GOVERNOR’S BUDGET AT A GLANCE

EXECUTIVE BUDGET PROPOSAL

SUNY hospitals, SUNY, CUNY, community colleges

Flat operating budget funding for SUNY and CUNY, and flat base aid to community colleges. The governor’s budget plan extends only $69 million for the three SUNY teaching hospitals. Three years ago, the state subsidy for the hospitals was $128 million.

Invests $100 million in 2014-15 — and up to $500 million annually after five years — to phase in universal, full-day pre-K. Districts will have to submit a plan and apply for the funds.

NYSUT’s new Public Higher Education Quality Initiative is dedicated to ensuring quality, opportunity and access. It calls for a public university endowment, increased funding to campuses and stronger financial and opportunity programs for students. The state must fully fund operating budgets and restore funding cut since 2008; must use tuition money only for academic programs and services and to hire faculty. The state must meet its obligation to fund community college operating expenses, and should increase base aid by $250 per full-time student. The state must also keep SUNY Downstate Medical Center open and public, and restore operating funds for all hospitals at pre-2008 levels.

Pre-K

Calls for total year-to-year increase in aid for education of $807 million, or 3.8 percent. Foundation Aid remains unchanged. Increases BOCES and Special Services Aid to $31.2 million.

This is a good start on a program everyone can get behind. The only issue is the source of the funding. New York City Mayor Bill de Blasio plans to tax the wealthy to provide a dedicated source of revenue for pre-K. The rest of the state would have to rely on promises for funding in future years.

K-12

Proposes special education mandate relief.

The proposal is woefully inadequate to fund programs and services for students. Approximately 69 percent of school districts are still at or below 2009-10 state aid levels. It would result in substantial cuts to programs and staff. NYSUT is advocating for a $1.9 billion increase in education funding this year, which would maintain existing school programs and begin to fund critical services to children, including community schools.

Special education

Zero funding for all teacher centers.

NYSUT opposes the proposal that would allow districts, BOCES and other providers to petition SED for flexibility with special education requirements. Intended to save money, it would in reality allow erosion of needed protections for our most vulnerable students.

Teacher centers

A $900,000 decrease for schools for the deaf and blind. Flat funding for 853 and Special Act schools. Rate changes to save money at 4410 Schools.

NYSUT will advocate strongly and loudly for the Legislature to restore funding. Last year, $14.3 million was restored. This year, the union will seek $40 million to restore the centers to 2009 levels.

Special Acts, 4201, 4410 and 853 schools

A $20 million “teacher excellence fund” to provide up to $20,000 annually for teachers determined to be “highly effective” on APPR.

These programs need consistency and parity with public school counterparts. NYSUT is requesting a COLA and equitable funding stream to provide necessary support for staff, students and programs.

Merit pay

Seeks voter approval this fall for a 30-year, $2 billion bond act to increase educational technology and build or expand pre-K facilities.

Merit pay systems are flawed. They create a competitive, rather than collaborative, climate. This system is tied to invalid ratings undermined by the flawed Common Core assessments. Career ladders, which may offer extra pay for mentoring or higher credentials, could be an appropriate use of these funds.

Smart schools

Discontinues reimbursement of additional Medicare Part B premiums to retirees.

To address the wide disparity in resources across the state, funding should be provided to districts that can document their needs, and directed toward districts most in need.

Retirees

The state has made these reimbursements for the past seven years. The proposal to eliminate them places additional out-of-pocket health care costs on retirees and diminishes their health care benefits.