
Health Care For All New York Winter Meeting Feb. 5, 2021



Agenda

1:00-1:10	Welcome and Introductions
1:10-1:15	Lifetime Achievement Award: <ul style="list-style-type: none">• Kristin Sinclair, Senate Health Committee Director (posthumous) Consumer Champion Award <ul style="list-style-type: none">• Senator Gustavo Rivera
1:15-1:30	Keynote <ul style="list-style-type: none">• Senator Gustavo Rivera, Chair Senate Health Committee• Assemblymember Richard Gottfried, Chair Assembly Health Committee
1:30-1:40	The Problem: Health Care Coverage and Affordability in New York <ul style="list-style-type: none">• Amanda Dunker
1:40-2:55	HCFANY 2021 Policy Agenda Panel <ul style="list-style-type: none">• HCFANY Steering Committee Members
2:50-3:00	Wrap Up and Closing





Lifetime Achievement Award

In Honor of

Kristin Sinclair

Director of the
Senate Health Committee

A dedicated public servant who tirelessly
sought to improve healthcare in
New York State

2021



Health Champion Award

New York State Senator

Gustavo Rivera

Chair, Committee on Health

Thank you for your outstanding service in
securing equitable, quality, affordable
coverage for all New Yorkers.

**Health Consumer Champion
2021**

Coverage landscape

Type of Coverage	2019 Enrollment
Medicaid	6,300,000 (30%)
Essential Plan	800,000 (4%)
Child Health Plus	430,000 (2%)
Medicare	2,500,000 (12%)
Qualified Health Plans	250,000 (1%)
Employer Sponsored	9,500,000 (46%)
Uninsured	1,040,000 (5%)

During the pandemic:

- Lots of people lost job-based coverage
- Many enrolled in public programs – For example, Medicaid enrollment grew by 700,000 between March and November 2020
 - No churn b/c Dept. of Health allowed continuous open enrollment for Qualified Health Plans
 - New enrollees who lost income & ESI
- Emergency Medicaid made available for undocumented immigrants for COVID-19 testing and treatment

Source: United States Census Bureau, Selected Characteristics of Health Insurance Coverage in the United States (Table 22701)



Who is uninsured

Uninsured include:

- People eligible for low-cost or free coverage but who haven't enrolled
- People excluded from coverage programs because of their immigration status
- People who find health coverage unaffordable or of low value

Income	Percent Uninsured
Under \$25,000	7.7%
\$25,000 - \$49,999	3.4%
\$50,000 - \$74,999	7.1%
\$75,000 - \$99,999	10.1%
\$100,000 and Over	2.4%

Disparities based on immigration status, race, and ethnicity

Citizenship Status	Percent Uninsured
Native-born	3.5%
Naturalized	4.7%
Not a citizen	21.0%

- Disparities in access to care likely played some role in the disproportionate mortality and illness experienced by New Yorkers based on immigration status, race, and ethnicity

Race or Ethnicity	Percent Uninsured
White	3.8%
Black	5.6%
American Indian or Alaska Native	13.9%
Asian	6.7%
Hispanic or Latino, any race	10.1%

Affordability

- Insurance is unaffordable for many New Yorkers
- 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)
- Over 50,000 lawsuits filed against patients between 2015 and 2020
- 8% of New Yorkers have delinquent medical debt on their credit reports
 - Higher in Upstate counties (there are 17 where it's over 16% of residents)
 - Higher for communities where more residents are people of color

Disparities in percent of residents with medical debt on their credit report

County	All	White Communities	Communities of Color	Difference
Onondaga	20%	14%	41%	193%
Monroe	11%	7%	26%	271%
Albany	12%	10%	26%	160%
Erie	10%	8%	22%	175%
Schenectady	16%	14%	28%	100%
Franklin	11%	11%	19%	72%
Westchester	6%	3%	11%	267%

Unequal health care infrastructure

- NYS under funds safety-net hospitals and primary care
- At the height of the pandemic, mortality rates were 3 times higher at underfunded hospitals than at wealthy hospitals in New York City

Borough	Beds per 1,000 People	COVID-19 Cases per 1,000 People
Bronx	2.7	27
Brooklyn	2.2	17
Manhattan	6.4	12
Queens	1.5	22
Staten Island	2.5	25

HCFANY 2021 Policy Agenda

Executive budget highlights

Good for patients:

- Eliminates premiums for people enrolled in the Essential Plan, which helps them financially and eliminates some administrative churning
- Cuts interest rates on debt from 9% to the 1-year Treasury rate, which could help thousands of New Yorkers who have been sued by hospitals
- Includes funding for Community Health Advocates and the Community Health Access to Addiction or Mental Healthcare Project

Bad for patients:

- Keeps vision/dental premiums for EP while providing \$600 million to EP providers/carriers
- No coverage expansions
- No increase for Navigators
- Article VI cuts
- Continuation of Medicaid cap
- Eliminates indigent care pool funding for public hospitals and imposes a 1% across the board cut on safety-net providers

Revenue:

- Proposed budget depends on federal aid – what happens if it doesn't come through?
- More could be done within the state to raise revenue. Look for the Invest in Our New York campaign to learn about revenue proposals and how to support them.



Priorities for next budget bills and rest of session:

- New York Health Act
 - Allow all New Yorkers to enroll in the Essential Plan regardless of immigration status if they have COVID-19 (S2549/A1585)
 - Eliminate \$30 pm/pm dental and vision premiums Essential Plan enrollees
 - Pass the Patient Medical Debt Protection Act (S2521A/A3470A)
 - Pass the certificate of need health equity assessment bill (S1451/A191)
 - Fully fund Navigators and create grants for outreach
 - Stop cuts to public hospitals and safety-net hospitals by ending the Medicaid cap, ensuring public hospitals receive indigent care pool funding, and excluding enhanced safety-nets from across-the-board Medicaid cuts
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The New York Health Act

- What is it?
 - Universal coverage for everyone who lives in NY regardless of immigration, income, health or other status. Also includes those who work full-time in NY but live out-of-state.
 - It is fairly funded. The NY Health Act would be self financed through progressive taxes on income. NYS is projected to spend in 2022 \$311 Billion on healthcare. Implementing NYHA is projected to spend less. In fact, \$11.2 billion less. Even more conservative economic studies show that at least 90% of NYers would save money, and show that NYers and New York State would save money in comparison to what we spend now on healthcare.
- Current goal: Pass A5248a/S3577
 - 82 Assembly and 31 Senate sponsors
 - Not reintroduced yet for this session



Coverage4All

- Many immigrants are excluded from health coverage because of their immigration status: New York cannot receive federal funding to cover them
 - In 2020, Gov. Cuomo expanded Emergency Medicaid to include testing and treatment for COVID-19, but it is NOT full coverage and undocumented NYers remain locked out of all full coverage options
 - Next step: **Pass S2549/A1585 to expand Essential Plan coverage to immigrants who have had a suspected case of COVID-19 using state funds.**
 - Ultimately, we should pass S1572/A880 so that ALL low-income undocumented adults can enroll in the Essential Plan with state funds
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Eliminate all Essential Plan premiums

- Governor's budget spends \$90 million to eliminate \$20 premium for 400,000 EP enrollees
 - It also spends \$420 million to provide higher reimbursements for providers PLUS \$200 million to insurers for quality bonuses
 - BUT EP 1 and 2 enrollees still have to pay \$30 pm/pm premiums for vision dental
- Solution: Reduce industry funds by \$180 to eliminate vision/dental premiums

Patient Medical Debt Protection Act (S2521A/A3470A)

- In Executive Budget Proposal:
 - Cut interest rates on court judgments from 9% to 1 year treasury rate (PPG VII)
 - Hospitals have sued over 50,000 New Yorkers, interest can add thousands of dollars to those judgments
 - A next step: pass S2521A/A3470A in its entirety to:
 - Standardize financial assistance applications and appeals processes so everyone gets the help they are eligible for
 - Hold consumer harmless in surprise bill cases caused by misinformation
 - Ban on facility fees when insurance is not covering them
 - Standardize financial liability forms
 - Itemized and timely medical bills
 - Last year the bill won 55 co-sponsors!
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Navigators

- The Navigator program helps people apply for, enroll in, and renew health coverage
- New York’s Navigator program provides free in-person services in all parts of the state through a network of community-based organizations
 - The program has not had a cost-of-living increase since 2013, and nothing is proposed in the executive budget. The Navigator program budget should be increased from \$27.2 million to \$32 million to avoid service reductions at a time of greater need.
 - \$5 million outreach to underserved communities would help people who are eligible but not enrolled gain coverage and could be especially helpful for people who are losing job-based coverage and have never bought individual coverage or enrolled in public coverage

Karen Pollitz and Jennifer Tolbert, “Opportunities and Resources to Expand Enrollment During the Pandemic and Beyond,” Jan. 25, 2021, Kaiser Family Foundation, [Opportunities and Resources to Expand Enrollment During the Pandemic and Beyond | KFF](#)



Certificate of Need

The Public Health and Health Planning Council approves hospitals' plans to expand, close or merge – but it doesn't allow the community input needed to make sure those decisions benefit ALL New Yorkers:

- A win from last year: S870/A4071 would require more consumers on Public Health and Health Planning Council. It passed but is getting a chapter amendment made. Stay tuned!
- S1451/A191 Requires Health Equity Assessment for new projects and closures
 - ✓ Passed the Senate this week!



Protecting safety-net providers

Public hospitals should not be excluded from indigent care pool funding:

- NYS distributes \$1.1 billion annually through the indigent care pool to support hospitals that serve low-income patients with Medicaid or who are uninsured
- The budget excludes public hospitals from ICP funding, a \$139 million cut

Safety-net hospitals should not be subject to across-the-board Medicaid cuts:

- The Medicaid cap forces cuts to the program even in the middle of an unprecedented health and financial crisis
 - These cuts (1.5% across the board last year and a proposed 1% across the board this year) fall hardest on the safety-net hospitals that serve lower-income communities
 - Providers that meet the Enhanced Safety-net definition (Public Health Law §2807-c (34)) should be protected from these cuts
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Action Steps

- Tell your legislators:
 - Pass the NY Health Act [link](#)
 - Pass the Patient Medical Debt Protection Act [link](#)
 - Cover all New Yorkers regardless of immigration status [link](#)
 - Add health equity assessments to the certificate of need process [link](#)

Workshops and deep dives

Wednesday, Feb. 10 at 2:00: Hospitals in New York are supposed to serve all patients equally, but this isn't always the case. During this workshop, we'll discuss how New York State policies encourage (or discourage) hospitals from serving all New Yorkers using one hospital as a case study.

Friday, Feb. 12 at 11:00: Join the fight against unfair medical debt in NY - we'll tell you more about what's in the Patient Medical Debt Protection Act and how you can help get it passed this year!

Friday, Feb. 12 at 2:00: What is being proposed to make prescription drugs more affordable in New York? During this workshop, we'll be joined by Insulin4All and AARP New York to talk about what showed up in the Executive Budget and what we've won and lost in the past few sessions related to prescription drug costs.

Wednesday, Feb. 17 at 4:00: How does the budget help New Yorkers enroll in or keep their health insurance? Join us to learn more about health coverage in the budget and beyond.

