



Standards for Quality, Affordable for Health Care for All:

Health Care for All New York (HCFANY) believes that every resident of New York State and the nation must have access to affordable and comprehensive health care.

Our current health care system is too often unworkable and unaffordable for our families, businesses or government. All of us--individuals, employers and policymakers--have a shared responsibility to reform our health care system. The HCFANY Campaign believes that the government has a unique obligation to guarantee affordable comprehensive health care for its people and that it must play a central role in reforming, regulating, financing, and providing health coverage for all residents of our State and country.

The HCFANY Campaign anticipates that proposed reform measures may include: a public health coverage plan, publicly-sponsored insurance plans, and private insurance. Whatever the forms of coverage our state and nation adopt, we believe that health care reform proposals will best realize the promise of quality, affordable health care for all, if a proposal meets the following *Standards for Universal Health Care*:

- ✓ **Everyone must have health coverage and access to health care.**
47 million Americans and 2.7 million New Yorkers are uninsured. We need a health care system that provides comprehensive and affordable health coverage that is open to all residents of our state, including immigrants.
- ✓ **Health coverage must be affordable to the family budget.**
Health care and insurance are unaffordable for families, individuals and businesses alike. The cost of health coverage must fit within a family budget and reflect the cost of living in our communities: People should be asked to pay on a progressive sliding scale, with lower-income families paying a smaller portion of their income than higher-income families. Health insurance deductibles and co-pays must be affordable, and must not be obstacles to timely, appropriate care.
- ✓ **Health coverage must include comprehensive benefits to meet peoples' needs.**
Too often, health insurance fails us when we really need it: when we have a serious or chronic health condition or disability. All health coverage must offer a comprehensive benefit package that covers what people need to stay healthy and treat illnesses, injuries and chronic conditions and disabilities. Everyone should get the kind of coverage that people get in good employee or government health plans or that New Yorkers get now through Child Health and Family Health Plus. Coverage must include: parity for mental health, prescription drugs, dental, hearing, vision, comprehensive reproductive health care, rehabilitation and some long term care. Benefits must include coverage for



comprehensive primary care, preventative care, health and nutrition education, and allow choice of providers and treatment settings. In the current system, if a policy doesn't cover something that's needed, like prescription drugs or treatment for mental health, the family will not receive the care, unless they can afford to pay for it. Capping or cutting a benefit doesn't save money – it just passes the cost on to the family.

- ✓ **Government must be an active watchdog and regulator of the health care system.**

Far too often, insurers deny or delay necessary benefits or access to care, drop coverage inappropriately or raise premiums without effective government oversight. Government must regulate the insurance industry aggressively. Regulations must specifically include the following: prohibit such practices as the use of pre-existing conditions to deny people health coverage or benefits; create the largest possible groups so that costs are shared fairly by all; establish risk adjustment mechanisms that prevent undue concentrations of risk; retain and enforce rules that prevent insurers from turning people away, raising rates or dropping coverage based on health history or risk; and ensure that premiums are used for health care, not insurance company administration and excess profit, by regulating insurance loss-ratios and rates.

 - **Health coverage must include strong consumer protections.**

The government must enact strong measures to protect people's access to the most medically appropriate and enable people to appeal denials of care. The government must also adopt rules that eliminate unnecessary bureaucracy and paper work and work to streamline and simplify the administration of health coverage.
 - **Consumer assistance programs must be created and funded to ensure that our universal coverage goals are realized.** Whenever new systems of health care are adopted, people often get lost when navigating the new rules and program options. As we adopt new programs for universal health coverage, we must ensure that people are not left behind and are offered assistance programs that promote health literacy and help people effectively choose and use the new health care delivery system. These programs can also reflect the diverse nature and needs of our communities and ensure that all people get the best care possible for themselves and their families.
 - **Government must promote transparency in health systems and ensure consumers easy access to information about health quality and outcomes.** People should be able to easily obtain information about the availability and quality of services offered at hospitals, clinics, and other providers and the



outcomes that health plans achieve for their enrollees, such as in achieving high percentages of preventative health screenings.

- ✓ **Health coverage must promote equity in health care utilization and outcomes.** Our health care system is rife with unacceptable inequity based on: income status, gender, race, age, immigration and/or ability to speak English, sexual orientation, and health status. We believe that the government has a key role in striving to achieve equity for all who use and work in the health care system. Particularly, we urge the government to address the following:
 - **Health coverage must eliminate racial and ethnic disparities in health care access and quality.** People of color and immigrants are more likely to be uninsured, receive poorer quality of care, and, as a result, are more likely to get sicker or die in our current health care system because of a lack of investment in access, treatment and research in people and communities of color. We must provide equity in health care coverage, access, treatment, research and resources to people and communities of color, resulting in real improvement in health outcomes and life expectancy. We must monitor racial and ethnic disparities and publicly report any health care access or quality disparities to create transparency. We also must ensure that our health care and coverage systems adopt and maintain high standards of cultural competency by including, for example, appropriate interpretation and translation services for Limited English Proficient patients. Culturally competent health care providers will ensure accuracy in health e outcomes and improve both the quality of care the overall cost-effectiveness of the system.
 - **The health care system must reduce disparities in health care access and quality between people with serious illnesses and disabilities and those without.** People with disabilities face more difficulties in obtaining care than their non-disabled counterparts. They are often isolated in small risk pools in a segmented market and are segregated from the broader community for treatment. Children with disabilities have a higher unmet need for medical care when compared with the general pediatric population. Women with disabilities face barriers to health care that place them at greater risk of breast cancer and cervical cancer. These disparities affect the individuals, their families and all of society. Health care reform efforts must strive to eliminate gaps in coverage, remove physical barriers, eradicate attitudinal barriers, and integrate the sick and disabled into larger risk pools and community based care.

- ✓ **Health insurance must be portable and enrolling into existing and new public health insurance programs must be administratively simple.** Many people are



reluctant to leave jobs or other situations for fear of losing their health insurance. Health insurance must be available, or portable, when people move between jobs and other life transitions (e.g. divorce, separation and death of a spouse). In addition, 75% of uninsured children and 40% of adults are already eligible for existing public health insurance programs, but are not insured. Complicated and onerous bureaucratic rules close the door to enrollment for thousands of New Yorkers. Streamlining and simplifying the enrollment and renewal pathways through the elimination of unnecessary procedures and documentation requirements will not only ease local districts' administrative burdens but will make it easier for people to gain access to public health insurance coverage.

- ✓ **Everyone must have the choice of a public health plan.**
Our American health care system now has private insurance and public insurance. Private insurance companies have high administrative costs, deny and delay approving and paying for health care and look at their own bottom-lines rather than a patient's or the community's health. The government should provide all of us with the ability to get coverage from a public plan, provided directly by the state and not through private insurers, that is affordable, has comprehensive benefits and allows people to choose their own health care providers.
- ✓ **Health care reform must include effective cost controls that promote quality.**
Health care costs are sky-rocketing, but we must not control them by depriving people access to appropriate care. We can control costs without hurting quality. We can dramatically reduce costs for doctors and hospitals if all insurance plans use a standard form for claims. We can improve costs and raise quality with new health information systems, preventive care, and better treatment for chronic diseases and the use of mid-level providers whenever appropriate. We can cut the cost of prescription drug in half if we use the government's purchasing power to achieve lower drug prices. We can reduce the amount of duplication and waste in the system if the provider payment system is reformed to minimize provider incentives to over-treat or under-treat, and if the public has a role in deciding where money is invested in health care.
- ✓ **All employers must contribute fairly to the cost of health care, and employers' health costs must be predictable and in reasonable proportion to their total labor costs.** The financing of health care for all New Yorkers must be progressive and broad-based. Under our current system, employers are expected to provide coverage on a per employee basis. Health care costs are enormously higher as a portion of total labor costs for lower wage as opposed to higher wage workers. As a consequence, very few low wage workers get any health insurance coverage through their employers, and many low wage employers do not contribute at all to the health care system. To the extent that financing reform proposals maintain employer-sponsored insurance, all employers



should contribute fairly, with contributions related to employees' wages, just as they are now for retirement benefits under Social Security and Medicare. This would also make health care costs more predictable for employers.

- We need a health care system—and a transition to a new system—that takes into account the situation of employers that have provided coverage and their employees. Responsible employers must not be put at a competitive disadvantage to those who have not provided insurance.



The safety-net health care delivery system must be preserved and enhanced.

Our health care delivery system relies on an overworked and thinly stretched network of safety-net providers that traditionally have served low-income and uninsured individuals and underserved communities. Government must ensure that publicly-subsidized health providers meet their mandate to provide affordable care without regard to patients' insurance status, ability to pay, race, age, gender, disability, or immigration status. This safety-net delivery system must be bolstered so that it can provide affordable, accessible and high quality primary and tertiary health care to all who do not benefit from our reforms, so as to further reduce inequity in the health care system.