HEALTH CARE FOR ALL NEW YORK

Urgent Health Actions For 2022

Coverage

Half of New Yorkers say that they cannot afford medical care even with insurance and another 5 percent of New Yorkers, 1 million people, have no coverage at all.

- New York should enact the New York Health Act (**S5474/A6058**) to cover everyone.
- Immigrants are the largest group of uninsured New Yorkers and have been hit hard by the pandemic physically and financially. **S1572/A880** would allow income-eligible immigrants (those who earn below 200% of the federal poverty level) to enroll in the Essential Plan if they are barred from other coverage due to their status, for a cost of $462 million to the state.
- Medicaid coverage should be extended to one year postpartum instead of the current 60 days to reduce the risks of serious health problems and death related to pregnancy. This would be achieved by enacting **S1411A/A307A**, for a cost of $31 million to the state
- People who are older or who have disabilities should face the same Medicaid eligibility requirements as everyone else, which means raising the income eligibility to 138% of the federal poverty level and eliminating the asset test, this would have little cost-impact since many of these people are already securing Medicaid coverage through the cumbersome "spend down" program.
- New York should also expand eligibility for the three Medicare Savings Programs (MSPs) that help low-income Medicare-enrollees from 100% of the federal poverty level to 200% for the Qualifying Medicaid Beneficiary program (which covers coinsurance, deductibles, and Part D prescription drug coverage) and from 135% to 250% for the two other MSPs which provide premium assistance.

Equity

Hospital building projects and closures are regulated by the state through the certificate of need process, but decisions are made without considering community need. The result is less access to care for communities with lower incomes or more people of color. For example, Queens has just 1.5 hospital beds for every 1,000 residents, while Manhattan has 6.4.

- New York should add consumers to the Public Health and Health Planning Council to ensure that certificate of need decisions incorporate patients' needs.
- The State's $1.1 billion indigent care pool should be distributed to the hospitals that care for the most low-income New Yorkers. Enacting **S5954/A6883** would mean more of this funding goes to hospitals that are designated Enhanced Safety-Net Hospitals.

Medical Debt

Over 52,000 New Yorkers were sued by New York's charitable hospitals between 2015 and 2020, including at least 4,000 people sued during the pandemic. New Yorkers need protections from unfair medical billing practices and extraordinary collections actions taken over medical debt:

- Health providers should not be allowed to place liens on patients' homes or garnish their wages. **A7363/S6522** would eliminate both practices.
- Patients should not be surprised by facility fees which increase health care costs and are not always covered by insurance. **A3470B/S2521B** would require notifying patients ahead of time if the provider adds facility fees to bills and prohibit providers from charging facility fees that insurers will not pay.
- Many patients who are sued in New York State are eligible for hospital financial assistance under Section 2807-k of the public health law, but do not find out or are not able to complete the application. New York should enact **A8441** to make this process finally work for patients. For example, it would require all hospitals to use a uniform application form that extends eligibility limits consistent with the New York State of Health Marketplace.

Consumer Assistance

New Yorkers need consumer assistance programs to help them enroll in coverage and use our complex health care system.

- Navigators have helped over 300,000 New Yorkers enroll since 2013 without ever receiving a cost-of-living increase. New York should **increase Navigator funding from $27.2 million to $32 million to maintain service levels** and **create a $5 million grant program to fund community-based organizations to conduct outreach in communities with high rates of uninsured people**.
- The Community Health Advocates (CHA) program provides post-enrollment assistance so that people can use their insurance effectively and has saved New Yorkers millions of dollars. CHA's phone number will soon be on all Medicaid notices, which is expected to double demand for this program. New York should **increase funding by $1 million for CHA for a total of $5.109 million** in 2022.