2024 HCFANY Policy Agenda

Universal Health Coverage

The Affordable Care Act helped narrow insurance gaps in New York but did not close them. For example, White New Yorkers (4%) are still much less likely to be uninsured than Hispanic (11%), American Indian (12%), Asian (6%), or Black (6%) New Yorkers.

Coverage 4 All: Expand the Essential Plan to all income-eligible New Yorkers regardless of immigration status. Immigrants make up a disproportionate share of uninsured New Yorkers. Some undocumented immigrants in New York are eligible for Medicaid (pregnant women) or Child Health Plus (children under 19), but about 245,000 New Yorkers remain uninsured because of their immigration status. The Coverage4All bill (S2237B/A3020B) would open the Essential Plan to cover all New Yorkers earning up to 250% of the federal poverty level with health insurance regardless of immigration status. This would occur through a federal waiver.

Keep kids covered to age six. The Governor's budget and A8146/S7747 would require New York to continue public health insurance coverage for eligible children until they reach the age of six without requiring annual renewal applications.

Guarantee equity in the Medicaid program by increasing and then eliminating the asset test. People who are over 65 years old or who have disabilities (ABD) must pass an asset test to qualify for Medicaid. However, younger people without disabilities can enroll with no asset test and people applying for the Medicaid for WPD have a higher asset limit than ABD applicants. A.5940/ S.4881A would increase the ABD asset test limit to $300,000 and eventually eliminate the asset test so that all New Yorkers have the same access to Medicaid when they need it.

The **New York Health Act** (S7590/A7897) would eliminate New York's coverage gaps and affordability burdens. If the New York Health Act does not pass or cannot be implemented in 2024, New York should comprehensively expand existing programs to meet New Yorkers' immediate needs.

Educating and Protecting Consumers

Consumers need help using their health insurance and knowing their health care rights.

Fund consumer assistance programs.

- Community Health Advocates (CHA) helps New Yorkers understand and use their insurance. CHA's free services are available statewide through a network of community-based organizations and a toll-free helpline. Since 2010, CHA has saved consumers over $180 million and worked on more than 498,000 cases for people needing help getting the care they need or resolving billing disputes. CHA should be fully funded at $6.5 million so that New Yorkers can continue to receive this help.
- Insurance barriers stop many New Yorkers from getting care for mental health or substance abuse issues. CHAMP started in 2019 and has already helped thousands of

New Yorkers resolve those issues and get necessary care. CHAMP's funding should be maintained at $3 million.

- Too many New Yorkers are uninsured because they are unaware that they qualify for assistance or public programs or do not know how to enroll. Navigators are local in-person assistors who help consumers and small businesses shop for and enroll in health insurance plans. The Navigator program should be funded at $38 million to guarantee continued high-quality enrollment services. New York should also allocate $5 million in grants to community-based organizations to conduct outreach in underserved communities.

NO cost sharing for insulin

Create a minimum dental loss ratio so that dental plans offer better protection and value. Medical loss ratios require that health insurers spend a certain proportion of premiums collected on medical care instead of administrative costs like marketing. Massachusetts recently passed a law that requires an 83% dental medical loss ratio in an effort to make dental plans more valuable for consumers. New York should consider a similar law.

Fair and Transparent Hospital Policies

Consumers should have a level playing field when interacting with the health care system. They should have all the information they need to make good decisions and exercise their patient rights.

Modernize the Hospital Financial Assistance Law to protect New Yorkers from unfair medical billing and debt. All hospitals are required to screen low- and moderate-income patients who cannot afford care to find out if they are eligible for discounted prices. Instead, patients rarely find out about the law or are unable to successfully apply and are billed full rates that most individuals cannot afford. S1366B/A6027A would adopt one common financial aid application and policy to be used by all hospitals, to make it easier for patients to know about the process and successfully apply. It would also simplify income eligibility rules, eliminate obsolete rules like an asset test that is only required for very low-income people, and eliminate the unfair 90-day deadline for applying.

Stop State-operated hospital lawsuits for medical debt. State-operated hospitals in New York receive over $500 million a year in state and federal funding for uncompensated care, but they are among the biggest suers of patients for medical debt. A8170/S7778 prohibits State-operated hospitals from suing patients for medical debt.

Ensure notification and engagement of affected communities, as well as robust state regulatory review, when hospitals proposed to close entirely or close maternity, emergency or mental health services. Hospital closures and downsizings have reduced access to care in lower-income communities and communities of color, with serious repercussions for health outcomes. The Local Input for Community Healthcare Act (S8843A/A1633B) would require

written notification to the Department of Health and affected communities no later than 180 days prior to the proposed closure of an entire hospital, or the maternity, emergency or mental health services, followed by submission of a “full review” Certificate of Need application no later than 120 days before the proposed closure date and a public hearing to be held by the state Health Commissioner at least 90 days prior to the proposed closure (Current law requires such public hearings 30 days *after* a hospital closes, when it is too late for communities to participate in any planning.) State approval of closure of a hospital, or maternity, emergency or mental health services must include consideration of the findings of a Health Equity Impact Assessment and must be reviewed in public sessions by the state Public Health and Health Planning Council. Closure plans must address projected impacts on access to health services for medically-underserved people.