
Health Care For All New York Winter Meeting March 2, 2023



Agenda

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| 10:00 | Welcome and agenda review |
| 10:10—10:30 | Keynote: Johanne Morne, Deputy Commissioner, Health Equity and Human Rights, NYSDOH |
| 10:30—11:00 | Panel: HCFANY's Policy Agenda HCFANY Steering Committee Members |
| 11:00—11:20 | Consumer Health Champions Awards |
| 11:20—11:50 | Public Health Emergency Unwind: Sonia Sekhar, Deputy Director, NYSOH |
| 11:50—12:00 | Wrap Up and Closing |

HCFANY 2023 Policy Agenda



Wins from last year



- Health providers can no longer place liens on patients' homes or garnish their wages over an unpaid medical bill
- Providers can no longer charge facility fees for preventive care, and they must inform patients if they plan to charge one for other care
- Hospitals will pass on price information to the State's All Payer Database, an important step towards price transparency for patients
- Income eligibility for Essential Plan increasing from 200% to 250% FPL (NY applying for federal waiver - more on this issue later)
- Medicaid income eligibility for seniors and people with disabilities increasing and asset test levels improved
- Post-pregnancy Medicaid extended to 12 months for everyone, regardless of immigration status
- Child Health Plus premiums eliminated for kids up to 223% FPL
- Increased funding for consumer assistance programs including Community Health Advocates and Community Health Access to Addiction and Mental Healthcare Project
- Income-eligible undocumented seniors will be eligible for Medicaid starting in January 2024

Coverage4All



Governor Hochul’s budget proposal inexplicably backtracks on her promise last year to include immigrant coverage in the 1332 Waiver application that will expand Essential Plan (EP).

- The application was supposed to use the Essential Plan Trust Fund to pay for immigrant coverage and an increase in the Essential Plan income eligibility for all New Yorkers up to 250% of the FPL.
- The 1332 waiver language presented in the Governor’s FY24 budget proposal inexplicably excludes immigrants.

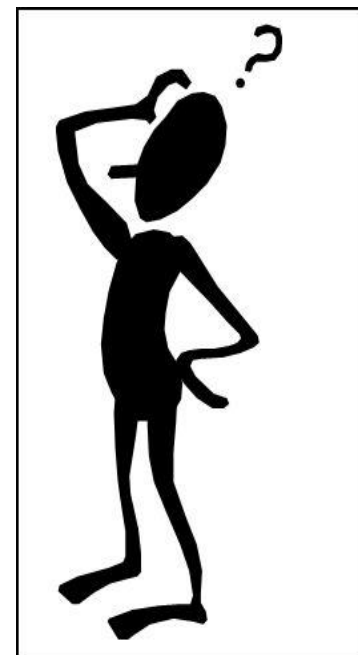
Why Omitting Immigrants is Inexplicable

- **Fiscal prudence**

- Covering immigrants would be FREE to NY – the feds pay for it!
- Covering immigrants would SAVE money for New York, NYC, and providers:
 1. State currently spends \$500 million a year on Emergency Medicaid program for immigrants 0-138% who cannot enroll in coverage. The State could use that money for other items.
 2. Providers spend \$1,174 per person per year on uncompensated care, \$293 million + better reimbursement rates for EP than ER Medicaid (or nothing if higher income)
 3. NYC spends \$100 million on NYC Care
 4. Immigrants have better risk, so the state would be better off if included in waiver, we would get more people in, generating more revenue to fund the program b/c financing is based on QHP

- **Other States cover immigrants:** Colorado, Washington (§1332), California & Illinois (Medicaid)

- **Providing health coverage is the right thing to do:** It improves individuals' mortality and morbidity rates; it increases their financial security; it improves their mental health; and it promotes health equity



End Medical Debt



Ounce of Prevention Act (S1366): Make it easier for patients to find out about, apply for, and receive hospital financial assistance.

Hospitals should:

- Use a uniform application – this is in the Executive Budget!
- Offer assistance up to 600% of the FPL instead of 300%
- Remove asset tests

Fair Medical Debt Reporting Act (S4907):

- Prohibits providers reporting medical debt to credit reporting agencies and credit reporting agencies from including medical debt on their reports

Medicaid Expansions



- Asset test: People over 65 or who have disabilities are the only ones who face an asset test. It should be eliminated.
- Medicaid Buy-In: Executive Budget eliminates the age cap and expands allowable income and assets
 - Enrollment is capped at 30,000: there shouldn't be a cap
 - People should have protection from paying too great a proportion of their income for health insurance, just like everyone else
 - The income and asset test calculation should include the actual number of people in each household, instead of a max of 2
- Medicaid should provide continuous coverage for kids from birth to age 6

Consumer Assistance



Continuous enrollment under Public Health Emergency is ending

- New York needs to renew 8.8 million enrollees
- Consumers will need help from Navigators, Facilitated Enrollers, and Advocates

Facilitated Enrollment for the Aged, Blind, and Disabled (FEABD):

- Executive Budget increased funding by \$3 million to \$8 million.

Navigators:

- Executive Budget includes a one-year cost-of-living increase of \$300,000.
- New York should increase Navigator funding from \$27.2 million to \$38 million to reflect ten years without COLAs and fund outreach (\$5 million)

Community Health Advocates:

- Executive budget maintains at \$3.5 million
- Calling on Legislature to maintain \$1.734 million additional funding

CHAMP:

- Executive Budget maintains at \$3 million

New Ombudsprogram for people with developmental disabilities:

- Executive Budget includes \$2 million

Safety Net Provider Funding

- Funds cut from Indigent Care Pool (ICP) should be re-allocated to safety-nets
 - The Executive budget cuts \$85 million from ICP funding to wealthier hospitals, but it doesn't re-allocate that funding to safety-net hospitals
 - The \$85 million should be redirected to Enhanced Safety Net Hospitals
- SUNY hospitals receive an additional \$72 million in Executive Budget
 - SUNY hospitals sue more than any other hospital in the state, despite state funding
 - SUNY hospitals should stop suing patients and improve their Hospital Financial Assistance process before receiving additional state funding.

Hospital Accountability

- Hospital closures disproportionately occur in low-income communities of color. S3131A/A2251A (2022) would require a public hearing 60 days in advance of a hospital closing.
- S444/A176 (2022) would require hospitals to create a community advisory board to increase accountability to the communities they serve.



Action Steps/How To Get Involved

Coverage4All

- Sign the Coverage4All petition - bit.ly/Coverage4AllNow
- Submit a comment on the waiver - bit.ly/1332waivercomment
- Ask your legislators to include C4A in the one house bills

End Medical Debt

- We need patient and consumer stories! Tell your story or ask your community members to tell their stories. cit.ac/debt-story
- Invite us to present to your organization.
- Sign the organizational sign-on letter
- Spanish EMD forum – March 21