

Policy Brief

Building Quality, Affordable Health Care for ALL New Yorkers



Health Care For All New York

No. 65 January 2016

HCFANY 2016 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 2016 Legislative Agenda seeks to: expand access to affordable, quality coverage to the remaining uninsured; ensure consumers have help to use and keep their coverage; improve access to out-of-network providers; and preserve the public rate review process.

Comprehensive Coverage for All Immigrants

Through the New York State of Health Marketplace, New York has enrolled millions of New Yorkers into coverage, but key populations—especially our immigrant residents—remain uninsured. People without insurance get sicker and die younger than people with coverage. **New York should be a national leader by providing comprehensive insurance coverage for all its immigrant residents by:**

- New York should allocate **\$10.3 million in state-only funding** for Essential Plan (EP) coverage for the roughly 5,500 New Yorkers who are ineligible for federal EP funding because of their immigration status.¹ Low-income people with identical status already are eligible for Medicaid.² But they cannot access federally-funded EP or Marketplace plans if their income is above the Medicaid level.
- New York should also consider allocating \$462 million to cover all New Yorkers in EP, including those who are undocumented.

Consumer Assistance to Help New Yorkers Use and Keep their Insurance

Community Health Advocates (CHA) helps New Yorkers understand, use and keep their insurance by providing a central, toll-free helpline and community and small business-serving agencies throughout the State. Last year, New York provided \$3 million in funding for a 9-month period. This year, **New York should provide \$4 million to ensure a year-round 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 \$4 million will avert a 25% budget cut for the 30 CHA agencies who annually serve 30,000 New Yorkers in all 62 counties and allow the program to meet increasing demand from the hundreds of thousands of New Yorkers who are newly insured.

Preserving a Strong Rate Review Process

New York has one of the nation's strongest rate review (prior approval) laws. The Department of Financial Services (DFS) has successfully implemented this law to protect consumers from unreasonable premium increases. The Legislature should reject any efforts to reduce DFS's discretion in the prior approval process, or to limit consumer participation in the process. If anything, New York should strengthen rate review for consumers. For example, New York should adopt uniform standards for carrier actuarial memoranda and narrative summaries in prior approval applications.

(Continued on reverse →)



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Reaching the Remaining Uninsured

While New York has exceeded enrollment expectations, 8% of New Yorkers remain uninsured. **New York should build on its success by providing \$2 million in funding for outreach and education by community-based organizations (CBOs) and small business-serving groups to reach the remaining uninsured.**

CBOs and small business organizations work in the hardest-to-reach communities and can educate these consumers and employers with information about their coverage options and connect them to the Marketplace and enrollment assistors like Navigators.

Ensuring Access to Out-of-Network Coverage

Most New Yorkers who enroll in health insurance through the Marketplace currently have no options for out-of-network coverage. **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.

Ensuring Network Adequacy

New York should build on its landmark out-of-network surprise bill consumer protections by ensuring that consumers have access to provider networks that meet their needs.

For example, currently, a consumer must remain in the same Qualified Health Plan (QHP) until the next Open Enrollment Period, even if her doctor leaves or is dropped from the QHP's network. **The State should require that insurance plans and providers maintain their contract relationships**

for an entire plan year, except for cause. The State should also protect consumers when provider network documents are inaccurate.

1. A small subset of Permanently Residing Under Color of Law (PRUCOL) immigrants—are unfairly barred from the new insurance Marketplaces and ineligible for the federal EP. EP 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 legal immigrants, even when no federal match is available.

HCFANY

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