



ASSEMBLY STANDING COMMITTEE ON HEALTH

NOTICE OF PUBLIC HEARING

SUBJECT: Medicaid Program Efficacy and Sustainability

PURPOSE: To receive testimony on Medicaid program efficacy and sustainability.

New York City
250 Broadway, 19th Floor Hearing Room
October 26, 2021, 10:00 a.m.

ORAL TESTIMONY BY INVITATION ONLY

In 2011, the Medicaid Redesign Team (MRT) was established to reduce costs to the State Medicaid program. The resulting changes shifted almost all the remaining benefits and beneficiaries not already in managed care, into managed care plans. The Medicaid Global budget cap, also created in 2011, controls the overall Medicaid spending in the State budget. Since the implementation of the initial MRT actions, and budget actions in subsequent years, including MRT II, advocates have cited numerous ways these changes are affecting the Medicaid program's ability to provide an adequate safety net.

Witnesses are invited to focus remarks on any or all of the following subjects:

1. The effect and appropriateness of the Medicaid global cap on the Medicaid program and individuals' access to services.
2. Whether some Medicaid services or populations should be carved out of Medicaid managed care, and if so, which ones would benefit?
3. Whether increased reliance on Medicaid managed care has created new access barriers for Medicaid members, and if so, suggestions for reducing these barriers.
4. Whether New York could benefit from removing managed care organizations from Medicaid programs, like the model implemented in Connecticut and other states.
5. The effect of the changes to Medicaid coverage for various services enacted in 2011 and subsequent years, including the MRT II changes in 2020.

Persons invited to present pertinent testimony to the Committee at the above hearing should complete and return the enclosed reply form no later than October 22nd, 2021. It is important that the reply form be fully completed and returned so that persons may be notified of means by which to testify and/or in the event of emergency postponement or cancellation.

Oral testimony will be limited to 5 minutes' duration. In preparing the order of witnesses, the Committee will attempt to accommodate individual requests to speak at particular times in view of special circumstances. These requests should be made on the attached reply form or communicated to Committee staff as early as possible.

Ten copies of any prepared testimony should be submitted at the hearing registration desk. The Committee would appreciate advance receipt of prepared statements.

Attendees and participants at any legislative public hearing should be aware that these proceedings are video recorded. Their likenesses may be included in any video coverage shown on television or the internet.

In order to further publicize these hearings, please inform interested parties and organizations of the Committee's interest in hearing testimony from all sources.

In order to meet the needs of those who may have a disability, the Assembly, in accordance with its policy of non-discrimination on the basis of disability, as well as the 1990 Americans with Disabilities Act (ADA), has made its facilities and services available to all individuals with disabilities. For individuals with disabilities, accommodations will be provided, upon reasonable request, to afford such individuals access and admission to Assembly facilities and activities.

Richard N. Gottfried
Member of Assembly
Chair
Committee on Health

PUBLIC HEARING REPLY FORM

Testimony will only be taken upon approval by the Committee Chair. Individuals who have been invited to present testimony are requested to complete this reply form by October 22nd, 2021 and email a copy of planned testimony. Individuals invited to participate will be notified within 48 hours of the hearing. All replies and testimony submissions must be emailed to:

Janice Nieves
Associate Counsel
Assembly Committee on Health
Email: nievesj@nyassembly.gov
Phone: (518) 455-4371

I have been invited to make a public statement at the hearing. My statement will be limited to 5 minutes, and I will answer any questions which may arise.

I will address my remarks to the following subjects:

I do not plan to attend the above hearing.

I would like to be added to the Committee mailing list for notices and reports.

I would like to be removed from the Committee mailing list.

I will require assistance and/or handicapped accessibility information. **Please specify the type of assistance required:** _____

ALL INFORMATION BELOW MUST BE COMPLETED:

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

E-MAIL: _____

TELEPHONE: _____