

# 2011-2012 New York State Executive Budget

Health Care For All New York (HCFANY) is a statewide coalition of over 100 organizations committed to winning quality, affordable health coverage for all New Yorkers. We strive to bring consumer voices to the policy conversation, ensuring that real consumer concerns are reflected.

The following are HCFANY's recommendations for the 2011-2012 Governor's Executive Budget. This is a preliminary version, which will be updated once the Medicaid Redesign Team announces its recommendations.

## HCFANY's Recommendations for the 2011-2012 Executive Budget

- **Preserve Prescription Drug Assistance for Low-Income Seniors and Extend it to People with Disabilities.**

The Executive Budget proposes to eliminate all premium and deductible assistance to nearly 300,000 seniors enrolled in the Elderly Pharmaceutical Insurance Program (EPIC) and to pay for prescription drugs only when seniors have reached the Medicare Part D doughnut hole. Rather than cut this vital assistance for seniors who cannot afford their prescription drugs, New York should maximize access to and use of federally-subsidized benefits for people with Medicare.

The state should explore increasing the income eligibility level for federal Medicare Savings Programs so that not just low-income seniors,

but also low-income Medicare beneficiaries under 65 can access federal assistance to pay for premiums, deductibles and coverage in the donut hole.

- **Improve transparency in the Bad Debt and Charity Care pool.**

Each year, New York's hospitals receive \$847 million in Bad Debt and Charity Care (BDCC) funds to help pay for the cost of providing health care for uninsured and underinsured New Yorkers. But, due to complicated and opaque accounting procedures, it has been impossible to trace BDCC funds to actual care received by those who need it.

The 2008-2009 NYS Budget partially reformed this system by requiring 10% of BDCC hospital payments to be directly linked to actual services provided to uninsured patients. Further, the 2009-2010 budget redistributed \$282 million in Graduate Medical Education funds to the BDCC pool to be allocated through the new reimbursement process.

At a time of scarce resources and increasing numbers of uninsured, New York cannot afford to waste dollars that should be going to people in need. This money is being spent unwisely and the necessary steps need to be taken to finally make BDCC funds 100% accountable.

- **Permit immigrants to pre-qualify for ER Medicaid.**

Emergency Medicaid is available to all low-income New Yorkers, regardless of immigration status. To get coverage, an attending physician must certify that the person has a medical

**It is currently impossible to link the millions spent by the State on charity care to actual patients.**



condition that meets the definition of an "emergency." If so, the person fills out a full Medicaid application, which, depending on their eligibility, may or may not be approved.

New York should let undocumented immigrants to pre-qualify for Emergency Medicaid and get a limited coverage card in advance. This would raise awareness of Emergency Medicaid and give providers assurance of payment for services provided. Many states already do this: California, Michigan, Oregon, Massachusetts, South Carolina, Texas, Maine, Nevada, Arizona, Virginia, Maryland, Louisiana, Delaware and New Hampshire.

*HCFANY's recommendations for the 2011-2012 Executive Budget will be modified in response to the recommendations made by the Medicaid Redesign Team. For the most up-to-date version of this brief, go to [www.hcfany.org](http://www.hcfany.org)*