

September 10, 2021

The Honorable Kathleen C. Hochul
Governor of New York State
New York State Capitol Building
Albany, NY 12224

Re: Inclusion of S6534A (Rivera)/A7230 (Gottfried) in FY23 Executive Budget

Dear Governor Hochul:

Congratulations on your inauguration and on beginning your administration as Governor of the State of New York. As health care advocates, providers, and members of the Community Development Financial Institution community, we look forward to your leadership and are eager to work together to build a stronger, healthier, more equitable New York. We strongly believe that primary care is the backbone of our health care system and that improving access to health care is a proven way to improve health outcomes and create stronger communities. **We are writing at this early date in your administration to request a meeting with a few representatives from our coalition of supporters to discuss a proposed strategy to strengthen New York's primary care infrastructure and improve the lives of all New Yorkers.**

As you work to develop your administration's agenda, the health of New Yorkers must be a top priority. **Primary and preventive care is a cornerstone of vibrant, thriving communities** and helps keep families healthy, children ready to learn, and adults able to pursue education and participate in the workforce.

Regular access to primary care is consistently [associated](#) with positive health outcomes. An [increase](#) of just one primary care physician per 10,000 people can generate 5.5% fewer hospital visits, 11% fewer emergency department visits, and 7% fewer surgeries. Access to primary and preventive care is a [key](#) social determinant of health and pivotal to the educational and economic success of struggling families. Primary care has not only been shown to [reduce](#) overall health care costs but is the only part of the health system that has been proven to [lengthen](#) lives and reduce [inequities](#) at the population level.

Despite the proven impact of primary care, [estimates](#) show that as little as 5-7% of U.S. health care spending goes toward primary care. Indeed, New York's underserved communities have a pressing need for primary care, yet the providers and institutions that serve them have been unable to sufficiently sustain, expand, and improve services due to long-standing and systemic underfunding and undervaluing of primary care services – challenges that are compounded by the ongoing COVID-19 crisis.

A current legislative proposal, **[S6534A \(Rivera\)/A7230 \(Gottfried\)](#)**, would take critical steps toward meeting urgent needs raised by COVID-19 as well as reduce burgeoning health care costs and increase health equity. **We urge you to include the content of this bill, which would convene a commission to measure, report, and provide recommendations to increase the proportion of New York's health care spending that goes to primary care, in your FY2023 Executive Budget Proposal.**

In New York State, we do not have a definition of primary care, nor do we have a mechanism, for measuring how much funding is devoted to primary care across all payers. While we know that New York spends [higher](#) than the national average on per-person health care costs *in general*, our state consistently ranks below many other states in key health [indicators](#) such as low birth weight, preventable hospitalizations, and childhood immunizations, all of which can be improved with better access to primary care. The lack of adequate investments in primary care has left New York's primary care infrastructure unequipped to protect the health of our communities – and left New Yorkers vulnerable to threats such as COVID-19.

Many of the same neighborhoods that have suffered from underinvestment in primary care are low-income neighborhoods of color that lack overall resources and have been impacted by systemic racism, such as redlining and

other harmful policies. These neighborhoods have suffered [high rates of COVID-19 infections](#) and experience higher rates of chronic disease. The confluence of disease burden, limited access to care, and low socioeconomic status continues to widen health inequities that will further grow without increased investment in primary care. We applaud the State's efforts to address these disparities in the Concept Paper for a new 1115 Waiver Demonstration. However, **any reform efforts cannot see true success without targeted and sustained investment in primary care.**

Inclusion of S6534A/A7230 in your Executive Budget will demonstrate New York's commitment to protecting the health of all communities in the wake of the pandemic and increasing health equity over the long term. We look forward to meeting with you to discuss primary care access in New York and how we can work together to advance the goals of S6534A/A7230. For any questions, please contact:
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Signed,

Louise Cohen
Chief Executive Officer, Primary Care Development Corporation

1199SEIU
AIDS Healthcare Foundation
Callen-Lorde Community Health Center
Community Health Care Association of New York State
Community Healthcare Network
Evergreen Health
Harlem United
Hudson Headwaters Health Network
Iroquois Healthcare Alliance
New York State Academy of Family Physicians
New York State Society of PAs
Nurse Practitioner Association New York State
NYS American Academy of Pediatrics, Chapters, 1, 2 & 3
Sun River Health
Trillium Health

CC:

Angela Profeta, Deputy Secretary, Health & Human Services
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Elizabeth Fine, Counsel to the Governor
Emily Badalamente, Senior Policy Advisor for Human Services & Mental Hygiene
Howard Zucker, Commissioner, NYS Department of Health
Jeff Lewis, Chief of Staff to the Governor
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Rachel Baker, Assistant Secretary for Health
Senator Gustavo Rivera
Tina Kim, Assistant Secretary for Health