

Racial Justice in Health Care: An Agenda for New York



Building Quality, Affordable Health Care for ALL New Yorkers

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 believes that state policies must recognize that New Yorkers have unequal access to insurance and to health care based on race and ethnicity. For example, in 2016, 4.5% of White New Yorkers lacked health coverage as compared to 6.8% for Black New Yorkers and 11.8% for Hispanic New Yorkers. Nationally in 2017, 6.3% of Whites nationally lacked health coverage, as compared to 7.3% for Asians, 10.6% for Blacks and 16.1% for Hispanics. Due to punitive and racially discriminatory federal policies, undocumented immigrants are prohibited from receiving private health coverage through NY State of Health marketplace, or enrolling in the Essential Plan and Medicaid. (They may enroll in Emergency Medicaid.)

New Yorkers also have dramatically different health outcomes based on their race and ethnicity. Black New Yorkers have significantly higher rates of mortality, premature births, low birthweight babies, asthma hospitalizations, coronary health disease mortality, and diabetes hospitalizations than their White counterparts. Due in large part to a lack of health coverage, non-citizens nationally are much less likely to have had recent contact with a health provider or to receive primary care.

In developing health policy, a just New York State must take into account the unequal access New

Yorkers have to health insurance and to quality health care based on race and ethnicity. Here are a number of steps we can take to address the racially unjust health care system in our state:

Expanding and Protecting Coverage

Expanding the Essential Plan to Undocumented New Yorkers: The Essential Plan is a popular health program that provides low cost coverage for New Yorkers earning up to 200% of the Federal Poverty Level.

- New York State should use state dollars to expand eligibility for the Essential Plan to cover over 100,000 New Yorkers that are presently without access to health coverage due to their immigration status.
- Legislation should be passed to ensure that people with “Temporary Protected Status,” many of whom have lived in New York for decades, can continue to have access to Medicaid (A.3316/S.1809; 2019 session). The Trump administration is ending TPS, a special status that allows those experiencing war or other humanitarian crises in their home countries to remain in the U.S. Unless the state steps in, this punitive federal action will have the effect of ending these New Yorkers’ access to health coverage.

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Making the Essential Plan Available to Additional Low Income New Yorkers and People of Color: Struggling New Yorkers now experience increases in their monthly health insurance premiums from at most \$20 a month to \$150 or more a month when their income increases to just above the eligibility level for the Essential Plan (around \$25,000 for an individual).

- New York can address this affordability problem by allowing New Yorkers making just a bit too much for the Essential Plan to buy into the Plan at a much lower rate than \$150 a month.

Reaching People of Color in Their Communities to Enroll Them in Health Coverage: Navigators and other assistors give New Yorkers advice as to which health plan best meets their needs and enroll them through the NY State of Health marketplace online enrollment portal. Low income people and people of color particularly benefit from this help: 78% of those who recently enrolled in Medicaid received in-person assistance, as compared to 47% for those with private plans, who are higher income. Navigators, employed by community organizations throughout New York, are particularly critical in enrolling immigrant communities and those whose first language is not English. As of 2018, navigators spoke 44 languages.

- New York State should increase funding for the navigator program, which has been “flat-funded” for years, making it difficult for struggling non-profit navigator programs to retain quality staff and

maintain program quality.

- The state should also create a new program to provide small grants to enable community-based organizations to target “hard to reach” neighborhoods, regions or demographic groups. This program would particularly benefit immigrant communities facing federal threats like public charge, and the communities of low-income New Yorkers and people of color.

Assisting New Yorkers to Use Their Health Coverage: Since 2010, the Community Health Advocates has saved New Yorkers over \$35 million, through helping hundreds of thousands of New Yorkers with problems like resolving billing disputes and coverage denials. In a recent period, 76% of New York City CHA clients were racial and ethnic minorities.

- The state should provide CHA with a significant enough funding increase to enable it to help additional “hard to reach” individuals, especially Medicaid patients who have the need for assistance with appeals of coverage denials.

Quality Hospital Care

Targeting State Funding to Hospitals That Serve Low Income People: New York State spends \$1.1 billion each year for indigent care funding aimed at supporting hospitals that provide a disproportionate share of health care services to Medicaid and uninsured patients, a large number of which are people of color. Yet, current law is not consistent with this intent:

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\$140 million of these funds are still spent under an outdated formula based on bills sent to collections, which has the effect of rewarding some wealthier hospitals that fail to serve uninsured patients.

- The state should create a fairer distribution of the \$1 billion in annual indigent care funding, ensuring that the formula targets funding based on the number of uninsured and Medicaid patients served.

Giving New Yorkers a Greater Say When Hospitals Are Proposing to Close or Downsize:

Over the past 20 years, 41 community hospitals have closed across New York State. Others have downsized or been absorbed into large health systems that are less accountable to local residents. Rural, suburban and urban communities have all been affected, and the impact is especially challenging for patients who cannot easily travel to another hospital. These patients include those who are uninsured or on Medicaid, including high proportions of people of color. Currently, consumers have little or no say in state review of these dramatic changes in the health system. HCFANY supports reforms to the state's Certificate of Need process, which regulates hospital consolidation, to give consumers a greater say and ensure community access to care is protected:

- New York's Public Health and Planning Council, which reviews the most important hospital Certificate of Need applications, currently has only one seat out of 24 for a consumer health advocacy representative and that seat has been vacant for several

years. We support state legislation that would increase the number of consumer representatives to four.

- When a hospital is proposing to close or downsize, affected community residents should get at least 90 days advance notice and have an opportunity to comment at a public hearing that will inform state-approved closure plans.
- Public hearings should be required in affected communities before a hospital closes or is downsized or the types of available care is impacted.
- The Council should be mandated to consider the effect transactions will have on hospital prices paid by community members through their health insurance premiums and out of pocket costs.

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Steering Committee Members

Actors Fund
African Services Committee
Children's Defense Fund
Citizen Action of New York/Public Policy and Education Fund
Coalition for Asian American Children and Families
Community Service Society of New York
Consumers Union
Empire Justice Center
Make the Road New York
Medicare Rights Center
Metro New York Health Care for All
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