2025 HCFANY Policy Agenda

Health Care for All New York (HCFANY) is a statewide coalition of over 170 organizations dedicated to securing quality, affordable health coverage for all. New York has cut the number of uninsured people in half since 2010. Despite this remarkable feat, 940,000 New Yorkers are still uninsured, and many find health care unaffordable, even with health insurance. New Yorkers continue to experience racial, ethnic, and other disparities in access to health care and health outcomes. HCFANY's 2025 policy agenda seeks to set New York on a path toward health insurance coverage that is affordable, comprehensive, and equitable.

Insurance Coverage

The Affordable Care Act helped narrow insurance gaps in New York but did not close them. For example, as of 2023, White New Yorkers (3%) are still much less likely to be uninsured than Hispanic (10%), American Indian (14%), Asian (5%), or Black (5%) New Yorkers.

Eliminate Child Health Plus (CHP) premium cliff and align coverage start dates to the first day of the month of application. The State can eliminate the CHP premium cliff by expanding subsidies to New Yorkers making between 400 and 600 percent of the federal poverty level (FPL) using Essential Plan surplus funds. Families eligible for CHP pay monthly premiums on a sliding scale from $0 for families making below 222 percent of the federal poverty level (FPL) to a $60 monthly premium for families making between 350 and 400 percent FPL. Over 400 percent of FPL ($79,950 for a family of three), families can still enroll a child in CHP, but they must pay the premium in full—an unaffordable $3,456 a year. CHP should also align eligibility start-date rules with the other public programs on the New York State of Health Marketplace (NYSOH), including the Essential Plan and Medicaid. Coverage should begin on the first day of the month in which a child becomes eligible for and enrolls in coverage. Currently, CHP follows the "15th of the month" rule, unacceptably forcing children to wait as long as six weeks for their coverage to begin.

Coverage4All: 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 State should protect all immigrants by enacting Coverage4All (**S3762**/**A1710**), which would save an estimated $500 million on Emergency-only Medicaid. California, Colorado, Oregon, and Washington have extended broad-based coverage to their undocumented immigrant population. New York should follow suit. Short of enacting Coverage4All, New York should ensure that Temporary Protected Status and Deferred Action for Childhood Arrivals immigrants retain their coverage through the Medicaid and/or Essential Plan programs should they lose their status.

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 Medicaid for Working People with Disabilities have a higher asset limit than ABD applicants.

Allow New Yorkers to access asthma inhalers at no cost. (S1804A/A128A)The State should require insurance coverage for asthma inhalers at no cost (no co-pays, deductibles, cost sharing etc.). Nationally, the prevalence of asthma is higher among people of color, low-income people, and LGBTQ+ people. In New York, Black and Hispanic people are much more likely to go to the emergency room for Asthma-related reasons. In addition, asthma-related deaths are considerably higher in Black and Puerto Rican populations compared with White populations.

Create a minimum dental loss ratio so that dental plans offer better protection and value. (S6254A/A3919A) Medical loss ratios require that health insurers spend a certain proportion of premiums collected on medical and patient care instead of administrative costs like marketing. Massachusetts recently passed a law that requires an 83 percent dental medical loss ratio to make dental plans more valuable for consumers. New York should consider a similar law.

The Primary Care Investment Act (S1634/A1915A) 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%. An analysis last year by the New York Department of Health found seven of 10 ER patients have non-emergency medical issues or could be treated by a primary care provider. Oregon, Colorado, Rhode Island, and Delaware have passed laws to increase primary care investment. New York should consider a similar law.

The **New York Health Act** (S3425/A1466) would eliminate New York's coverage gaps and affordability burdens by creating a universal single-payer health system. If the New York Health Act does not pass or cannot be implemented in 2025, 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 funded at $7 million so that New Yorkers can continue to receive this help.

- 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.

Medical Debt, Hospital Prices and Oversight

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.

Stop State-operated hospital lawsuits for medical debt. (S359/A1356) 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. The bill prohibits State-operated hospitals from suing patients for medical debt.

The Fair Pricing Act (S705/A2140) 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. Health insurers that contract with New York State health care providers cannot reimburse them more than the price cap for covered services – and cannot hold plan participants liable for paying amounts more than the price cap.

The Local Input for Community Healthcare Act (S1226/A6004) 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.

No Blank Checks (S6375B/A6773A) Patients are bombarded by signature pads and tablets that require them to guarantee payment without any idea what service they will be receiving, how much their insurance will cover, and whether the provider will be billing correctly. This is

essentially a blank check. No other sector tolerates such unlimited financial liability forms. 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 Debt Uniformity Act (S5546A/A57B) This bill would create a consistent definition of consumer debt to ensure the proper application of existing laws. It would ensure existing consumer protections apply to all consumer debts, including medical debt.