
Budget Briefing for Health Justice Advocates April 17, 2020





Campaign for New York Health 🍏
@NYHCampaign



In 2020, we urge NY legislators to [#GoBolderHealthcare](#):

- ✓ [#PassNYHealth](#)
- ✓ Create state-funded Essential Plan for undocumented NYers [#Coverage4All](#)
- ✓ Make coverage more affordable
- ✓ Support navigators engaging hard to reach NYers
- ✓ End unfair med billing
- ✓ Reject austerity

Proposed FY21 budget

- No coverage expansions
- No affordability strategies
- Serious threats to Medicaid
- Maintained Article VI public health cuts

Consumer protections

- Reduced statute of limitations on medical debt from 6 to 3 years (click [here](#) to read “Discharged Into Debt”)
- Prohibition on balance billing after hospital surprise bills
- Fully funded consumer assistance programs
 - Community Health Advocates
 - Community Health Access to Addiction and Mental Healthcare Project (CHAMP), and creates a behavioral health parity fund

Next steps:

- The Patient Medical Debt Protection Act (S6757/A8639, click [here](#)) would eliminate surprise bills caused by plan misinformation, cap interest on medical debt judgements, and much more (for a summary of the bill, click [here](#)).

Prescription drugs

- Insulin capped at \$100 every 30 days
- Drug accountability board will help the Attorney General investigate price gouging

Next steps:

- S6492/A8533 (click [here](#)) would create a drug assistance demonstration program to help people dependent on other life-preserving prescription drugs and allow pharmacists to provide emergency refills for those drugs
- Ensuring consumer representation and transparency of drug accountability board's proceedings

Indigent Care Pool

- Transition pool that unfairly reduced funding to safety-nets in favor of other hospitals was eliminated (click [here](#) to read the “Incentivizing Patient Financial Assistance report).

Next steps:

- 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 (S5546/A6677a, click [here](#))
- Patients need a standard process for accessing hospital financial assistance (S6757/A8639, click [here](#))

Table 5: Loss Amounts for the Bottom 20 Loser Hospitals

Hospital name	3-year loss (2013-2015)
St. Joseph's Hosp. Yonkers	(\$54,329,217)
NYC H + H/Elmhurst*	(\$22,934,177)
Faxton - St Luke's Health Care	(\$21,352,289)
Lutheran Medical Center	(\$16,570,434)
NYC H + H/Queens Hosp.*	(\$13,775,563)
Flushing Hosp.	(\$12,274,090)
NYC H + H/Kings County*	(\$12,060,846)
NYC H + H Coney Island*	(\$11,809,769)
United Health Services	(\$11,626,140)
Highland Hosp. of Rochester	(\$10,810,396)
Maimonides	(\$10,804,486)

Status of coverage expansions

- Immigrant coverage
 - COVID-19 testing and treatment now covered for all uninsured immigrants through the Emergency Medicaid program
 - No movement on expanding Essential Plan to cover immigrants regardless of status (S3900/A5974, click [here](#) to support #Coverage4All)
 - New York still hasn't:
 - Provided additional premium subsidies
 - Implemented an individual mandate
 - Offered a public option as an alternative to private individuals plans
 - No funding for targeted enrollment assistance for communities with high numbers of uninsured
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Medicaid in the FY21 Executive Budget

- Executive Budget
 - Medicaid Redesign Team (MRT II)
 - Local share proposal
- Advocacy considerations/perspective
 - MRT II as window dressing, etc.
 - Countering rhetoric
 - Reinforcing importance of Medicaid
 - Medicaid global cap
 - Raise revenue

Campaign to Protect Medicaid

- Informal collaboration between diverse advocacy groups to fight proposed Medicaid cuts
- Resources from during the budget session available by clicking [here](#)



Wins and losses

- Wins
 - Across-the-board provider cuts lower than they could have been
 - Spousal refusal and prescriber prevails intact; averted certain drug co-pays
 - Governor accepted Federal Medicaid matching rate enhancement provided by Families First Coronavirus Response Act (despite maintenance of effort language that prohibits Medicaid cuts)
 - Blocked Local Share increase
- Losses
 - Governor's new budget powers and ability to make targeted Medicaid cuts
 - Medicaid cap continues
 - Cuts instead of increased revenue

Community-based long term care

- Of \$2.2 billion in cuts, almost 1/3 was to community-based long term care – namely personal care and Consumer Directed Personal Assistance
- CDPA specifically targeted beginning in October, named in the Governor's budget address as a primary problem in Medicaid

Smart reforms for CDPA

Consumers identified a number of potential savings that actually *improved* their lives and services

- Reduce consumer assessments from semi-annual to annual, unless needed
- Allow workers to transport consumers to medical appointments
- Clarify rules that only allow a consumer to work with one FI
- Take steps to ensure all consumers are actually self-directing

Eligibility and wage cuts

- The good was undervalued, and the bad tremendously outweighed it.
 - Activities of Daily Living requirements
 - Physical assistance with 3 or more ADLs required
 - Alzheimer's or dementia requires supervisory or physical assistance with 2 or more ADLs
 - Only applies to those applying for services after 10/1/2020
 - “Enhanced utilization review” for 12+ hour cases
 - 3-year lookback on assets
 - Community First Choice Option delayed to 4/1/2021
 - \$45 million cut to Workforce Recruitment and Retention – funds wages and benefits for workers

Implementation advocacy could help in places

- “Independent” assessment
- Universal tasking tool
- Personal care and CDPA must get medical authorization from “selected or approved” doctor
- People have the right to participate in CDPA “no less than annually”
- To learn more about the Budget Justice coalition, click [here](#)

Need for federal advocacy on Medicaid

We need Medicare for All!

Short of this...

- Emergency Medicare for All (Jayapal/Sanders)
 - Ensuring all disaster relief and recession response funding includes a maintenance of effort provision with no state exceptions
 - Community Catalyst put out a letter about this this week (click [here](#) to read link)
 - Call your Dem MOCs: ask them sign on to the Doggett MOE letter, 202-224-3121
 - Increasing the FMAP and extending it throughout the recession, not just the pandemic
 - Including immigrants regardless of status in all relief bills
 - Removing the five-year bar for eligibility
 - Removing restrictions on Medicaid or Essential Plan coverage based on status (also a state-effort – see [#Coverage4All](#))
 - Ensure home care workers, providers of Medicaid-only services are included in relief/hazard pay
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Federal advocacy continued

- In a few short weeks, Congress will return to work on “phase 4” legislation in response to the COVID-19 pandemic.
- You can click [here](#) to sign Families USA’s **comprehensive sign on letter** calling on Congress to ensure that all people in our nation can get the care they need to stay healthy. **The deadline to is April 21st at 5pm EDT.**

State Medicaid advocacy

- Ensuring transparency and legislative input into any potential Medicaid cuts
 - April 30
 - June 30
 - December 31
- Undoing Medicaid cuts before implementation
- Removing Medicaid cap to allow program to grow with need
- Raising revenue – mechanism unclear, but Budget Justice coalition is leading on this

Go Bold on Healthcare – Legislative Agenda

- Go Bold on Healthcare Agenda
 - #PassNYHealth (S3577/A5248)
 - #Coverage4All (S3900/A5974)
 - End unfair medical billing (S6757/A8639)
 - Reject austerity (Tax the rich!)
 - **Click [here](#) to Read: 14 revenue proposals that would tax the ultra-rich and raise \$35B+**

Click [here](#) to sign the **Go Bold on Healthcare in 2020 Statement!**
