

# Health Care for All New York: 2019 Policy Agenda



Building Quality, Affordable Health Care for ALL New Yorkers

Health Care for All New York (HCFANY) is a statewide coalition of over 170 consumer advocacy organizations dedicated to securing quality, affordable health coverage for all New Yorkers. New York has succeeded in cutting the number of uninsured people in half since 2010. Despite this remarkable feat, there are still 1.1 million uninsured New Yorkers. HCFANY's 2019 policy agenda seeks to set New York on a path towards universal coverage.

## **Health Coverage for Immigrants**

Immigrants make up a disproportionate share of New Yorkers without health insurance. Some undocumented immigrants in New York are eligible for Medicaid (pregnant women) or Child Health Plus (children under 19), but over 400,000 New Yorkers remain uninsured because of their immigration status. HCFANY endorses two measures to help:

### **Expanded Essential Plan Eligibility**

The State can provide coverage to a portion of this population by allocating \$532 million to create a state-funded Essential Plan for New Yorkers who are currently excluded because of their immigrant status. The Essential Plan covers people who earn up to 200 percent of the federal poverty level. HCFANY estimates over 110,000 people could gain coverage in 2019 through such a program.

### **State Coverage for Threatened Immigrants**

The Trump Administration is ending Temporary Protected Status for thousands of New Yorkers, many of whom have lived in New York for decades and made it their permanent home. The State should offer state-funded Medicaid to these residents by enacting A10607/S7569-A.

## **Affordable Coverage Options**

New York State can make private coverage more affordable for consumers and ensure that there are robust public alternatives.

### **Essential Plan Buy-In**

The Essential Plan is a popular health program that offers coverage for at most \$20 a month with no deductible. People who earn too much for the Essential Plan must buy coverage on the Marketplace which can cost \$150 or more and have deductibles that are over \$1,350 — even with financial assistance.

New York could ease this affordability cliff by allowing people who earn between 200 and 250 percent of the federal poverty level (around \$25,000 for an individual) to choose between buying a private plan or buying into the Essential Plan. HCFANY estimates that subsidizing this buy-in to create a gradual price increase would cost around \$132 million and provide affordable coverage to around 116,000 people.

### **State Premium Assistance Program**

The State should explore establishing a premium assistance program for people with incomes over 200 percent of the federal poverty level who buy private insurance. Making coverage more affordable would help address individual consumers' budget challenges, but also bring down prices for the entire individual market by bringing more people into the risk pool.

### **Prescription Drug Affordability Commission**

During last year's rate setting process, New York's health insurers identified prescription drug costs as a major cause of high premiums that is outside of their control. New York's public programs control

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prescription drug costs through a Drug Utilization Review Board, which reviews clinical information and makes recommendations to the Commissioner of Health on drug coverage. The Board holds public meetings and includes consumers. New York should adopt a similar board for all state-regulated insurance products.

## **Educating and Protecting Consumers**

Consumers need help learning about their health insurance options, learning how to use their health insurance, and knowing what their health care rights are.

## **Community Health Advocates**

The Community Health Advocates (CHA) program helps New Yorkers understand, use, and keep their insurance. CHA's services are free and available statewide through a network of community-based organizations and a toll-free helpline. Since 2010, CHA has saved over \$35 million for consumers and worked on more than 340,000 cases for people who needed help getting the care they need covered or resolving billing disputes.

CHA's information is listed on commercial, but not Medicaid, notices. This year, Medicaid patients have to "exhaust" their plan's internal appeal systems before going to an independent reviewer. Medicaid enrollees should receive CHA's information to manage that appeals process as people in the commercial market already do. CHA's budget was \$3.9 million in 2018 — this should be increased to \$8 million so that all New Yorkers, including Medicaid enrollees facing a new appeals process, can take advantage of this service.

## **Outreach to Uninsured**

Too many New Yorkers are uninsured because they are unaware that they qualify for financial assistance or public programs or do not know how to enroll.

- Navigators are local, in-person assistants that help consumers and small businesses shop for and

enroll in health insurance plans. Navigators have helped over 300,000 New Yorkers enroll since 2013, without ever receiving a cost-of-living increase. The State should increase the navigator budget from \$27.2 million to \$32 million to guarantee high quality enrollment services.

- The State should provide \$2 million for community-based organizations to conduct outreach and educate consumers in the hardest-to-reach communities. This is especially important for people in immigrant communities who are living in a state of great uncertainty because of federal threats like public charge.



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## **Transparency and Fairness**

Consumers should have a level playing field when interacting with the health care system. That means they should have access to all the information they need to make good health care decisions and ensure that their rights as patients are respected.

## **Community-Friendly Certificate of Need Process**

A number of community hospitals are facing financial stresses. Some are downsizing or closing. Others are being absorbed into large health systems, which can then make decisions about a hospital's future. New York State regulates these changes through its Certificate of Need process. However, this process is not transparent and fails to fully engage the communities most affected. New York's Public Health and Planning Council reviews Certificate of Need applications and should become a better vehicle for engaging communities.

- The Council should have representatives of consumer health advocacy organizations.
- Public hearings should be required in affected communities before a hospital closes, is downsized, or is part of some other major transaction that will change the types of care available in the community. The meetings should be held in accessible locations at times that are convenient for community members.
- The Council should consider the effect transactions will have on prices paid for care by community members. This should be one of the factors that determines approval.

## **Target Indigent Care Pool to True Safety-Nets**

The current Hospital Financial Assistance Law does not target the \$1.13 billion in indigent care pool funds to the hospitals that serve the most uninsured and Medicaid populations. This is due in part to what was supposed to be a temporary transition

collar to help hospitals acclimate to a new funding formula in 2013. The State should stop renewing this transition collar and allocate the funds to true safety net hospitals that provide the most care to people with Medicaid or who are uninsured.

## **Health Connector**

Consumers have been given more and more responsibility for cost-sharing without any corresponding information about the costs of health care. New York has invested significant amounts of money into its all-payer database (APD). That project should benefit consumers through the use of tools that help them make care decisions. New York should build a Health Connector that uses the APD to make decisions about what plans to buy (such as cost estimators, meaningful quality information, and accurate provider directories) and what providers to use.

## **Comprehensive Networks and Benefits**

New Yorkers' health insurance plan should cover all of their health care needs.

## **Robust and Transparent Provider Networks**

New York consumers still face many barriers to care due to health plan network issues.

- New York's landmark "Surprise Billing" law should be amended to hold consumers harmless when they receive incorrect information from plans or providers about a provider's network status.
- Health plans should be required to maintain provider contracts for an entire plan year, except for cause. Consumers who enroll in a plan because of its network should know that that network will remain in place.
- Current tests of network adequacy should be improved by adding standards based on minimum appointment availability. Consumers

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should have the right to go out of network if they cannot get appointments with accessible providers that can communicate in their language within the adopted appointment availability time frames.

## **Out-of-Network Benefits**

Most New Yorkers buying plans on the New York State of Health marketplace have no options that include out-of-network coverage. All insurance carriers selling Marketplace plans should be required to offer out-of-network coverage at the Silver and Platinum levels.

## **Access to Reproductive Health Care**

Reproductive health care should be treated like all other health care. New York should ensure that its laws protect access to reproductive health services regardless of federal activities.

- The legislature should pass the Comprehensive Contraception Coverage Act, which would require broad coverage of and timely access to all FDA-approved contraceptive drugs, devices, and products, including over-the-counter emergency contraception and voluntary sterilization, without cost-sharing. The legislation would also allow for the dispensing of 12 months of contraception after an initial three-month allotment.
- The legislature should also pass the Reproductive Health Act, which would bring New York State's abortion law in line with *Roe v. Wade*, protect providers who perform abortions, and move abortion out of the penal code and into the public health law.

## **Steering Committee Members**

**Actors Fund**  
**African Services Committee**  
**Children's Defense Fund**  
**Citizen Action of New York/Public Policy and Education Fund**  
**Coalition for Asian American Children and Families**  
**Community Service Society of New York**  
**Consumers Union**  
**Empire Justice Center**  
**Make the Road New York**  
**Medicare Rights Center**  
**Metro New York Health Care for All**  
**New Yorkers for Accessible Health Care Coverage/Center for Independence of the Disabled, New York**  
**New York Immigration Coalition**  
**Raising Women's Voices**  
**Schuyler Center for Analysis and Advocacy**  
**Young Invincibles**