -- the right to protect some income for a non-disabled children and adults when children with severe illnesses, low-income seniors and people with disabilities need Medicaid to help with long term care costs and Medicare out-of-pocket costs. The “refusal” will only be honored and Medicaid granted if a parent lives apart from his or her sick child, or a “well” spouse lives apart from or divorces his or her ill spouse. It is counterproductive to have a couple separate or be unable to marry and form a household in order to enable the spouse with a disability to have health care.

We oppose denying Medicaid to disabled adults and children. The projected cost savings from this action may not be realized, and in fact the increased insecurity of these individuals and their families may cause further health care and social costs that have not been included in the budget assumptions.

CIDNY Supports an Override Provision for Visit Limits on Medicaid Physical Therapy, Occupational Therapy, and Speech Therapy.

Last year’s Executive Budget increased physical therapy visit limits from 20 to 40, but speech therapy and occupational therapy remain at 20 visits annually. The Medicaid Redesign Team adopted the recommendations of its Basic Benefit Review Workgroup that included the principle that decisions on the Medicaid Benefit package would be based on evidence derived from an assessment of effectiveness, benefits, harms, and costs.

Arbitrary visit limits do not make sense, and discriminate against people with disabilities. People who have a stroke may need more visits to regain the ability to walk. We have seen a person subjected to these limits was unable to get the recommended post-operative physical therapy needed to regain functioning. Some people may experience depression when they are unable to gain or regain function and thus may require therapy or prescription drug treatment. Medicare provides for an override, and Medicaid Utilization Thresholds which have been used in New York, have provided a procedure for a physician override.

CIDNY Opposes Extending the Medicaid Global CAP through 2021.

Since 2011 the Medicaid Program has been operating under a Medicaid global spending cap which has meant significant cuts in that essential programs and services that are important to the well-being of people with disabilities have faced significant cuts in recent years. Many of these cuts have occurred “behind the curtain,” but we know that capitation rates have not been sufficient for plans that have served people with disabilities well to survive. At the same time Managed Long Term Care Plans have cut home care hours in ways that have adversely impacted people with disabilities, which may mean that people whose hours are cut are forced to give up their independence in the community and move into institutional care.

The Trump administration is reportedly working on a way to let states implement block-grant systems in their Medicaid programs. Experts have commented that block grants could result in causing experts to comment that this could lead to “insufficient funding that could lead to inadequate capitation rates that are no longer actuarially sound.” That certainly has been our experience in New York. It is time for New York to end this arbitrary global cap.

CIDNY Opposes Any Payment Reform to the Consumer- Directed Personal Assistance Program That Would Limit Consumer Choice of Fiscal Intermediaries or Limit Access to the Program.

The disability rights movement fought for a Consumer Directed Personal Assistance Program that would allow people with disabilities to be in charge of their care and their lives. The Executive Budget now proposes to make changes to the program that could jeopardize it and that demonstrate a lack of understanding of the role that Fiscal Intermediaries play in helping a person with a disability hire, schedule, manage and supervise their caregivers. The proposed changes can jeopardize the program.

The Legislature should reject The Executive Budget proposed changes to the CDPA program.

CIDNY Opposes the Giving Health Plans Greater Flexibility to Manage Care by Allowing Reductions When a Prior Authorization Allowed More Services than were Medically Necessary.

CIDNY understands that the Executive budget is claiming \$25 million state share savings that it intends to achieve through regulations that will occur without legislative action. All reductions in care require the due process protections of notice and opportunity for a hearing. People with disabilities enrolled in health plans need due process to protect their health.

CIDNY Opposes Reduced Coverage of Medicare Out-of-Pocket Costs for Dual Eligibles who are QMBs or Medicaid Recipients.

Currently Medicaid pays the entire Medicare approved charge before the beneficiary meets the annual deductible so that the provider is paid in full. The Executive budget proposes that Medicaid would pay only the Medicaid approved rate. The Executive budget also proposes to stop paying the full 20% coinsurance at the full Medicare approved rate for psychologists and ambulance services, instead paying only up to the Medicaid rate.

These proposed reductions in reimbursement will harm access to providers who will are likely to drop patients using who use QMB or Medicaid for their coverage. The exception to this protection for psychologists is particularly disturbing, given that other parts of the budget seek to improve access to behavioral health care.

CIDNY opposes increase co-pays For Over-The-Counter Drugs and Removal of Over-The-Counter Coverage. pays for over the counter drugs and removal over the counter coverage.

The Executive Budget proposes to double the co-pays for Medicaid covered over-the-counter medications and supplies from 50 cents to one dollar and to reduce drugs and supplies that are covered without the opportunity for notice and comment.

This could cause people with disabilities to go without important medications they take to control allergies, stomach issues, or high blood pressure resulting in more expensive medical costs and harm in the future. It demonstrates a real lack of understanding of the choices and trade-offs that low income people with disabilities must make.

The legislature should reject the over-the-counter coverage proposals.

CIDNY strongly opposes eliminating Provider Prevalis.

This proposal would repeal an important patient protection in the Medicaid. A prescriber, with clinical expertise and knowledge of his or her individual patient, should have the final say to be able to override the preferred drug list for anti-retroviral, anti-rejection, seizure, endocrine, hematologic, and immunosuppressant therapeutic classes, as well as atypical antipsychotics and antidepressants. People with disabilities often have chronic conditions that require a complex combination of medications. Different individuals may have very different responses to different drugs in the same class. Sometimes only a particular drug is effective or alternative drugs may have unacceptable side effects.

Disrupting the continuity of care can result in detrimental or life threatening consequences and can actually lead to more medical complications, expensive hospitalizations, emergency room use, and higher health costs. It can also discourage consumers from continuing with needed treatment due to uncomfortable side effects or because drug failure erodes their trust in medication. Prescribers are in the best position to make decisions about what drug therapies are best for their patients.

We urge the State to recognize the importance of specific prescription drug combinations and protect Provider Prevails. We urge the Legislature to preserve prescriber prevails for all current classes of drugs.

CIDNY Supports Simplifying Access to Supplemental Nutrition Assistance Program (SNAP) for People with Disabilities.

The governor is seeking a federal waiver to simplify SNAP applications, have longer certification periods, fewer reporting requirements, and waiver of re-certifications interview for applying and re-certifications for SNAP. These proposals would make benefits more accessible.

All these things would be positive steps to allow people with disabilities more access to SNAP benefits. The waiver that the governor seeks must be granted by the USDA because those requirements are mandated by federal law. New York has been successful in getting some waivers in the past – New York can now do telephone interviews and periodic mailers instead of in person interviews because of waivers. The waiver for longer re-certifications periods already exist for certain populations, this new waiver would open up the option to all SNAP recipients.