

# Policy Brief

Building Quality, Affordable Health Care for ALL New Yorkers



Health Care For All New York

December 2017

## HCFANY 2018 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 2018 Legislative Agenda seeks to:** extend coverage to the remaining uninsured; ensure consumers have help enrolling in and using their coverage; improve network adequacy and access to out-of-network providers; support safety net hospitals; and increase transparency and promote equity across the health care system.

The current administration and members of Congress are discussing repeal and replacement of the Affordable Care Act (ACA) and significant cuts to Medicare and Medicaid. HCFANY stands ready to work with the Governor and the State Legislature to preserve and expand the coverage gains and consumer protections achieved under the ACA and maintain New York's Medicare and Medicaid programs.

### Adequately Fund the Navigator Program to Help New Yorkers Enroll in Coverage

Funding for the State's Navigator program ends in 2018. Navigators are local, in-person assistors that help consumers and small businesses shop for and enroll in health insurance in the Marketplace. Since 2013, Navigators have helped enroll more than 300,000 New Yorkers. Medicaid, Child Health Plus, and Essential Plan consumers, who are disproportionately people of color, are more likely to enroll in coverage with the help of an in-person assistor. Navigator programs have not had a cost of living increase in over 5 years. **New York State should allocate \$32 million annually to ensure that in-person Navigators are adequately funded.**

### Add Funding for Community Health Advocates

Community Health Advocates (CHA) helps New Yorkers understand, use and keep their insurance through a network of local community and small business serving agencies and a central, toll-free helpline. Since 2010, CHA has saved over \$27 million

for the more than 300,000 New Yorkers it has served. In 2017, CHA's budget was \$3.5 million. **Today's disruptive health climate and the increased number of newly insured means CHA's services are needed more than ever before. This year, New York should provide \$4.75 million to ensure a robust CHA program.**

### Defend the Essential Plan

New York's Essential Plan provides quality, low-cost coverage with no deductible and low copays to New Yorkers with incomes up to \$23,760 for a single person. **The State should not increase premiums or cost-sharing for Essential Plan enrollees.**

### Provide Additional Health Insurance Subsidies to Lower-Income New Yorkers

New Yorkers with incomes just above the Essential Plan limit face prohibitively expensive deductibles in the individual health insurance market, which can make it difficult for them to use their insurance to get the health care they need. **New York should establish a State-funded subsidy to reduce the deductible for consumers with incomes between 200 and 250 of the Federal Poverty Level who purchase silver plans through the Marketplace.**

### Ensure Coverage for All New Yorkers

Health coverage options for immigrants remain limited. New York's Child Health Plus (CHPlus) program is a national model for providing coverage to all children, regardless of status. Expanding CHPlus coverage to young adult immigrants up to age 29 would reduce the number of uninsured, stabilize the finances of the safety net providers that serve them, and improve the quality of care for all. **The State should allocate \$83 million to expand Child Health Plus coverage to all New Yorkers up to age 29 earning incomes up to 400 percent of the FPL, regardless of immigration status.**

*(Continued on reverse →)*



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## Reform the State's Indigent Care Pool by Supporting Safety Net Hospitals

New York's safety net hospitals provide a disproportionate amount of care to people who use Medicaid, who are uninsured and/or are people of color than academic medical centers. These crucial providers face cuts in Disproportionate Share Hospital (DSH) payments from the federal government. Under the current allocation of funds from New York's indigent care pool, public hospitals, like New York City Health + Hospitals in NYC, Erie County Medical Center, and Westchester Medical Center, will face a disproportionate share of the burden from these cuts. The State's Indigent Care Pool (ICP) is mostly allocated based on an accountable Medicaid/uninsured payment formula. But roughly 15% of the funds continue to be paid through a "transition" collar that rewards hospitals that do not adequately offer financial assistance. **The State should stop the ICP "transition" collar and find a solution that distributes the DSH cuts equitably so that it supports the safety net hospitals that serve the most uninsured.**

## Improve the Certificate of Need Process

The State should make changes to the Certificate of Need process to increase transparency, ensure consumer engagement, and protect access to timely, affordable health care.

## Guarantee 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. Requiring all carriers to offer out-of-network options will ensure that New Yorkers can access the care they need, at an affordable cost, from accessible, trusted, and culturally and linguistically competent providers. **The State should require all insurance carriers to offer an option for out-of-network coverage at the Silver and Platinum levels.**

## Ensure Network Adequacy

New York should expand consumer protections to ensure that consumers have access to adequate 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.**

**New York should also build on its landmark out-of-network surprise bill consumer protections by ensuring that consumers are held harmless in cases of provider or plan misinformation.**

## Make Prescription Drugs Affordable

New York should take steps to make prescription drugs more affordable, including: preventing price gouging on generic and off-patent drugs; requiring more transparency from the pharmaceutical industry; creating tools that help consumers manage prescription drug costs; and ensuring that consumers are represented when policy decisions are made about prescription drug coverage. Maryland enacted a landmark price gouging statute last year. New York State should do the same.

## Reproductive Health

The State should require coverage of all FDA-approved contraceptive drugs, devices, and products, including voluntary sterilization, without cost-sharing.

The Legislature should also pass the Reproductive Health Act, which would bring New York State abortion law in line with *Roe v. Wade*, protect providers who perform abortion services, and move abortion out of the penal code and into the public health law.