
Health Care For All New York Winter Meeting February 3, 2022



Agenda

1:00—1:05	Welcome
1:05—1:35	Keynote: Danielle Holahan, Executive Director NY State of Health
1:35—1:40	Agenda review
1:40—1:55	Consumer Health Champions Award
1:55—2:05	Coverage and Affordability Snapshot
2:05—2:50	Panel: HCFANY's Policy Agenda HCFANY Steering Committee Members
2:50-3:00	Wrap Up and Closing

HCFANY 2022 Consumer Health Champions Award

Fund for Excluded Workers

Who is uninsured?

	2023 (Projected)
Eligible to purchase Marketplace coverage, income at or above 200 percent of FPL	421,000
• Subsidy Eligible (200 to 400 percent of FPL)	259,000
• Not Subsidy Eligible (above 400 percent of FPL)	162,000
Eligible but unenrolled in <u>public coverage</u> , income below 200 percent of FPL	345,000
<u>Immigrants</u> currently ineligible for public or Marketplace coverage because of immigration status	245,000
TOTAL	1,012,000
Note: Sub-groups may not sum to total because of rounding.	

Source: CSSNY and Citizens Budget Commission, “Narrowing the Coverage Gap: Five Strategies to Increase Insurance Coverage in New York,” January 2022, <https://www.cssny.org/publications/entry/narrowing-new-yorks-health-insurance-coverage-gap>.



Coverage disparities based on immigration status, race, and ethnicity

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

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%

Source: United States Census Bureau, Selected Characteristics of Health Insurance Coverage in the United States (Table 22701), 2019

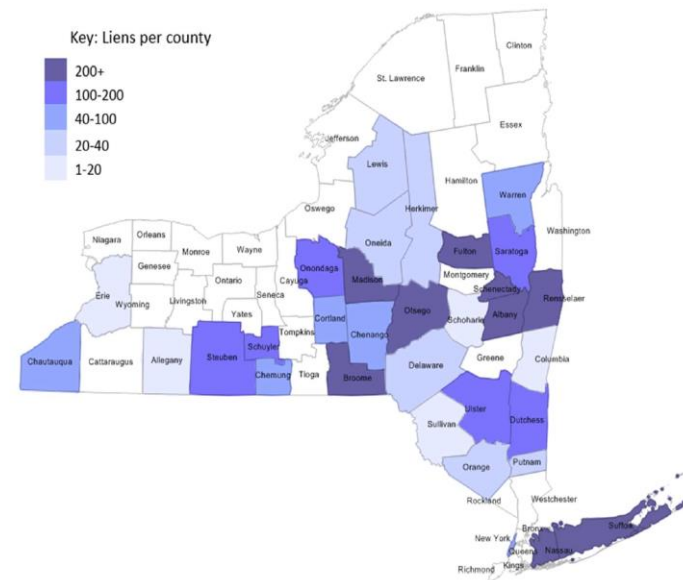
Affordability is a problem, insured or not

People who have insurance can't afford care. In 2019:

- 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 52,000 lawsuits filed against patients between 2015 and 2020 by New York hospitals (all of which are non-profit charities)

- Many patients appear to be low-income but are not receiving financial assistance
- 4,880 liens placed on primary homes and thousands of patients' wages garnished, often from low-wage retail or healthcare jobs



Racial and ethnic disparities in affordability

Share of Residents with Delinquent Medical Debt on Their Credit Reports (December 2020)

County	Overall	White Communities	Communities of Color	Difference
Westchester	5.5%	2.7%	10%	370%
Albany	9.5%	7.7%	19.6%	255%
Monroe	7.6%	5.7%	14.2%	249%
Onondaga	15.2%	11.5%	28.1%	244%
Erie	9.2%	7.3%	17.2%	236%
Schenectady	11.9%	9.5%	21%	221%



Source: Urban Institute, “Debt in America: An Interactive Map,” https://apps.urban.org/features/debt-interactive-map/?type=overall&variable=pct_w_medical_debt_in_collections&state=36.

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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

Source: Erin Schaff, “Why surviving the Virus Might Come Down to Which Hospital Admits You,” July 1, 2020, The NY Times, <https://www.nytimes.com/2020/07/01/nyregion/Coronavirus-hospitals.html> and CSSNY, “How Structural Inequalities in New York’s Health Care System Exacerbate Health Disparities During the Covid-19 Pandemic: A Call for Equitable Reform,” June 4, 2020, <https://www.cssny.org/news/entry/structural-inequalities-in-new-yorks-health-care-system>.

HCFANY 2022 Policy Agenda



Wins from last year



- Eliminated \$30 pm/pm dental and vision premiums Essential Plan enrollees (budget)
- Certificate of need health equity assessment bill (S1451A/A191A)
- Data disaggregation for Asian American and Native Hawaiian/Pacific Islanders (S6639/A6896)
- Fair Consumer Judgment Interest Rate (S5724A/A6474A)
 - Judgment interest rate for medical and other consumer debt reduced from 9% to 2%

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 A6058/S5474



Coverage4All

Create a state-funded EP lookalike for excluded immigrants (S1572/A880)

- Income limit would be the same as for everyone else (currently 200% of the FPL)
- Similar but more expansive than California (state-funded Medicaid for people under 26, and over 50 beginning 2022) or Illinois (state-funded Medicaid for seniors)
- Could cover 46,000 people for \$345 million annually (out of 154,000 eligible)
- Recently passed both Health committees



Extending the Postpartum Medicaid for 12 months to everyone regardless of immigration status (S1411A/A0307A).

- Would cost an estimated \$30 million – less than one tenth of one percent of the State's Medicaid spending

Increase Medicaid/MSP eligibility for people 65+ or with disabilities

- Low-income people with Medicare need help:
 - Half live on \$29,650 or less per year,
 - One-quarter live on \$17,000 or less, and
 - Nearly 30% have incomes between 100% and 200% FPL.
 - They also have limited savings.
- To improve affordability, promote equity, align programs, and achieve administrative efficiencies, New York should:
 - Ease access to Medicaid through expansion to individuals with incomes up to 138% of the federal poverty level.
 - Expand of MSP eligibility from 135% to 200% of the federal poverty level.

Navigators

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



Safety Net Provider Funding

- Executive budget changes, but does not eliminate, the global Medicaid cap
 - Currently limits spending growth to the 10-year rolling average of the Consumer Price Index (and triggers automatic across-the-board cuts when it's met)
 - Proposal is the five-year rolling average of CMS's Medicaid spending projections, which would allow for more spending and better reflect enrollment changes
- A6883/S5954 would use \$300 million from the indigent care pool to increase Medicaid rates for Enhanced Safety Net Hospitals and qualified safety net hospitals. Currently this funding goes to almost all hospitals, even those with few low-income patients.

Certificate of Need

State regulators must approve hospital, nursing home and other health facilities' plans to merge, downsize, close or expand. But the Certificate of Need (CON) review process does not engage affected communities or protect medically-undeserved people from loss of key services. In 2022, we will:

- Finally welcome a second consumer representative to the Public Health and Health Planning Council, which is dominated by the very health systems it is supposed to regulate.
- Engage in an extended rulemaking process implementing the new Health Equity Assessment Act, which for the first time will require health facilities to submit with their CON applications an independent assessment of the likely impact of a proposed change on medically-underserved people.



End Medical Debt

S7625/A8441: Make it easier for patients to find out about, apply for, and receive hospital financial assistance.

Hospitals should:

- Use a uniform application
- Offer assistance up to 600% of the FPL instead of 300%
- Remove asset tests

S6522/A7363: Ban property liens and wage garnishments for medical debt judgments

- In 2017 and 2018, hospitals placed liens 4,880 patients' homes
- 10 states ban property liens and 3 states prohibit wage garnishments for medical debt

S2521/A3470B: Ban facility fees when insurance won't pay unless patients are notified and for all preventive care

- Connecticut found that hospitals had charged over \$1 billion in facility fees for outpatient services over two years
- They also found that mammograms were the most common service associated with facility fees



#ENDMEDICALDEBT

Workshops and deep dives

End Medical Debt Campaign, Friday, February 18 at 1:00

NY's nonprofit hospitals have filed over 4,800 liens against patient's homes in just two years and garnished thousands of workers' wages. Medical debt disproportionately affects people of color in many counties throughout New York State. Join our workshop to learn more about how you can help us #EndMedicalDebt.

Coverage Expansions, Thursday, February 17 at 1:00

Coverage expansion: Join us to learn what you can do with HCFANY to fight for the coverage expansion proposals we talked about today! We'll talk about concrete actions you can take and we'd love to hear your ideas too!

Also: Budget Briefing for Health Justice Advocates, Friday February 11 at 1:30

Join HCFANY, the Campaign for New York Health, and Medicaid Matters NY to learn about our agendas and how you can help!