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# Health Care For All New York Winter Meeting Feb. 5, 2020

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# Agenda

10:30	Welcome
10:45	Keynote State Budget Overview: Michael Kink, Executive Director Strong Economy for All Coalition Medicaid Budget Threats: Lara Kassel, Coordinator Medicaid Matters New York
11:15	Q&A
11:30	HCFANY 2021 Policy Agenda Panel
12:30	Health Consumer Champion Award
1:00	Lunch
1:30	Breakout Sessions <ul style="list-style-type: none"><li>• Medical Debt</li><li>• Immigrant Healthcare</li><li>• Medicaid and the State Budget</li></ul>
2:30	Wrap Up and Closing

# State Budget Overview

# Medicaid Budget Threats

# MRT II and Local Government Penalties

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- MRT II
  - Members not named yet
  - Possible/probable vehicle for longer asset look backs, elimination of spousal refusal/prescriber prevails, indigent care pool shenanigans
  - Legislators will be able to approve or vote no and trigger across the board cuts
- Local Government Shared Savings Proposal
  - Donna Frescatore: Local governments can look harder for assets (to enroll fewer people) and develop more efficient care plans (approve fewer care hours)

# HCFANY 2021 Policy Agenda

# Coverage Update

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Qualified Health Plans	271,873
Essential Plan	790,152
Child Health Plus	417,753
Medicaid	3,287,846
Total	4,767,624

# Coverage Update

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- Over a million New Yorkers are uninsured
  - 95% covered is great – but we're not done!
  - 51% of uninsured New Yorkers say it's due to the costs of coverage
- People who have insurance can't afford care
  - 45% of New Yorkers avoided care due to cost (delayed procedures, skipped recommended tests or treatments, cut pills in half, skipped dosages, did not fill a prescription)
  - 35% experienced serious financial repercussions due to medical bills (used up all or most of savings; unable to pay for food, heat, or housing; in collections; racked up large amounts of credit card debt)



# Coverage Update

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## FY21 Executive Budget

- No coverage expansions
- No affordability strategies
- Serious threats to Medicaid

# The New York Health Act – single payer

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- Universal coverage based on residency in the state
- Funded by new taxes on employers and employees (\$139 billion)
- Most New Yorkers would save money (the wealthiest would spend more)



# Coverage4All

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- Pass S3900/A5974: Expand EP coverage to all immigrants regardless of status
  - Would cover two groups:
    - Immigrants who currently pre-qualify or are using Emergency Medicaid
    - Uninsured, unauthorized adults who earn up to 200% FPL
  - No deductible, highest income people pay \$20 a month premium
  - 14 Senate Co-Sponsors, 21 Assembly

# Affordability

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- None of the strategies other states are exploring/implementing appear in the budget – and there are no bills in NY:
  - Premium subsidies
  - State individual mandate penalty
  - Public option

# Consumer Assistance Programs

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- Navigator programs
  - No cost of living increase since 2013
  - Should also get enhanced funding for outreach to underserved communities to cover people who are eligible but not enrolled
- Community Health Advocates
  - \$2.5 million in Executive Budget, hoping for \$2.5 million more from legislators
  - S7241: Medicaid enrollees need CHA's information when they get adverse determinations!

**A positive budget outcome:** Behavior health parity fund, with first \$1.5 million earmarked for consumer assistance! (Part Z, Section 2, page 322)

# Patient Medical Debt Protection Act (S6757/A8639 )

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## In Budget

- A reduction in the statute of limitations (Part J, Section 18, page 225) and
- A cap on interest rates (Public Protection and General Government Article VII, Part 21, Section 1, page 74)

## Not in Budget:

- Holding consumer harmless in cases of provider or plan misinformation?
- Standardized financial assistance applications and appeals processes so everyone gets the help they are eligible for?
- Banning facility fees?
- Unfair financial liability forms?
- Itemized and timely medical bills?

15 Senate co-sponsors, 33 Assembly

# Fair Hospital Funding

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- Indigent Care Pool funds
  - Transition pool set to expire this year – unless MRT renews it
  - Funds should be targeted to safety-nets, not handed out to all hospitals regardless of the amount of care provided to low-income New Yorkers (A6677a/S5546)
- Safety Net Funding Cut - \$82 million from Enhanced Safety Net set-aside

# Certificate of Need

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- S870/A4071 would have put more consumers on Public Health and Health Planning Council: vetoed!
- S5144a/A2986a would create more opportunities for the public to weigh in when facilities or departments close
- S1856/A1148 would require a community-advisory board at all hospitals, passed both Health committees



# Prescription Drugs

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## In the Budget

- PBM registration (Part U, Article 29, page 288) – a good start, but not as good as S6531/A2836 which included more consumer protections and was vetoed
- Price Gouging (Part G, Section 1, page 188)– kicks in when a price increases by 100%; S141/A6606 is more consumer friendly
- Drug Affordability Board(Part G, Section 1, page 189)
  - Only activates under the same limited circumstances in which the price gouging language kicks in (but does include a consumer rep)
  - Maryland HB78: able to set upper payment limits on “any prescription drug that creates affordability challenges to the Maryland health care system, including patients”

## Not in the Budget

- Nothing on stable drug formularies – S2849-A/A2969A passed last year but was vetoed
- Insulin cap – mentioned in speech but not in budget
  - Not good enough! S5144a/A2986a would do this plus create a drug assistance program for other life-sustaining medications, like ADAP