

Governor's State of the State Health Care Initiatives

OVERVIEW

On January 8th, Governor Andrew Cuomo delivered his 2020 State of the State speech in Albany. As usual, the Governor outlined a broad social and economic agenda which includes several health care proposals, summarized below.

In his speech, the Governor briefly addressed the projected Medicaid budget shortfall of approximately \$4 billion. He did not provide further details on the recently proposed 1% across-the-board payment reduction for Medicaid services or other savings initiatives. However, he drew attention to the State's freeze in the growth of the local share of Medicaid, which became fully implemented in 2015. As a result of the freeze, New York City's contribution to Medicaid has now decreased to \$4.9 billion, while the state's 57 counties' local contribution has decreased to \$1.9 billion, as of SFY 2019.

The Governor said that the State's share had increased by \$4 billion as a result, and that this represented an "unsustainable" situation which had "separate[d] administration from accountability." He did not propose any specific changes to this arrangement but did mention the successes of the Medicaid Redesign Team (MRT), which was created in 2011 to develop a multi-year plan to reduce costs and improve care. He alluded to the possibility of again using an MRT model to "restructure Medicaid" to address current financial and quality issues.

A preliminary public list of the 2020 State of the State proposals, with additional details on each proposal, is available [here](#). The Governor's State of the State Book, which includes further details on all proposals, is available [here](#). Additional policies and funding details will be included in the upcoming Executive Budget.

COMBATING THE OPIOID EPIDEMIC

The Governor plans to introduce legislation to make fentanyl analogs, which are lethal synthetic opioids, subject to the same criminal sale or possession penalties as other controlled substances. Currently, fentanyl analogs are not illegal in New York State because they are not listed in the State schedule. Additionally, this legislation would give the New York State Health Commissioner the authority to ban any new fentanyl analogs that have been added to the federal schedule of controlled substances.

The Governor also proposes actions to expand access to medication assisted treatment (MAT) for opioid use disorder in hard to reach communities, including expansions to:

- **Medication Assisted Treatment and Emergency Referrals (MATTERS) Program**, which provides MAT to patients identified with opioid use disorder in emergency departments;
- **MAT Telemedicine Program**, which connects emergency departments with doctors who can prescribe buprenorphine through telehealth;
- **Telehealth in Mobile Clinics**, by adding 10 new mobile clinics in each economic development zone nationwide and directing the Office of Addiction Services and Supports (OASAS) to fund telehealth equipment for at least one addiction treatment program in each county across the State; and

- **Access to MAT in Correctional Settings**, by providing buprenorphine in the seven facilities currently offering methadone and seeking national certification to develop a corrections-operated Opioid Treatment Program.

In addition, the Governor proposes a single formulary for Medicaid to ensure quick access to MAT.

LOWERING PRESCRIPTION DRUG PRICES

This three-part proposal to lower prescription drug prices would:

- Cap insulin co-payments at \$100 per month for insured patients;
- Give the New York State Department of Financial Services (DFS) the authority to investigate significant increases in prescription drug prices and call on manufacturers to demonstrate reasonable justification for the increase or face fines and pay rebates to affected consumers;
- Establish a commission of experts to study the feasibility and benefits of a Canadian drug import program and submit a plan to the U.S. Department of Health and Human Services for review.

The Governor also proposes that Pharmacy Benefit Managers (PBMs) register with the State and be subject to regulations requiring the disclosure of financial incentives or benefits for promoting the use of certain drugs and other financial arrangements affecting consumers. PBMs would be licensed by DFS, who would have the authority to suspend or revoke a PBM's license for inappropriate business practices, or for conduct that otherwise violates DFS standards.

INCREASING TRANSPARENCY IN HEALTH CARE COSTS

The Governor proposes to direct the New York State Department of Health, the New York State DFS, and the New York State Digital and Media Services Center to develop a consumer-friendly website, NYHealthcareCompare, that would allow New Yorkers to easily compare the cost and quality of health care procedures at hospitals around the State. The website would also provide consumers with access to educational resources on a variety of health care topics, including financial assistance options and patient rights related to surprise billing. Specifically, the website would allow consumers to:

- View cost, quality, and volume data by specific hospital;
- Search by medical procedure costs;
- Research affordability questions; and
- Find laws and programs to help New Yorkers with medical bills, health insurance complaints, hospital complaints, and practitioner/provider complaints.

The Governor also proposes a three-point plan to expand protections for consumers against surprise medical bills:

- **Expansion of Out-of-Network Billing Law**, by prohibiting all hospitals and emergency physicians from directly billing consumers for out-of-network services and requiring all hospitals to participate in the Independent Dispute Resolution process to resolve billing disputes between hospitals and insurers;
- **Disclosure of Facility Fees**, which would require the disclosure of facilities fees that are unreasonably charged to New Yorkers and often not covered by insurance; and

- **Shortening the Statute of Limitations to Collect on Medical Debt**, by distinguishing medical debt from other consumer debt and shortening the statute of limitations to collect unpaid medical debt from six years to three years.

ENHANCING PHYSICIAN INTEGRITY AND ACCOUNTABILITY

The Governor proposes to introduce a set of reforms to allow DOH to more effectively investigate, discipline, and monitor physicians and other providers licensed in New York State. Legislation will be introduced to:

- Enact periodic renewal requirements for physicians to maintain their license and ability to practice in New York;
- Update the Public Health Law to strengthen disciplinary oversight and allow for the expeditious removal of physicians who are a risk to the public;
- Ensure that patients are able to access information on investigations into the professional conduct of licensed physicians; and
- Grant the Office of Professional Medical Conduct (OPMC) the authority to act quickly in order to preserve patient safety.

PRESERVING THE EFFECTIVENESS OF ANTIBIOTICS

The Governor proposes a statewide initiative to combat antibiotic resistance and protect patients from drug resistant infections. The initiative would:

- Require clinical staff at hospitals and nursing homes to participate in education programs on enhanced antimicrobial resistance and infection prevention and control;
- Require healthcare facilities to implement antibiotic stewardship programs (ASPs) that adhere to federal standards;
- Expand an information technology pilot program that detects outbreaks of antibiotic resistance across regions and between facilities;
- Enhance existing regional information exchanges to improve the control of antibiotic resistance; and
- Direct state agencies to monitor the administration of antibiotics in livestock feed.

WOMEN'S HEALTH

The State plans to launch a state-only funded family planning program that will help ensure the continued availability of family planning services and a stable provider network. The Governor will also encourage employers to offer fertility coverage and take actions to prevent discrimination for seeking fertility services.

In addition, the Governor proposes to create a Women's Health Research Consortium comprised of the State's leading health and medical research institutes that will provide research recommendations to advance medical equity. The Consortium will study a variety of conditions that affect women, including postpartum depression, menopause, pre-eclampsia, breast cancer, cervical cancer, and ovarian cancer, and will prioritize research in infertility and maternal mortality with a focus on racial disparities. The Consortium will provide an annual report of this work that will include policy recommendations.

The Governor plans to continue to invest the \$8 million included in the fiscal year 2020 Enacted Budget to target maternal mortality and morbidity. Specifically, the funding will support:

- Expanding and enhancing Community Health Worker services to help women and families access care;
- Implementing implicit bias training and post-birth training for medical providers;
- Creating a comprehensive perinatal data warehouse to increase timely access to maternal health data;
- Convening a Maternal Mortality Review Board;
- Developing a strategic outreach program in key communities across the state to increase the ratio of perinatal health care providers who are members of racial and ethnic minority groups.

LGBTQ HEALTH

The Governor proposes to direct OASAS to develop clinical practice standards for addiction treatment programs when working with LGBTQ individuals. This would include developing best practices for ensuring a treatment environment that is free from discrimination. Under this proposal, OASAS would implement an accompanying endorsement for programs that meet these standards so that consumers can identify programs that are providing the best quality of care to LGBTQ individuals.