

Policy Brief

Building Quality, Affordable Health Care for ALL New Yorkers



Health Care For All New York

No. 63 February 2015

HCFANY 2015 Legislative Agenda for Affordable, Quality Health Care for All

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. HCFANY's 2015 Legislative Agenda seeks to expand access to coverage and care for the remaining uninsured, ensure consumers have help to use and keep their coverage, and ensure access to out-of-network providers.

Comprehensive Coverage for All Immigrants

New York has made important strides in providing coverage, but key populations remain uninsured, and immigrants remain especially likely to be left out of coverage. **New York should be a national leader by providing comprehensive insurance coverage for all immigrants in residence.**

- New York should provide a state-funded Basic Health Program (BHP) for all legal residents under the PRUCOL standard who are ineligible for federal funding.¹ PRUCOL immigrants are eligible for state-funded Medicaid and most are eligible for BHP due to the landmark *Aliessa v. Novello* case.² But a small group are not eligible for BHP. It is a matter of fairness that all PRUCOL immigrants just above the Medicaid income-level should be able to enroll in BHP.
- Additionally, New York should explore mechanisms by which all immigrants will be covered, including those who are undocumented.

Consumer Assistance to Help New Yorkers Use and Keep their Insurance

Community Health Advocates (CHA) helps New Yorkers throughout the state understand, use and keep their insurance by providing a central, toll-free helpline and community-based services. Governor Cuomo's 2015-2016 Executive Budget includes \$2.5 million to support CHA. **New York should increase this amount to \$5 million to ensure a robust CHA program.**

Since 2010, CHA has helped nearly 200,000 New Yorkers and saved over \$14 million for consumers around the state. An appropriation of \$5 million will support CHA in localities that are currently underserved, restore its small business services, and allow the program to meet increasing demand from the hundreds of thousands of New Yorkers who are newly insured.



All immigrants deserve access to quality, affordable health insurance.

(Continued on reverse →)



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Ensuring Access to Out-of-Network Coverage

New Yorkers who enroll in individual health insurance currently have no options for out-of-network coverage. Those in the small group market still have this benefit. **The State should remedy this inequity by requiring all insurance carriers to offer an option for out-of-network coverage at the Silver and Platinum levels.**

This will ensure that New Yorkers can access the care they need, at an affordable cost, from accessible and trusted providers.

A Basic Health Program for Lower-Income Working New Yorkers

In 2014, New York State approved a Basic Health Program (BHP) to offer public health coverage to New Yorkers under 200% of the Federal Poverty Level. **New York should guarantee sufficient state funding to administer the program.**

The BHP will bring in significant federal funding to offer quality coverage for lower-income working New Yorkers, generating approximately \$500 million in annual savings. Federal funds cannot be used to administer the program.

Streamlining Access to Hospital Financial Assistance

New York's Hospital Financial Assistance Law helps ensure sliding-scale financial help for uninsured and underinsured New Yorkers struggling to pay the cost of medical bills. But some New Yorkers aren't able to access the program, whether because they aren't made aware of their eligibility or due to confusion about the process. **New York should establish a mechanism to pre-qualify New Yorkers for the program through the NY State of Health Marketplace, thereby ensuring better access to this vital assistance.**

1. A subset of Permanently Residing Under Color of Law (PRUCOL) immigrants—including those who have benefited from President Obama's Executive Orders for childhood entrants and their families—are unfairly barred from the new insurance marketplaces and ineligible for the federal BHP. BHP provides coverage for people under 200% of the Federal Poverty Level.
2. *Aliessa v. Novello*, 96 N.Y.2d 418 (2001), requires state-funded Medicaid coverage for certain groups of legal immigrants, even when no federal match is available. Those under 138% are enrolled in Medicaid. Parents, children, and young adults aged 19 and 21 are also eligible for Medicaid. However, a small group of PRUCOL immigrants above 138% are ineligible for coverage.

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