

Health Care For All New York (HCFANY)

2025 Annual Meeting



Consumer Champion: AM Jessica González- Rojas



Keynote: Anthony Wright, Families USA

Protecting Health Coverage Against Federal Attacks

Republican leadership in Congress is seeking to make sweeping cuts to federal programs to pay for **tax cuts for the wealthiest Americans** (people with incomes of over \$350,000/year, with the biggest tax cuts going to people making over \$1 million/year).

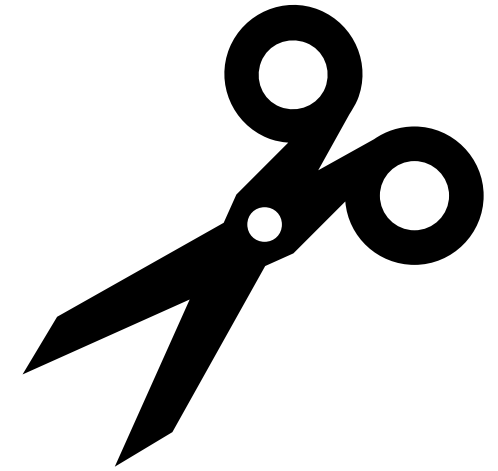
Proposal	Number of New Yorkers in impacted program	Cost to NY
Lowering floor on federal Medicaid matching rate	Over 5 million people in traditional NYS Medicaid Group	\$10.3 billion (20% increase in State cost if FMAP floor is lowered, State currently pays \$52 billion)
Reduce FMAP for expansion population	Around 2 million people in NYS Medicaid Expansion Group	\$4.43 billion (400% increase in State cost to maintain expansion under new reduced match, State currently pays 1.1 billion)
Block grants/per capita caps	Potentially impact 7 million New Yorkers	Cost estimates not currently available

Source: Center on Budget and Policy Priorities (CBPP) Medicaid Threats in the Upcoming Congress (December 2024) can be found [here](#).

Other potential health care cuts

Other health care programs are at risk of cuts:

- Child Health Plus
- Enhanced premium tax credits
- Essential Plan
- Medicare
- Other ACA reforms like free preventive care, anti-discrimination protections, and more



HCFANY & the federal fight to preserve health coverage: New York is CRITICAL

• Education

- CSS has created one-pagers for each Congressional District
 - Download from the HCFANY website-
<https://hcfany.org/the-impact-of-federal-threats-to-the-health-care-system-on-new-yorkers-statewide-and-by-congressional-district/>

- Rapid response research

• Outreach

- Working with Medicaid Matters NY
- NY Coverage & Care Campaign
- Social media
- HCFANY blog

The impact of federal threats to the health care system on New Yorkers

Federal cuts to health care would devastate New Yorkers, hospitals, health care providers, insurance companies, local economies, and our State budget.

8.6 million New Yorkers have publicly-funded health insurance:

- Nearly 7 million** rely on Medicaid for their health care.
- 1.5 million** enrolled in the Essential Plan
- 225,000** enrolled in Qualified Health Plans, over half receive enhanced premium tax credits

Impact of federal threats to health care on New York State:

- Lowering the floor on the federal Medicaid Matching rate would cost **\$10.3 billion**
 - Over 5 million New Yorkers are in the traditional NYS Medicaid group.
- Cutting funding for the Medicaid Expansion population would cost **\$4.4 billion**
 - Around 2 million New Yorkers are in the NYS Medicaid Expansion group.
- Premium tax credits reduce monthly premiums by an average of over **\$300** per month
 - Enhanced level of assistance also contributes resources to the Essential Plan which allows the State to provide more assistance to people with the greatest need.
 - 200,000 New Yorkers families received premium tax credits last year.
- If the enhanced premium tax credits lapse, it would lead to a **50% increase** in premiums
 - Over 150,000 New Yorkers received enhanced premium tax credits last year.
 - On average, premiums would increase by \$120 per month or \$1,440 per year.
 - Premiums for the individual market will likely also increase because less people will be in the market.

Dear New York State Congressional Delegation:

The undersigned statewide organizations are deep access to healthcare. We represent consumers, fr local government. While we disagree on many issu Medicaid cuts will harm New Yorkers.

Instead of considering such cuts, we urge you to pi program is a foundational source of health and ec key funding pillar for the hospitals, clinics, commu supports on which we all rely, especially as we age

Medicaid's importance cannot be overstated. In N and covers nearly 50 percent of all births, allowing healthy start to life. Medicaid is the single most im safety net hospitals open to serve their communiti term care needs. It ensures people with disabilities services and secure meaningful job opportunities.

CSS Community Service Society

2025 Key Policy Initiatives

State Level Work

HCFANY's Policy Agenda seeks to set New York on a path toward universal coverage that is affordable, comprehensive, and equitable through three policy areas:

- Improving Health Coverage
- Educating and Protecting Consumers
- Medical Debt, Hospital Prices, and Oversight



Improve Health Coverage

- **The Primary Care Investment Act (S1634/A1915A)**

- The bill would create a primary care spending benchmark to measure and report the percentage of carriers' overall health care spending that goes towards primary care.
- The bill would require those who spend less than 12.5% on primary care to increase their primary care spending by 1% each year until they reach 12.5%.

- **The Fair Pricing Act (S705/A2140)**

- The bill would require that providers deliver covered services to all insured and uninsured patients at prices that do not exceed a certain percentage of Medicare, based on the doctors' office rate for the same services.

- **No Blank Checks (bill number TBD)**

- HCFANY urges the Legislature to introduce a bill to create a uniform patient financial liability form that includes a good faith estimate of a patient's financial obligation for their care.

Consumer Assistance

The current political landscape of threats to health care has already led to confusion and fear among New Yorkers. People need help navigating any potential changes or uncertainty without disruptions in coverage or care.

- The **Community Health Advocates (CHA)** program provides post-enrollment assistance to 36,000 New Yorkers annually, saving them over \$35 million. HCFANY is advocating for funding CHA at \$7 million.
- The **Navigator program** has helped over 300,000 New Yorkers enroll since 2013 without receiving a cost-of-living increase. HCFANY is advocating for New York to increase Navigator funding to \$38 million to maintain service levels. New York should also allocate \$5 million in grants to community-based organizations to conduct outreach in underserved communities.



Dental Insurance Workgroup

- **2025 Win: NYSOH SADP single standard plan**
- **Continued admin advocacy** – 2026 Plan Invitation
- **Continued legislative advocacy (2024 bills):**
 - Dental MLR
 - Allowing 65+ consumers to purchase an SADP

Dental Insurance Workgroup 2025 Policy Agenda



PROBLEM	EXAMPLE	RECOMMENDATION
Strengthen All Dental Plans:		
Denials are not reported for dental services.	Andrea receives a denial letter after trying to get a crown and she is unclear of the reason why. Her plan has been issuing many denials; however, advocates and patients alike are unable to identify differences in the prevalence of denials by plan.	Report out denials for dental services by carrier, plan, service, and demographic information including race, ethnicity, preferred language, sexual orientation, and gender identity or expression.
Dental plans are not required to spend enough of the premiums they collect on actual care. For example, on average, Stand-alone Dental Plans (SADPs) spend only 65 percent of premiums on actual care.	Monique buys an SADP because she thinks she is paying for dental care. Instead, she is paying 35% of every premium \$1 to the plan for profits and administration.	Require all plans to meet a Dental Loss Ratio (DLR) of 82 percent, consistent with the medical loss ratio required for health plans.
Many dental plans have cost sharing based on co-insurance, where the patient's financial responsibility is based on a percentage of the cost of a service. This makes it very difficult to anticipate what a patient will be expected to pay.	Juan needs multiple fillings and a crown. His dental insurance plan is a co-insurance model, so he does not know his financial responsibility until after receiving care. The bill puts him in medical debt.	Cost sharing models based on co-pays, instead of co-insurance, allow consumers to understand and estimate their possible financial responsibility in advance of enrolling in a plan. A co-pay model would improve consumers' ability to compare costs between SADPs and dental benefits integrated into health plans.
Many dental plans restrict coverage for preexisting conditions.	Amber buys an SADP. She needs a fixed partial denture that would impact a tooth that was extracted by a dentist she had under previous insurance. Her plan denies coverage, citing a missing tooth clause in her contract. She has to pay out of pocket.	Eliminate "missing tooth clauses" from contracts. Preexisting condition exclusions are not permitted for health care under the Affordable Care Act and should not be permitted in New York's dental offerings.
Improve Value, Availability, and Access to Stand Alone Dental Plans:		
New Yorkers can only purchase a SADP if they have a Qualified Health Plan (QHP).	Francis is a Medicare beneficiary; her health insurance does not cover dental. She cannot purchase a dental plan through NYSOH, so cannot compare and make a meaningful choice.	Let New Yorkers purchase SADPs without requiring a QHP, taking advantage of updated Federal rules.
Proposed standard plan designs for SADPs include high and low options with similar benefits and premiums.	Benji is looking to purchase a SADP. He is unable to distinguish between the high and low options and does not choose the plan that would best meet his needs.	Merge the high and low options into one single standard plan.

Dental Insurance Workgroup 2025 Policy Agenda



PROBLEM	EXAMPLE	RECOMMENDATION
Strengthen QHPs That Include Dental		
Some QHPs that offer dental use the same deductible for medical and dental benefits.	Jeffrey enrolled in a health plan with dental that has a \$2,000 deductible. He does not use his health insurance much, but he needs dental care. His deductible is so high that he gets no benefit from his dental coverage. He would be better off with a SADP with a low deductible.	Require QHPs that offer dental to have a separate deductible for dental and medical benefits to improve the ability of patients to compare QHPs that include dental vs. SADPs.
New Yorkers struggle to find open dental appointments when they need them.	Anna has severe pain from an infected tooth but cannot get an urgent appointment with an in-network dentist for weeks. She makes the first available appointment with a local dentist who is out-of-network, thinking her plan will reimburse her. She is stuck with a \$2,000 dental bill that her plan will not reimburse because she went out-of-network.	NYSOH should adopt the Medicaid Managed Care (MMC) contract, standards governing distance, and appointment availability for all its offerings, including SADPs. MMC plans must include enough providers that all members can get a routine appointment within four weeks or a sick visit within 72 hours. When these standards are not met, consumers get reimbursed when they go out-of-network.
Improve QHPs That Include Dental to Be Consistent with SADPs:		
QHPs that include dental still have waiting periods.	Luis enrolled in a QHP with dental coverage and went to the dentist for routine cleaning. His coverage is denied because of the waiting period. He is stuck with a \$250 bill because he got a cleaning shortly after enrolling in insurance.	Eliminate waiting periods for dental services for Qualified Health Plans that offer dental. Waiting periods have been eliminated for SADPs for all services except orthodontia. NYSOH should also eliminate waiting periods for dental services, as has been done for SADPs.
QHPs that include dental still have differing definitions of "Basic" and "Major" dental services.	Jane switches plans and does not recognize that root canals, which were previously covered as a basic service are categorized as major under her new plan.	Require standard definitions of "Basic" and "Major" dental services, as has been done for SADPs.
QHPs that include dental still have low maximum benefit amounts.	Nico needs a deep dental cleaning costing \$450 and a crown costing \$1,000. By the time he receives this care he has exceeded his maximum benefit amount of \$1,000.	Increase the maximum benefit amount for NYSOH plans to \$1,500 per plan year, as has been done for SADPs.

NYS Budget

MCO tax revenue

Given the uncertain federal landscape of health care programs, the Managed Care Organization tax revenue provides an opportunity for the State to ensure New Yorkers can access and afford health care.

The Legislature should consider alternatives to the Governor's proposed distribution of **\$1.4 billion of this tax revenue, which does not include any direct support for patients.**

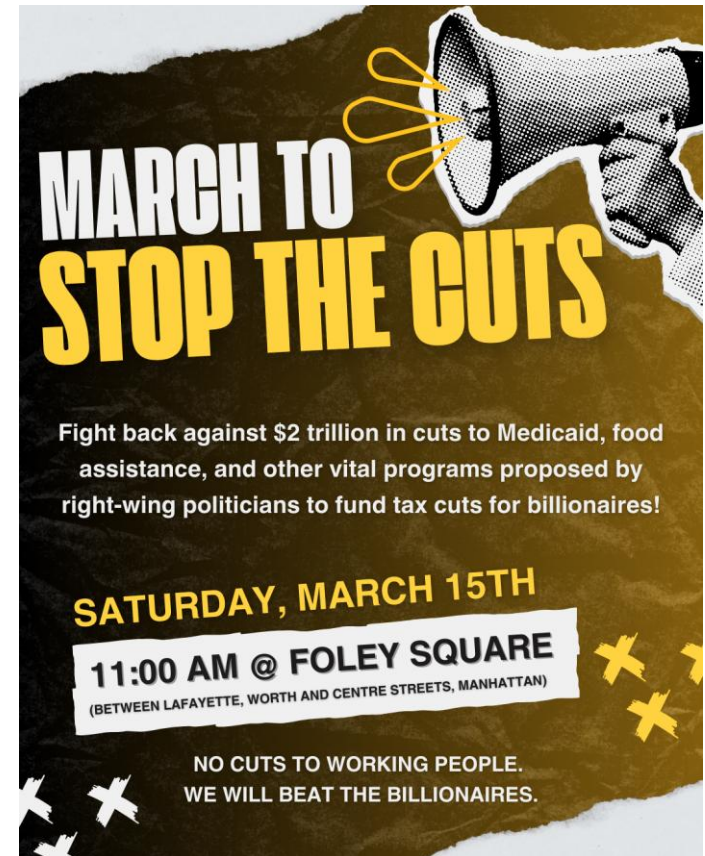
HCFANY recommended alternatives:

- 1. Eliminate CHP premium cliffs**
- 2. Address expensive health care system in NYS**
 - Office of Health Care Affordability (like CA)
 - Fair Pricing Act
 - Primary Care Investment
- 3. Rainy day funds to keep New Yorkers enrolled in coverage under federal threats**
- 4. Consumer assistance funding**

Action Steps

What you can do

- Six key Republican legislators from New York have the power to **protect New Yorkers from cuts to health care**, and they need to hear from you NOW
 - <https://www.cssny.org/campaigns/entry/protect-health-coverage-in-new-york>
- NYC Rally March 15 in Foley Square – attend or plan a rally in your community!



Social Media

Key Messaging Tips to Protect Medicaid and the ACA

- Emphasize the **size** and **rushed** nature of the federal cuts
- Highlight key groups that will be affected by the cuts: **seniors, children, people with disabilities, and low-income working families.**

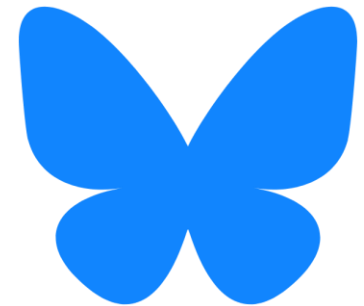
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