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# Health Care for All New York: 2019 Budget and Policy Priorities

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# Who Are We?



The **Actors Fund**,  
for everyone  
in entertainment.



**Community Service Society** | Fighting Poverty  
Strengthening  
New York



# More New Yorkers Get Health Insurance Every Year

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Record enrollment in 2019 – over 4.7 million New Yorkers enrolled through the New York State of Health during open enrollment\*

Qualified Health Plans	271,873 (58% with financial assistance)
Essential Plan	790,152
Child Health Plus	417,753
Medicaid	3,287,846
Total	4,767,624

Source: NY State of Health Press Release: “NY State of Health Announces Record Setting Sign-Ups for 2019, More than 4.7 million New Yorkers Enrolled in Health Coverage,” Feb. 4, 2019, <https://info.nystateofhealth.ny.gov/news/press-release-ny-state-health-announces-record-setting-sign-ups-2019-more-47-million-new>

# But Many Still Go Uncovered

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The 1.1 million remaining uninsured New Yorkers fall into three categories:

- People who face eligibility barriers because of their immigration status
- People who find private health insurance unaffordable at current rates
- People who are eligible for public programs or subsidies but are not enrolled

Income	% of NY's Uninsured
<138%	32%
138-199%	16%
200-399%	32%
400-599%	12%
600%+	8%

Source: American Community Survey, Health Insurance Status and Type of Coverage All People 2008-2016

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# Those with Coverage Can't Always Use It

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- Even with employer coverage:
  - Underinsurance grew from 10% to 28% between 2003 and 2018
  - 47% of underinsured had a bill problem or medical debt; 41% reported problems accessing care
  - Spending per person for consumers is growing:
    - 4.2% from 2016-2017 (\$5,641 in 2017)
    - 4.9% from 2015-2016
    - Average growth 2013-2017 of 3.9%
- Networks are getting smaller in New York, even as they get bigger in other states
- Consumers are held responsible for incorrect network information provided by their plan or provider

Sources: “Health Insurance Coverage Eight Years After the ACA: Fewer uninsured Americans and Shorter Coverage Gaps, But More Underinsured,” The Commonwealth Fund, February 2019, <https://www.commonwealthfund.org/publications/issue-briefs/2019/feb/health-insurance-coverage-eight-years-after-aca> ; “2017 Health Care Cost Report”, Health Care Cost Institute, February 2019, <https://healthcostinstitute.org/research/hccur/2017-health-care-cost-and-utilization-report> ; Polsky, Weiner, and Zhang, “Exploring the Decline of Narrow Networks on the ACA Marketplaces in 2017,” November 6, 2017, <https://ldi.upenn.edu/brief/exploring-decline-narrow-networks-aca-marketplaces-2017>

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# HCFANY Wants a Budget That:

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- Expands coverage to the uninsured
- Makes private coverage more affordable for everyone
- Gives New Yorkers the tools to enroll and then use their insurance to get high quality care

# That's Not What We Got!

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The only proposal is for a commission to study the problem – but we already know how to address these problems!



# Some Good Proposals:

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- Removing mental health and substance abuse insurance barriers
- Creating a Maternal Mortality Review Board
- Licensing pharmacy benefit managers
- Codifying the ACA into state law



And some new consumer protections have already passed:

- Reproductive Health Act
- Comprehensive Contraception Coverage Act

**But there's much, much more to do!**

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# Expand the Essential Plan for Undocumented Adults

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- More than 400,000 New Yorkers uninsured due to their immigration status
- Proposal:
  - Allocate \$532 million to create a state-funded EP for all currently excluded New Yorkers up to 200% of the federal poverty level
  - Estimate 110,000 undocumented adults would enroll
- Governor Cuomo included \$0 in executive budget for this proposal
- Assemblymember Gottfried and Senator Rivera will soon introduce bills to create a state-funded EP
- Actions to take:
  - Once bills introduced, please submit memos of support to Max Hadler ([mhadler@nyic.org](mailto:mhadler@nyic.org)) and contact electeds to ask them to cosponsor. All information will be available under the “Take Action!” tab on the #Coverage4All website ([www.coverage4all.info](http://www.coverage4all.info))

# Ensure State Coverage for TPS Holders

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## What is Temporary Protected Status?

- Designation for nationals of countries experiencing humanitarian crisis
- TPS holders in NY: approximately 33,6000
- Have work authorization and many have lived in the US for 20 years

## What is happening with TPS under President Trump?

- Systematic termination of TPS as countries come up for biannual renewal
- Many countries scheduled to lose TPS between 11/2018 – 1/2020. Terminations currently frozen by court injunction for TPS holders from El Salvador, Haiti Nicaragua and Sudan

## Are TPS holders eligible for health insurance?

- YES! TPS holders are “lawfully present,” thus eligible for almost all types of coverage

## How does losing TPS affect eligibility for health insurance?

- If they lose TPS, they lose their lawful presence. BUT, the State can preserve their Medicaid eligibility

## What can New York State do to protect TPS holders?

- Legislature pass and Governor sign [A3316/S1809](#)

## What can YOU do?

- Write a memo of support based on this [template](#)
- Ask elected officials to co-sponsor these bills. All information is currently available under the “Take Action!” tab on the #Coverage4All website ([www.coverage4all.info](http://www.coverage4all.info))

# Full Support for the Community Health Advocates (CHA) Program

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CHA provides free, independent assistance to people with billing issues like surprise bills or unfair denials – the program has saved New Yorkers over \$37 million and is available everywhere in the State

- The Governor’s proposal to codify the ACA did not include the right to independent consumer assistance programs like CHA (article 1002) – that must be fixed!
- New Yorkers with private insurance are given CHA’s info whenever they get an explanation of benefits or a claims denial – but the four million New Yorkers enrolled in Medicaid Managed Care do not. This is unfair and should be fixed.
- CHA needs more funding to provide the best service:
  - Executive budget provides \$2.5 million – thank you!
  - Full funding for CHA would really be \$6.5 million – the Legislature can get us there by adding \$4 million

# Full Funding for Navigators and Grants to Reach Uninsured

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Navigators and the assistance they provide for enrollment are one reason New York has such great enrollment rates: 78% of people enrolling through the NY State of Health got in-person help to do so!

- The Navigator program has received flat funding of \$27.2 million since 2013 with no cost of living increases – a de facto funding cut. The Legislature should provide an increase to \$32 million to make up for increased costs over time.
- New York should also allocate another \$2 million to community-based organizations that can conduct outreach in communities where lots of people are uninsured

# Premium Subsidies for People Who Cannot Comfortably Afford Private Coverage

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- Federal premium subsidies limit the percentage of income people spend on health care premiums in the individual market for those earning up to 400% of the federal poverty level (about \$49,000 for an individual) – but high deductibles and other out-of-pocket costs often mean that people cannot use their plans
- New York could:
  - Add additional premiums for people earning up to 400%
  - Add premiums for people earning between 400 and 600%, as Gov. Newsom is proposing in California
- A bonus of this strategy is that it could attract enough new people into the market to lower prices for everyone

# Subsidized EP buy-in for people earning up to 250% FPL

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- New Yorkers face a steep cliff when they start to earn over 200% of the federal poverty level (about \$24,000 for an individual)
  - Below 200%, EP costs \$20 a month with no deductible
  - Above, individual market plans that maximize financial assistance still cost \$140 a month and have deductibles of almost \$2,000
- CSS modeled a program where the State collects federal tax credits and a \$50 co-premium from enrollees who decide they want to buy into the EP:

Number of Enrollees	Annual Cost to Enrollees	Annual Cost to State
116,040	\$600	\$132,568,332

- People who want private plans can still buy them – but they'll have an affordable, comprehensive public alternative!

# Remove Medicaid Cuts

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Barriers to enrolling in Medicaid or using services might save small amounts of money here and there – but the budget should not be balanced on the backs of people who are by definition financially vulnerable!

- Spousal refusal is an important protection for families in tough situations – it should be preserved
- Prescriber prevails is an important protection for people who rely on medications for health – health decisions should always be made by providers and patients working together, not insurance companies!
- The Consumer Directed Personal Assistance Program allows people with disabilities to manage their own caretakers – the Governor’s proposal to centralize the program could make it harder for people to participate. People with disabilities deserve control over their own lives!

# Target Safety Net Funding to True Safety Net Hospitals

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## The Problem:

- The way health care for uninsured patients is financed in New York is unfair and inefficient.
- Hospitals that care for the uninsured stand to lose the most if federal funds to support them are cut, as advocates anticipate will happen.

In his 30 day amendments Governor proposed to reduce Indigent Care Payments for voluntary hospitals, but it's not clear how or if this helps safety net providers. Getting real change in this environment is going to require a lot of voices!

- HCFANY supports the H+H Community Proposal: Please include the H+H Community one-pager in your lobby visits <http://bit.ly/2Njzmk1> and tell your elected officials to support equitable funding for safety net hospitals.

# Give Consumers More Power in the Certificate of Need Process

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## The Problem

- More than 41 community hospitals have closed across NYS over the last 20 years, and more have downsized or merged with large health systems.
- Unfortunately, consumers often have little or no say about these changes, which can dramatically affect their ability to obtain timely affordable health care in their own communities.
- New studies are also showing that when hospitals merge, the price of health care can go up. That directly affects consumers through higher health insurance premiums and out of pocket costs.

# Give Consumers More Power in the Certificate of Need Process

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## Proposals

- Add more consumer health advocates to the state council that reviews hospital applications for mergers and other transactions. It's called the Public Health and Health Planning Council (PHHPC)
  - Currently, the Public Health Law allocates “at least one” consumer representative to the PHHPC. But that seat has been vacant for over two years!
  - A. 4071 (Gottfried) and S. 00870 (Hoylman) would increase the number of consumer representatives on the PHHPC to at least four, while increasing the overall size of the PHHPC. The Gottfried bill will be on the Assembly Health Committee agenda on Wednesday, Feb. 27. Please urge your Assemblymembers to support it – ask us for a model bill memo!
- Require public hearings in the community, at least 60 days in advance, when a hospital is proposing to close and ensure the public and public officials are notified.
  - In previous legislative sessions, Joann Simon has introduced a bill that would do something like this (A02441 from 2017). We need to get her or somebody else to reintroduce this bill, and strengthen it. We also need a Senate sponsor for the bill.