
Health Care For All New York

HCFANY's 2016 Budget Advocacy Agenda



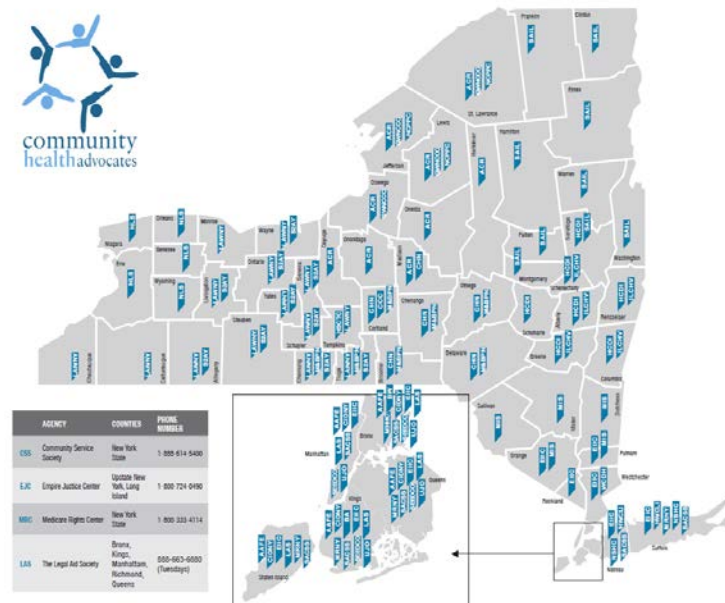
Agenda

- Consumer Assistance Funding
- Outreach Funding
- Comprehensive Coverage for *All* New Yorkers
- Guarantee Fund
- Other Article VII Issues
- The Budget Process
- HCFANY Budget Advocacy Day

Consumer Assistance Funding



- **Community Health Advocates (CHA)**
- Funds 30 CBOs and small business serving groups
- The CHA network helps people use their insurance *post-enrollment, such as:*
 - *bills, access to MDs, specialists, Rxs, hospital bills, prior approvals, understanding coverage, plan closures, etc...*



Consumer Assistance Funding

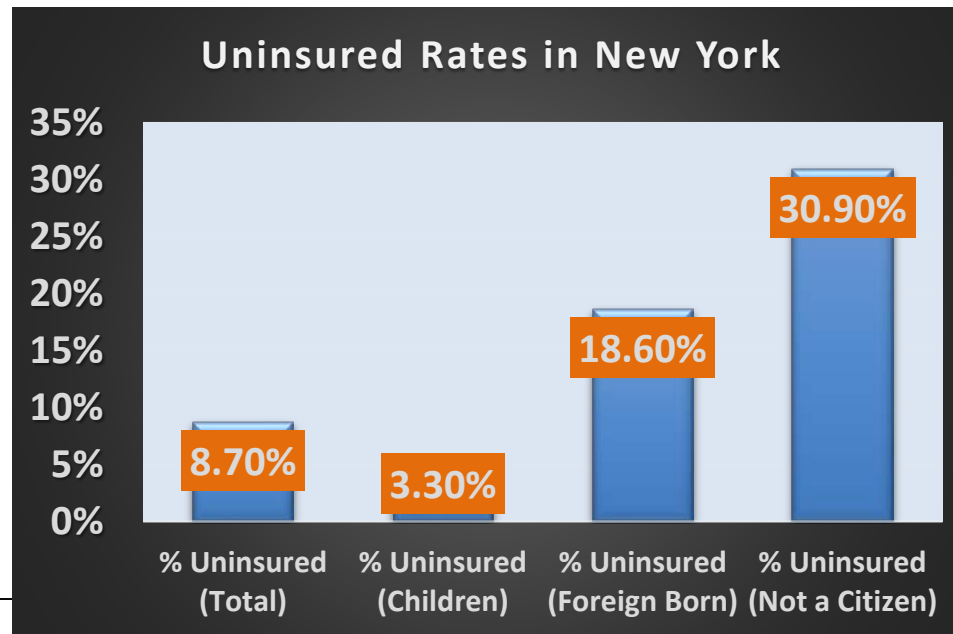


- **Community Health Advocates (CHA)**
- Last year the state appropriated \$3 million
 - \$2.5m Gov; \$500k Assembly
 - *but* had to be spent in 9 months
- This year, Executive budget maintains \$2.5 million
- **ASK:** CHA needs \$1.5 million more from the Legislature or will face a 25-35% cuts



Outreach Funding

- Think of access to health care in 3 parts:
 - Outreach → No dedicated funding
 - Enrollment → Navigators, CACs, etc.
 - Connection to Care → Community Health Advocates



*2014 American
Community Survey
Data*

Outreach Funding

- Funding is needed to perform community-sensitive outreach, particularly in:
 - Rural communities,
 - Immigrant communities, and
 - Limited English proficiency communities.
- Locally-based outreach can best access hard to reach communities.
- 5% of New Yorkers are still uninsured and Navigators are limited in their ability to do outreach.
- Builds on the Ambassadors for Coverage Program and other private funding efforts
- **ASK: \$2 million** for state-wide outreach by:
 - Community-based organizations
 - Small business-servings groups

Comprehensive #Coverage4All Immigrants



- This year:
 - “Clean up” the Essential Plan to cover low-income immigrant New Yorkers (PRUCOL) who meet the Essential Plan income guidelines but are ineligible for federal Essential Plan funding because of their immigration status.
 - Mostly young people with Deferred Action for Childhood Arrivals (DACA status) who qualify for state-only Medicaid when income <139% FPL, but no coverage options if income is 139-200% FPL.
- Cost: \$10.3 million



Comprehensive #Coverage4All Immigrants



- Long term goal: NYS should extend coverage to **all** residents regardless of immigration status
 - See CSS report modelling 3 options:
<http://www.cssny.org/publications/entry/covering-new-yorks-uninsured-immigrant-residents>
 - NYS saves \$645 million by moving lawfully present immigrants in state-funded Medicaid into federally funded Essential Plan.
 - These savings should be reinvested in the health of the state's immigrant communities.



Health Guaranty Fund

S.6667 (VALESKY)/A.9311 (GOTTFRIED)



- What is the problem addressed by the bill?
- NY is only state without a health insurance guaranty fund to pay providers in rare cases when a carrier closes down (e.g. Health Republic)
 - Hospitals say they are owed \$200 million
 - Unknown amounts owed to other providers
 - Bill imposes carrier tax that can't be passed on to consumers
 - Consumers already protected under NY State law barring billing patients when carrier closes, so fund is really for the providers, not consumers

Health Guaranty Fund

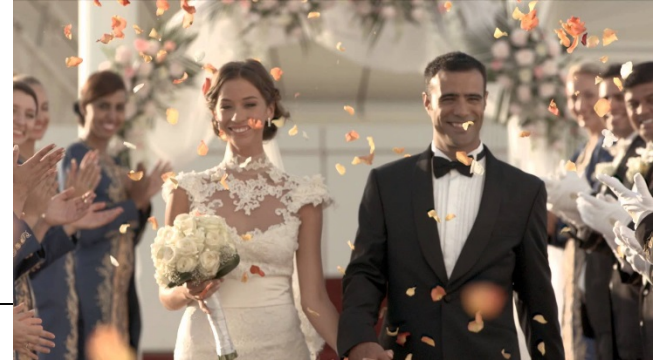
S.6667 (VALESKY)/A.9311 (GOTTFRIED)



- **HCFANY's Position:**

- Support with modification.
- HCFANY supports the establishment of a health insurance guaranty fund.
- HCFANY opposes funding it with a carrier tax.
 - Carriers will find a way to pass on the tax to consumers
 - The tax will be passed along to some consumers, but not others, depending on form of insurance
 - HCFANY supports broad based financing of the fund through general tax revenues or DFS settlement money, not a premium tax

Other Article VII Issues



- Elimination of Spousal/Parental Refusal
 - Critical to helping some adults and children access vital Medicaid and Medicare services they otherwise could not obtain or afford
- Reduction of the Medicaid spousal impoverishment resource allowance
 - Budget proposes over a \$50,000 decrease in the amount people with moderate resources can keep, but allows people with large resources to keep the same amounts they can today.
 - Spousal impoverishment protections allow the spouses of people on Medicaid in nursing homes, waiver programs and Managed Long Term Care to retain sufficient income and resources to prevent them from ending up in poverty and on Medicaid themselves.

Other Article VII Issues

- Elimination of Prescriber Prevails
 - The governor proposes elimination of prescriber prevails for all but two types of drugs.
 - Doctors with intimate knowledge of their patients' diagnoses and other medications should have final say over what medications are necessary and appropriate for their patients.



State Budget Process

- **January**

- State of the State Address/Executive Budget Presentation
 - **1/14 HCFANY Budget Reaction**
- Budget Hearings
 - **1/25 HCFANY Submitted Testimony**
- **1/19 HCFANY SC Advocacy Day**

- **February**

- Budget Hearings
- 30-Day Amendments
- Budget Analysis
- Consumer Advocacy
 - **2/9 HCFANY SC Advocacy Day**



State Budget Process



- **March**
 - Consumer Advocacy
 - **3/2 HCFANY Advocacy Day**
 - One-House Budgets
 - Negotiations
 - “3 Men in a Room”
- **April**
 - Budget Enacted

HCFANY Budget Advocacy Day March 2



- Open to participants from HCFANY member groups only
- PLEASE REGISTER ASAP!
- Advocacy Day Prep, 10:30 a.m. (Vending Machine area LOB Concourse)
- Meetings with Legislators, 11 a.m. to 3 p.m.
- Goal of the day: to have HCFANY priorities reflected in one-house bills tentatively due out the week of March 7

For more information

- If you have any questions about the topics covered in the presentation, or how to join HCFANY:
 - Check out our website – hcfany.org
 - Email us – hcfany@cssny.org
 - Call – (212) 614-5401