

# Health Care for All New York: 2020 Policy Agenda



Building Quality, Affordable Health Care for ALL New Yorkers

Health Care for All New York (HCFANY) is a statewide coalition of over 170 organizations dedicated to securing quality, affordable health coverage for all. New York has cut the number of uninsured people in half since 2010. Despite this remarkable feat, there are still 1.1 million uninsured New Yorkers. Many New Yorkers find health care unaffordable even with health insurance. HCFANY's 2020 policy agenda seeks to set New York on a path toward universal coverage that is affordable, comprehensive, and equitable.

## **Universal Health Coverage**

The Affordable Care Act helped narrow insurance gaps in New York but did not close them. For example, White New Yorkers (4%) are still much less likely to be uninsured than black (7%), Hispanic (12%), Asian (8%), or American Indian (11%) New Yorkers.

The New York Health Act (**S3577/A5248**) would eliminate New York's coverage gaps and affordability burdens. If the New York Health Act does not pass or cannot be implemented in 2020, New York should comprehensively expand existing programs to meet New Yorkers' immediate needs. New York's existing coverage programs must also be protected from budget cuts and arbitrary budget practices that do not reflect New Yorker's actual needs.

## **Cover All Immigrants**

Immigrants make up a disproportionate share of uninsured New Yorkers. Some undocumented immigrants in New York are eligible for Medicaid (pregnant women) or Child Health Plus (children under 19), but over 400,000 New Yorkers remain uninsured because of their immigration status.

The State can provide coverage to a portion of this population by passing **S3900/A5974** to create a state-funded Essential Plan covering over 46,000 people in

2020. The existing Essential Plan covers people who earn up to 200 percent of the federal poverty level but excludes many New Yorkers because of their immigration status.

## **State Premium Assistance Program**

The State should establish a premium assistance program for people with incomes over 200 percent of the federal poverty level who buy private insurance. Federal tax credits cap premiums at a specific percentage of household income, but do not go far enough. Making coverage more affordable would help address consumers' budget challenges and reduce prices for the entire individual market by bringing more people into the risk pool.

## **State Individual Mandate**

A state-level mandate is another way to incentivize New Yorkers to join the individual market risk pool. It can also raise revenue to support other coverage expansions. The Urban Institute has estimated that a state-level mandate could raise \$270 million to help fund coverage expansions.

## **Public Option**

The Essential Plan is a popular health program that offers coverage for at most \$20 a month with no deductible. People who earn too much for the Essential Plan must buy coverage on the Marketplace, which can cost \$150 or more with deductibles that are over \$1,350 — even with financial assistance.

New York could ease this affordability cliff by allowing people who earn between 200 and 250 percent of the federal poverty level (around \$25,000 for an individual) to choose between buying a private plan or buying into the Essential Plan.

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## **Outreach to Uninsured**

Too many New Yorkers are uninsured because they are unaware that they qualify for financial assistance or public programs or do not know how to enroll.

- Navigators are local in-person assistors who help consumers and small businesses shop for and enroll in health insurance plans. Navigators have helped over 300,000 New Yorkers enroll since 2013, without ever receiving a cost-of-living increase. The State should increase the Navigator budget from \$27.2 million to \$32 million to guarantee high quality enrollment services.
- The State should provide \$2 million for community-based organizations to educate consumers in the hardest-to-reach communities. This is especially important for people in immigrant communities who are living in fear because of federal threats like public charge.

## **Article VI Funding**

The FY20 State budget cut public health programs in New York City by 16 percent. These programs provide care for people with HIV, viral hepatitis, TB, and STIs and primarily serve low-income communities that may lack access to other care. These funds should be restored.

## **Educating, Assisting, and Protecting Consumers**

Consumers need help using their health insurance and knowing their health care rights.

## **Community Health Advocates**

Community Health Advocates (CHA) helps New Yorkers understand and use their insurance. CHA's free services are available statewide through a network of community-based organizations and a toll-free helpline. Since 2010, CHA has saved consumers over \$47 million and worked on more than 359,000 cases for people needing help getting the care they need or resolving billing disputes. CHA should be fully funded at \$5 million so that New Yorkers can continue to receive this help.

CHA's information is listed on commercial, but not Medicaid, notices. This year, Medicaid patients have to "exhaust" their plan's internal appeal systems before going to an independent reviewer. Medicaid enrollees should receive CHA's information to manage that appeals process as people in the commercial market already do. **S7241** would accomplish this.

## **Medical Billing Protections**

New Yorkers need protection from unfair medical billing practices. **S6757/A8639** would eliminate some of these practices by requiring consolidated, clear hospital bills and capping interest on medical debt to 3 percent. It would also protect consumers from surprise out-of-network bills caused by provider or plan misinformation; protect patients from unfair facility fees; and reduce the statute of limitations on medical debt to two years from six. These protections are important for eliminating medical debt, which according to the Urban Institute, affects 23 percent of white Americans and 31 percent of black Americans.

## **Community Health Access to Addiction or Mental Healthcare Project (CHAMP)**

Insurance barriers stop many New Yorkers from getting care for mental health or substance abuse issues. CHAMP started in 2019 and has already helped thousands of New Yorkers resolve those issues and get necessary care. CHAMP only received \$1.5 million in 2019—for 2020 it should be fully funded at \$3 million.

## **Affordable Prescription Drugs**

Unaffordable prescription drugs reduce patients' ability to follow their treatment plans.

## **Commercial Drug Utilization Board**

New York's insurance companies identified prescription drug costs as a major factor behind high premiums, one that is outside of their control. New York's public programs control prescription drug costs through a Drug Utilization Review Board. A

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similar board should be created for commercial plans. It should review clinical information and make recommendations, hold public meetings, and include consumers.

## **Cap Prices for Life-Saving Prescriptions**

New Yorkers who depend on insulin or other prescriptions to survive are at the mercy of pharmaceutical companies who can impose massive price hikes without warning. **S6492/A8533** would cap insulin prices at \$100 every 30 days. It would also create a drug assistance demonstration program for New Yorkers dependent on prescription drugs similar to a program that exists for New Yorkers living with HIV or AIDS. Finally, it would allow pharmacists with a prescriber's approval to refill life-preserving maintenance drugs on an emergency basis if a patient's prescription expires.

## **Import Cheaper Drugs from Outside the United States**

Some of the causes of high prescription drug costs stem from federal rules that New York cannot change. However, New York can take advantage of other countries' willingness to regulate pharmaceutical prices by allowing wholesalers to import drugs from those countries. **S5682/A7588** authorizes New York's Commissioner of Health to create such a program.

## **Publicize Agreements That Delay Generics**

Prescription drug manufacturers work together to block the release of cheaper generic medications. **S5169/A7196** would require manufacturers to inform New York's Attorney General of the existence and length of such agreements. The Attorney General would then share this information with the Medicaid Drug Utilization Review Board and all health carriers operating in the state.

## **Stop Pharmaceutical Price Gouging**

Consumers are protected from price gouging in other areas of consumer law. **S141/A6606** would protect people who buy prescription drugs by prohibiting manufacturers and wholesalers from selling

pharmaceuticals for "an unconscionably excessive price." The bill would authorize the Attorney General to sue on behalf of consumers.

## **Expand Income Eligibility for EPIC**

Elderly Pharmaceutical Insurance Coverage (EPIC) helps eligible seniors supplement Medicare Part D to better afford prescription drugs. The program is available to seniors who earn under \$75,000 a year who are enrolled in a Part D plan. EPIC should be expanded to higher incomes so that more New York seniors are protected from unfair drug prices.

## **Consistent Drug Formularies**

**S2849/A2969** passed the legislature last year but was vetoed. This bill would have protected consumers from mid-year changes to their drug formularies. Health plans should not be allowed to change the product consumers are paying for after consumers are already locked into that plan.

## **Transparency and Fairness**

Consumers should have a level playing field when interacting with the health care system. They should have all the information they need to make good decisions and exercise their patient rights.

## **Target ICP to True Safety-Nets**

The current process does not target the \$1.13 billion in Indigent Care Pool (ICP) funds to true safety net hospitals. This is due to what was supposed to be a temporary transition collar to help hospitals acclimate to a new funding formula in 2013. The State should stop renewing the collar and allocate funds to true safety net hospitals providing the most care to people with Medicaid or who are uninsured. New York's safety-nets take care of New Yorkers who are uninsured and who are afraid to seek care elsewhere because of cost or discrimination; protecting them is vital for protecting the communities in New York—like immigrant communities—that disproportionately lack health coverage.

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## **Community-Friendly Certificate of Need**

Community hospitals face financial stresses. Some are downsizing, closing, or being absorbed into large health systems, which can then make decisions about the hospital's future. New York regulates these changes through its Certificate of Need (CON) process. However, this process is not transparent and fails to fully engage the communities most affected. New York's Public Health and Planning Council reviews CON applications and should become a better vehicle for engaging communities.

- The Council should have more representatives of consumer health advocacy organizations. **S870/A4071** would have achieved this last year but was vetoed.

Public hearings should be required in affected communities before a hospital undergoes any

## **Comprehensive Networks and Benefits** **Network Adequacy**

It is still too easy for consumers to inadvertently use a provider that is out-of-network. Too many consumers still give up on seeking care or resort to unnecessary emergency room use because they cannot find an appropriate provider in their area.

- Health plans should be required to maintain provider contracts for an entire plan year, except for cause. Consumers who enroll in a plan for its network should know that that network will remain in place.
- Current tests of network adequacy should be improved by adding standards based on minimum appointment availability. Consumers should have the right to go out of network if they cannot get appointments with accessible providers that can communicate in their language within the adopted appointment availability time frames.

## **Out-of-Network Benefits**

Most New Yorkers buying plans on the New York State of Health Marketplace have no out-of-network coverage options. All insurance carriers selling Marketplace plans should be required to offer out-of-network coverage at the Silver and Platinum levels.

## **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**  
**Legal Aid Society**  
**Make the Road New York**  
**Medicare Rights Center**  
**Metro New York Health Care for All**  
**New Yorkers for Accessible Health Care Coverage/Center for Independence of the Disabled, New York**  
**New York Immigration Coalition**  
**Raising Women's Voices**  
**Schuyler Center for Analysis and Advocacy**  
**Young Invincibles**