African Services Committee ☙ Actors Fund ☙ Children's Defense Fund-New York
Community Service Society of New York ☙ Consumers Union ☙ Empire Justice Center
Legal Aid Society ☙ Make the Road New York ☙ Medicare Rights Center
Metro New York Health Care for All Campaign ☙ New Yorkers for Accessible Health Coverage
New York Immigration Coalition ☙ Project CHARGE
Public Policy and Education Fund of New York/Citizen Action of New York
Raising Women's Voices-New York ☙ Schuyler Center for Analysis and Advocacy ☙ Young Invincibles

Testimony on the Executive's Proposed Health/Medicaid 2020-2021 Budget

February 6, 2020

Submitted by:
Health Care For All New York

Health Care for All New York (HCFANY) would like to thank the chairs and members of the Assembly Ways and Means and the Senate Finance Committees for providing the public an opportunity to weigh in on the state budget. HCFANY is a statewide coalition of over 170 organizations dedicated to achieving quality, affordable health coverage for all New Yorkers.

HCFANY supports proposals in the executive budget that would protect consumers from unfair medical debt collections practices, increase enforcement of mental health parity requirements, fund consumers assistance programs, and increase the State's regulation of prescription drug costs. However, HCFANY is concerned about the closed-door approach to the Medicaid budget and that the expedited timeline for this closed-door process will prevent a full and transparent airing of the proposals. The coalition is also concerned with the budget's lack of proposals to either expand health insurance coverage, to make coverage more affordable, or to otherwise address healthcare costs borne by consumers.

New Yorkers are facing a health coverage and affordability crisis that will not go away. Several of our proposals, outlined below, will expand coverage to those who presently do not have access to comprehensive coverage (such as immigrants) or make coverage more affordable. These goals have enjoyed verbal support in concept by both the Legislature and the Governor, though they undoubtedly will involve additional investments of State dollars. As has been well publicized, the Governor projects a significant deficit for the current budget year. Much of this so-called deficit is being unfairly attributed to Medicaid.

HCFANY joins with numerous community, social service and faith organizations in the Budget Justice New York ("Budget Justice") campaign in rejecting the notion that low and moderate income people and communities must continue to sacrifice due to budget shortfalls, when wealthy corporations and individual New Yorkers have accumulated significant additional wealth in recent years including through reactionary federal policies like the Trump tax cut legislation (the Tax Cuts and Jobs Act). Instead of cutting vital programs like Medicaid or postponing coverage enhancements, New York can and should raise revenue from these wealthy

New York individuals and corporations. Instead, we urge the Legislature to closely examine the "tax-the-ultra-rich" revenue proposals advanced by Budget Justice, which together can raise over $35 billion per year.[1] This figure is of course more than enough to close the deficit and to fund our proposals along with funding for other critical needs like education and housing.[2]

I. Medicaid

Medicaid provides heath insurance to over 6.5 million New Yorkers. The Governor did not present a Medicaid budget with his other budget materials and instead assigned the drafting of a Medicaid budget to an unidentified group of stakeholders referred to as the Medicaid Redesign Team II (MRT II). While the group is charged with doing as little harm to beneficiaries as possible, it is notable that the prior incarnation of MRT was comprised entirely of industry stakeholders—only adding a single consumer voice after a substantial outcry. The MRT II, whose members were not announced until February 5, is similarly dominated by industry insiders.

The MRT II will release its proposals at an unknown time between now and the budget due date in April. It is doubtful that the public or legislators will have adequate time to review these proposals. Legislators will instead face the decision to accept this closed-door approach and approve the MRT II proposals wholesale or allow the Governor to make across the board cuts to the Medicaid program.

The Governor instructed the MRT II to avoid Medicaid cuts that negatively impact beneficiaries. But this outcome is highly unlikely given that there will be at best token input into the plan from the public, legislators, and consumer advocates. Given that there is no public forum in which advocates can participate in or respond to the MRT II proposals, HCFANY's Medicaid recommendations are included here:

- First and foremost, the MRT II must provide meaningful opportunities for input from the public, Medicaid beneficiaries, legislators, and consumer advocates.

- The Medicaid "global cap" should be eliminated. The so-called Medicaid budget "crisis" was caused not by a drop in tax revenue but by a self-imposed and arbitrary spending cap that was set lower than our state's health care cost inflation rate. This automatically creates a shortfall. As the Executive Budget documents recognize, demographics in New York are also driving up Medicaid spending – as the State's population ages, more and more New Yorkers need Medicaid. Medicaid cuts are an inappropriate response to an acutely growing need for care. Instead of arbitrary caps that have no relationship to need, New York should follow the lead of states like Massachusetts and Maryland and engage in global budgeting and price setting.

[1] See Budget Justice New York, "Fourteen Tax-The-Richard Revenue Proposals 2020," https://makebillionairespay.info/we-need-a-wealth-tax-on-the-billionaire-class.

[2] We also urge the Legislature to consider several health care related revenue measures, including enacting a health insurance mandate (see page 6).

- Medicaid should not be cut through reductions in eligibility that hurt low- and moderate-income New Yorkers such as the elimination of spousal refusal or lengthier look-back periods for assets.

- Medicaid should not be cut by reducing the ability of providers taking care of Medicaid beneficiaries to make the best medical decisions for them. There should be no roll-back in consumer protections such as prescriber prevails or appeal rights.

- Medicaid beneficiaries should not be asked to contribute more in co-pays or cost-sharing. Year after year, Governor Cuomo proposes cost-sharing increases for Medicaid beneficiaries and claims these will have no negative impact on enrollees. Cost-sharing does in fact reduce access to healthcare and ability to keep up with treatments.[3] People who have health insurance through the Medicaid program cannot absorb even small co-pays without compromising their ability to meet other basic needs like food and housing.

- The State should not take any action to reduce access to the Consumer Directed Personal Assistance Program. CDPAP allows people with disabilities to hire and supervise their own caretakers. Fiscal intermediaries help participating individuals manage human resource requirements. People with disabilities deserve control over such an important part of their lives, and HCFANY opposes changes to the program that would reduce that control.

- The State should not incentivize local governments to enroll fewer people into the Medicaid program. Local governments enroll people into Medicaid and into long-term care plans according to guidelines set by the State. Local governments cannot reduce the numbers of people eligible for Medicaid or long-term care services without arbitrarily denying care to people who are in fact eligible. If New York wants to explore reducing Medicaid eligibility, it should do so through the legislative process instead of assigning the responsibility to private members of a commission with no obligations to the public.

II. Coverage Expansions and Affordability

New York has made great strides at reducing the number of uninsured people through its laudable implementation of the Affordable Care Act. Fewer than 95 percent of New Yorkers are now uninsured. However, that leaves over a million people uninsured. Health coverage reduces

[3] Rohan Khera et al., "Abstract 12916: Cost-Related Medication Non-Adherence in Nonelderly with Atherosclerotic Cardiovascular Disease in the United States, 2013-2016, Circulation, 2018, 138:A12916, https://www.ahajournals.org/doi/abs/10.1161/circ.138.suppl_1.12916; Andrew Karter et al., "Effect of Out-of-Pocket Cost on Medication Initiation, Adherence, and Persistence among Patients with Type 2 Diabetes: The Diabetes Study of Northern California," Health Services Research, 5 May 2017, 53:2 (1227-1247), https://doi.org/10.1111/1475-6773.12700

mortality and morbidity and greatly reduces poverty.[4] New York should not turn its back on New Yorkers who still lack access to this vital source of health and financial security.

In a March 2019 survey by the Community Service Society of New York and Altarum Healthcare Value Hub, 51 percent of the uninsured said insurance was too expensive.[5] Some of these New Yorkers may be eligible for help without knowing, but for many, there are no good options. For example, many immigrants are ineligible for coverage programs because of their immigration status. Millions of other New Yorkers struggle to afford healthcare even after enrolling in health coverage. In the same survey, 45 percent of New Yorkers said they had delayed getting care or skipped getting care altogether because of cost.

HCFANY calls on the Legislature to act on behalf of everyday people who are struggling to afford health care, not just the industry stakeholders that too often dominate New York's health policy choices. We ask that the following policies be enacted in this year's budget:

A. New York should allocate $532 million to expand the Essential Plan to all income-eligible New Yorkers regardless of immigration status.

HCFANY estimates that over 400,000 New Yorkers are uninsured because of their immigration status. New York could use state money to cover many people in this position through the Essential Plan, which is available for other New Yorkers earning up to 200 percent of the federal poverty level. Essential Plan funding comes from redirecting the federal premium subsidies enrollees would have used if they bought a qualified health plan in the private market. This federal funding can be used to cover lawfully present, but not undocumented, immigrants. HCFANY urges the Legislature to use state-only funding to expand the program to the undocumented New Yorkers who are unfairly excluded. Based on typical take-up rates, an estimated 110,000 people could get health insurance this way.

The Essential Plan is a good option for covering undocumented New Yorkers because it is cost-effective for the state and is a good deal for enrollees. The program has saved the State hundreds of millions of dollars by providing a federal funding source for immigrants who were previously covered using state-only Medicaid funding.[6] These savings should be used to provide

[4] Benjamin D. Sommers, Atul A. Gawande, and Katherine Baicker, "Health Insurance Coverage and Health – What Recent Evidence Tells Us," *New England Journal of Medicine*, August 10, 2017, 377: 585-593, DOI: 10.1056/NEJMsb1706645; Laura R. Wherry, Genevieve M. Kenney, and Benjamin D. Sommers, "The Role of Public Health Insurance in Reducing Child Poverty," Academic Pediatrics, April 2016, 16 (3): S98-S104, https://doi.org/10.1016/j.acap.2015.12.011 and Sanders Korenman, Dahlia K. Remler, and Rosemary T. Hyson, "The Impact of Health Insurance and Other Social Benefits on Poverty in New York State: Final Report to the Howard J. Samuels State and City Policy Center," July 18, 2018, http://www2.cuny.edu/wp-content/uploads/sites/4/page-assets/about/centers-and-institutes/demographic-research/New-York-HIPM_2018-08-06.pdf

[5] Altarum Healthcare Value Hub, New Yorkers Struggle to Afford High Healthcare Costs; Support a Range of Government Solutions Across Party Lines, Data Brief No. 37, March 2019, https://www.healthcarevaluehub.org/advocate-resources/publications/new-yorkers-struggle-afford-high-healthcare-costs-support-range-government-solutions-across-party-lines/.

[6] Elisabeth R. Benjamin, "How Can New York Provide Health Insurance Coverage to its Uninsured Immigrant Residents?," January 2016,

coverage to more people instead of as giveaways to powerful industry stakeholders. Additionally, for the past three years the Essential Plan has accumulated hundreds of millions of dollars in surplus because the federal funding it receives has outpaced the cost of running the program.[7] That should have been used as another opportunity to fund coverage expansions. Doing nothing instead leaves a large group of New Yorkers uninsured, straining the health care system and driving up costs for everyone.

B. New York should provide relief to people struggling to afford private plans by providing state-funded premium assistance.

Federal premium subsidies limit the percentage of income spent on health care premiums for those who earn up to 400 percent of the federal poverty level (for an individual, about $49,000 a year). However, high deductibles and other out-of-pocket costs often mean that people cannot afford to use their plans even with lowered premiums. New York could add additional premium subsidies on top of the federal subsidies to help further reduce monthly spending on health insurance. New York could also add premiums for people earning between 400 and 600 percent of the federal poverty level, as Governor Newsom has proposed to do in California.

A benefit of this approach is that if New York subsidizes plans enough, it could lower prices in the individual market even for people who are not receiving the subsidies. Targeting the subsidies so that they bring the most people into the market would improve the risk pool, which would drive down premiums for everyone.

C. New York should investigate a public option based on the Essential Plan.

New Yorkers face a stiff affordability cliff once they earn over 200 percent of the federal poverty level and must purchase a private plan if they do not have employer-sponsored coverage. For an individual, 200 percent of the federal poverty level is only about $25,000 a year. Below that, the Essential Plan provides coverage for at most $20 a month with no deductible. Above that income, New Yorkers turn to the New York State of Health (NYSOH), where plans can cost $150 a month and have deductibles of over $1,350 even with federal financial assistance.

New York could ease this affordability cliff by allowing people over the income cutoff to buy into the Essential Plan. This option could be limited to New Yorkers earning between 200 and 250 percent of the federal poverty level to avoid disrupting the individual market and allow full use of the Affordable Care Act's cost-sharing assistance as funding. New York could subsidize this purchase so that enrollees contribute $50 a month for their premium, without adding a deductible.

HCFANY urges the Legislature to create this option for the lowest–income people in the NYSOH Marketplace. Those who prefer to keep private plans could do so, but those who find

http://lghttp.58547.nexcesscdn.net/803F44A/images/nycss/images/uploads/pubs/Immigrant%20Health%20Report%20Web%202.pdf.

[7] Bill Hammond, "An Essential windfall," July 13, 2018, https://www.empirecenter.org/publications/an-essential-windfall/.

themselves struggling to afford their health insurance would have a comprehensive, affordable alternative.

D. New York should increase enrollment in existing health coverage programs by fully funding the Navigator program at $32 million and allocating an additional $2 million so that community-based organizations can conduct outreach in hard-to-reach communities.

Approximately 300,000 New Yorkers are uninsured because they are unaware that they are eligible for help affording health insurance, have reservations about enrolling, or are not sure how to enroll. The Navigator program provides independent, in-person assistance to consumers who want help shopping for and enrolling in health coverage. Navigators have helped enroll more than 300,000 people since the program started in 2013. The Navigator program has received flat funding of $27.2 million since 2013, with no cost of living increases—unlike every other industry stakeholder in our healthcare system (e.g. hospitals, providers and insurers). Agencies have lost trained and experienced staff because this funding limitation means they cannot reward experience or strong job performance with raises. HCFANY urges the Legislature to fund the Navigator program at $32 million to make up for increased costs over time.

Additionally, New York should allocate $2 million to community-based organizations to conduct outreach in communities that have low coverage rates. An example is immigrants, who have heard many confusing and frightening things about enrolling in public programs. These communities are more likely to trust the organizations that are already working in their communities. Those New Yorkers who are eligible for existing programs but are still uninsured are among the most challenging to reach and enroll in coverage. Broad-stroke marketing measures currently undertaken by NYSOH can best be augmented by a robust grassroots program.

E. New York should implement an individual mandate that is earmarked to raise revenue for coverage expansions and bring good risk into the individual insurance market.

Massachusetts, New Jersey, the District of Columbia, Vermont, Rhode Island, and California have all enacted state individual mandates to replace the federal mandate that for all intents and purposes was eliminated by the Tax Cuts and Jobs Act. The purpose of the individual mandate was to draw more healthy risk into the health insurance market by giving people an incentive to buy insurance who otherwise might choose not to. This helps reduce premiums for everyone who buys insurance. A state-level individual mandate should only be considered if the revenues are directed to consumers—not used to support out of control industry spending. For example, these funds can start a trust fund for immigrant coverage or state premium assistance. The Urban Institute has estimated that a statewide individual mandate could raise $270 million in New York—a meaningful down payment for coverage expansion.[8]

[8] Linda Blumberg, Matthew Buettgens, and John Holahan, "How Would State-Based Individual Mandates Affect Health Insurance Coverage and Premium Costs," Urban Institute, July 20, 2018,

III. Consumer Protections and Consumer Assistance Programs

A. HCFANY supports the Executive Budget's proposals that will make reduce unfair medical billing and medical debt.

The Executive Budget includes two proposals that will help patients facing lawsuits over unpaid medical bills:

- First, it reduces the number of years (or the statute of limitations) hospitals have to sue their patients from six years to three. Hospitals currently have up to six years to sue a patient for an unpaid medical bill. By the end of six years, many consumers will have changed insurance companies or lost copies of bills and other records relating to their medical care. Part J, section 18 of the Executive Budget's Health and Mental Hygiene VII legislation proposes to reduce this statute of limitations to three years. This matches the practice in most other states and gives consumers a much better chance of defending themselves.
- Second, it reduces the amount of interest a not-for-profit hospital can pursue from the commercial rate of 9 percent to the one-year treasury rate. This would have a profound impact on patients' lives. For example, one uninsured woman in the Bronx was sued for $1,800 after visiting the emergency department while experiencing a heart arrythmia. The final judgement against her included over $500 in interest. Part T of the Executive Budget's Public Protection and General Government Article VII legislation includes language that would limit the annual interest that can accrue on a civil judgment or claim to the one-year United States Treasury bill rate. For 2020, the Treasury rate is only 1.54 percent.

The Executive Budget also includes language that would reduce medical debt by prohibiting balance billing in emergency situations. New York State's surprise bill law prohibits out-of-network providers from balance billing patients in most situations, which means they may not send bills to consumers when unhappy with a health plan's payment. Instead, they must hold the consumer harmless and settle their dispute with the health plan using an independent dispute resolution process created through the original law. Part J, section 15 of the Health and Mental Hygiene Article VII legislation extends the prohibition against balance billing to out-of-network providers who care for a patient during in-patient stays following emergency department visits. As in other situations covered by the surprise bill law, the out-of-network provider may seek some payment from the patient but only what the patient would have owed if the provider had been in-network.

HCFANY enthusiastically supports these measures and asks that the State consider additional consumer protections that would reduce unfair medical bills and debt:

https://www.urban.org/research/publication/how-would-state-based-individual-mandates-affect-health-insurance-coverage-and-premium-costs

- Patients should be held harmless from out-of-network bills incurred because of misinformation provided by a health plan or provider. One patient that turned to CSS for help received an out-of-network bill for over $100,000 after choosing a surgeon from her plan's provider directory. Part G of the Patient Medical Debt Protection Act would hold consumers harmless from out-of-network bills if they relied upon information provided in their plan provider directory, their plan's website, or an oral or written statement by their health plan.
- Patients should not be responsible for paying facility fees, which are fees charged by hospitals and increasingly by out-patient clinics that have been purchased by hospital systems with no relation to the medical care received. CSS helped one patient that was charged a $149 facility fee for a mammogram, even though such a preventive test is required to be covered without cost-sharing by the Affordable Care Act. Part B of the Patient Medical Debt Protection Act defines facility fees and prohibits hospitals from charging patients for facility fees after receiving preventive services recommended by the United State Preventive Services Task Force.
- Hospitals should use one standard financial assistance application and a standard appeals process to ensure that eligible patients receive financial assistance. Some hospitals are not making the financial assistance application process accessible to all eligible patients despite being required to do so by law.[9] Part E of the Patient Medical Debt Protection Act would require all hospitals to use one standard application and appeals process for financial assistance. This would make it easier for patients to apply and receive the financial assistance hospitals are required to provide.

B. HCFANY supports the proposed budget allocation of $2.5 million for the Community Health Advocates program and urges the Legislature to provide additional funds to reach $5 million.

Since 2010, the Community Health Advocates program (CHA) has provided free, independent assistance to over 360,000 consumers trying to make the most of their health insurance coverage. CHA helps New Yorkers resolve billing issues and coverage denials, get prior authorizations, respond to out-of-network and surprise bills, and locate health services no matter what type of insurance they have. Services are provided through a central helpline and community-based organizations that can provide in-person assistance throughout the state. CHA has saved New Yorkers over $47 million since it started. Every dollar the State invests in CHA produces $1.31 in savings for consumers. HCFANY urges the Assembly and the Senate to contribute an additional $2.5 million to the Executive Budget proposal for a total of $5 million in FY2021.

This right to independence assistance with insurance problems extends to all New Yorkers, and it is important that all New Yorkers have access to information about using the program. CHA's information is already on all commercial Explanations of Benefits and claims

[9] Community Service Society of New York, "Unintended Consequences: How New York State Patients and Safety-Net Hospitals Are Short-Changed," January 2018, https://www.cssny.org/publications/entry/unintended_consequences.

denials. However, it is missing from denials sent to the four million New Yorkers enrolled in Medicaid Managed Care plans. HCFANY urges the State to add CHA's information to those denials so that managed care enrollees know where to turn for help. A bill currently in the legislature, S7241/A9538, would do this.

C. HCFANY supports the Executive Budget's proposals for enforcing behavioral health parity and asks that the State consider providing more funding for the Community Health Access to Addiction and Mental Healthcare Project (CHAMP).

CHAMP is a first-in-the-nation independent consumer assistance program created for people in need of substance use disorder or mental health treatment. We enthusiastically support the Governor's proposal to establish the Behavioral Health Parity Compliance Fund to encourage a strong regulatory infrastructure. Any enforcement activities would support this fund and the first $1.5 million would be earmarked expand the CHAMP program. We strongly support the proposal to create a regulatory framework that will strengthen parity enforcement. However, the mental health and addiction crisis is urgent and New Yorkers with mental health and addiction needs need help now. Accordingly, CSS urges the Legislature to provide an additional $1.5 million, for a total $3 million appropriation to address the complex insurance needs of residents in other counties that have been affected by opioid and suicide epidemics in this coming year.

IV. New York should ensure that funding distributed through the Indigent Care Pool goes to the safety net hospitals that provide the most care to low-income New Yorkers.

Disproportionate Share Hospital (DSH) funds are intended to support hospitals that serve the most uninsured and Medicaid patients. However, in New York, this funding often subsidizes profitable hospital systems that serve less than their fair share of low-income patients.

New York distributes $3.6 billion in DSH funds, $1.1 billion of which are distributed through the Indigent Care Pool. New York State developed a new funding formula several years ago to make hospitals more accountable. The new formula more fairly links ICP funding to units of care provided to low-income patients, but the State instituted a three-year transition period to limit hospitals' immediate losses. That temporary transition period has since been renewed for an additional six years. The Executive Budget for FY21 does not extend the transition collar. However HCFANY is concerned that language extending the transition collar may appear in the MRT II proposals. The transition collar is unfair and should be allowed to expire.

Additionally, the Legislature should improve the system of distributing DSH funds to target true safety net hospitals. During 2018, a workgroup convened by the Governor met to develop recommendations for achieving this. The workgroup never released its findings. However, it did result in a proposal (developed by New York City's Health + Hospitals) that would more fairly distribute the funds and is now bill number A6677/S5546-A. HCFANY supports the Health + Hospitals Community Proposal and urges the Legislature to support it.

V. Prescription Drug Costs

A. HCFANY supports the Governor's proposal to license pharmacy benefit managers.

HCFANY supports better regulation of pharmacy benefit managers (PBMs). The Executive Budget proposes a registration process for PBMs, which HCFANY supports. HCFANY also supported a bill which was vetoed last year that would have created a similar registration process and added some consumer protections for consumers dealing with PBMs (A2836/S6531). The Legislature should work with the Governor to add those consumer protections to the PBM language included in the budget.

B. HCFANY supports the Governor's proposal to investigate price gouging and asks the Legislature to explore additional consumer protections in response to pharmaceutical price gouging.

The Executive Budget includes language that would allow the Attorney General to investigate price increases of over 100 percent in one year or when fraud is suspected.[10] It also creates a commission that includes consumer representatives to assist the Attorney General in those investigations.[11]

The commission is a good start and HCFANY is grateful that it will include consumer representatives. HCFANY asks that the legislature explore a less limited role for the commission as is being implemented in other states. The National Academy for State Health Policy (NASHP) has developed model legislation for creating a Drug Cost Review Commission with some rate-setting power.[12] That type of commission would allow New York to proactively manage drug costs instead of acting only after misbehavior on the part of pharmaceutical companies.

C. HCFANY asks the Legislature to create a drug assistance program for people who depend on life-sustaining medications rather than a cap on any one type of life-sustaining medication.

The Governor proposed a cap on insulin cost-sharing in his State of the State address, which did not ultimately appear in the presented budget. HCFANY agrees that cost-sharing for drugs that preserve life should be limited. A8533/S6492 would achieve this for insulin, but would also create a drug assistance program modelled on the successful ADAP program for other medications. It would also allow pharmacists to fill prescriptions for such drugs on an emergency basis.

VI. Article VI Funding

[10] Part G, Section 1, page 188

[11] Part G, Section 2, page 189

[12] https://nashp.org/wp-content/uploads/2017/07/Prescription-Drugs-Rate-Setting_Model-Legislation.pdf

HCFANY is disappointed that the Executive Budget does not restore Article VI funds that were cut by Governor Cuomo and the Legislature by 16 percent for FY2020. Only NYC was targeted for this reduction in matching funds. These funds are critical for programs that help address public health crises such as HIV, viral hepatitis, TB, STIs that affect predominantly low-income, immigrant New Yorkers, and communities of color. The Mayor and City Council agreed to cover the gap temporally with an additional $6 million dollars in this year's city budget. City programs and CBOs who provide vital health services will face again a devastating reduction in matching funds next year if the State doesn't restore the 16% in funding that was cut last year. All counties and cities should be treated the same, and no one locality singled out.

Thank you again for providing this opportunity to testify and your consideration of our concerns. Please contact Amanda Dunker (adunker@cssny.org, 212-614-5312) with any questions. We stand ready to work with the Legislature to move forward on our recommendations.