Health Care for All New York: 2021 Policy Agenda

Building Quality, Affordable Health Care for ALL New Yorkers

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, there are still 1.1 million uninsured New Yorkers. Many New Yorkers find health care unaffordable even with health insurance. HCFANY's 2021 policy agenda seeks to set New York on a path toward universal coverage that is affordable, comprehensive, and equitable.

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 black (7%), Hispanic (12%), Asian (8%), or American Indian (11%) New Yorkers.

The New York Health Act (**S3577a/A5248a**) would eliminate New York's coverage gaps and affordability burdens. If the New York Health Act does not pass or cannot be implemented in 2021, New York should comprehensively expand existing programs to meet New Yorkers' immediate needs.

Cover Immigrants

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 over 400,000 New Yorkers remain uninsured because of their immigration status.

The State can provide coverage to a portion of this population by passing **S8357/A10474** and allocating $13 million to cover people who have had COVID-19 regardless of immigration status. The existing Essential Plan covers people who earn up to 200 percent of the federal poverty level but excludes many New Yorkers because of their immigration status.

Outreach to Uninsured

Too many New Yorkers are uninsured because they are unaware that they qualify for financial 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. Navigators have helped over 300,000 New Yorkers enroll since 2013, without ever receiving a cost-of-living increase. The State should increase the Navigator budget from $27.2 million to $32 million to guarantee high quality enrollment services.

State Premium Assistance Program

The State should establish a premium assistance program for people with incomes over 200 percent of the federal poverty level who buy private insurance. Federal tax credits cap premiums at a specific percentage of household income, but does not go far enough. Making coverage more affordable would help address consumers' budget challenges and reduce prices for the entire individual market by bringing more people into the risk pool.

State Individual Mandate

A state-level mandate is another way to incentivize New Yorkers to join the individual market risk pool. It can also raise revenue to support other coverage expansions. The Urban Institute has estimated that a state-level mandate could raise $270 million.

Essential Plan Buy-In

The Essential Plan is a popular health program that offers coverage for at most $20 a month with no deductible. People who earn too much for the Essential Plan must buy coverage on the Marketplace, which can cost $150 or more with deductibles that are over $1,350 — even with financial assistance.

New York could ease this affordability cliff by allowing people who earn between 200 and 250 percent of the federal poverty level (around $25,000 for an individual) to choose between buying a private plan or buying into the Essential Plan.

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Educating and Protecting Consumers

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

Medical Billing Protections

New Yorkers need protection from unfair medical billing practices. **S6757a/A8639** would eliminate some of some of these practices by requiring consolidated, clear hospital bills and capping interest on medical debt to 3 percent. It would also protect consumers from surprise out-of-network bills caused by provider or plan misinformation; protect patients from unfair facility fees; and reduce the statute of limitations on medical debt to two years from six. These protections are important for eliminating medical debt, which according to the Urban Institute, affects 23 percent of white Americans and 31 percent of black Americans.

Community Health Advocates

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 $47 million and worked on more than 359,000 cases for people needing help getting the care they need or resolving billing disputes. CHA should be fully funded at $5 million so that New Yorkers can continue to receive this help.

CHA's information is listed on commercial, but not Medicaid, notices. This year, Medicaid patients have to "exhaust" their plan's internal appeal systems before going to an independent reviewer. Medicaid enrollees should receive CHA's information to manage that appeals process as people in the commercial market already do. The legislature passed **S7241/A3598** to accomplish this but the bill is awaiting the Governor's signature.

Community Health Access to Addiction or Mental Healthcare Project (CHAMP)

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 only received $1.5 million in 2019—for 2020 it should be fully funded at $3 million.

Affordable Prescription Drugs

Unaffordable prescription drugs reduce patients' ability to follow their treatment plans.

Commercial Drug Utilization Board

New York's insurance companies identified prescription drug costs as a major factor behind high premiums, one that is outside of their control. New York's public programs control prescription drug costs through a Drug Utilization Review Board. A similar board should be created for commercial plans. It should review clinical information and make recommendations, hold public meetings, and include consumers.

Cap Prices for Life-Saving Prescriptions

New Yorkers who depend on insulin or other prescriptions to survive are at the mercy of pharmaceutical companies who can impose massive price hikes without warning. **S6492B/A8533B** would create a drug assistance demonstration program for New Yorkers dependent on prescription drugs, similar to a program that exists for New Yorkers living with HIV or AIDS. It would also allow pharmacists to refill life-preserving maintenance drugs on an emergency basis if a patients' prescription expires if they have previously obtained a prescriber's approval.

Stop Pharmaceutical Price Gouging

Consumers are protected from price gouging in other areas of consumer law. **S141/A6606** would protect people who buy prescription drugs by prohibiting manufacturers and wholesalers from selling pharmaceuticals for "an unconscionably excessive price." The bill would authorize the Attorney General to sue on behalf of consumers.

Import Cheaper Drugs from Outside the United States

Some of the causes of high prescription drug costs stem from federal rules that New York cannot change. However, New York can take advantage of other countries' willingness to regulate pharmaceutical prices by allowing wholesalers to import drugs from those countries. **S5682/A7588**

authorizes New York's Commissioner of Health to create such a program.

Publicize Agreements That Delay Generics

Prescription drug manufacturers work together to block the release of cheaper generic medications. **S5169/A7196** would require manufacturers to inform New York's Attorney General of the existence and length of such agreements.

Expand Income Eligibility for EPIC

Elderly Pharmaceutical Insurance Coverage (EPIC) helps eligible seniors supplement Medicare Part D to better afford prescription drugs. The program is available to seniors who earn under $75,000 a year who are enrolled in a Part D plan. EPIC should be expanded to higher incomes so that more New York seniors are protected from unfair drug prices.

Transparency and Fairness

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.

Community-Friendly Certificate of Need

Community hospitals face financial stresses. Some are downsizing, closing, or being absorbed into large health systems, which can then make decisions about the hospital's future. New York regulates these changes through its Certificate of Need (CON) process. However, this process is not transparent and fails to fully engage the communities most affected. New York's Public Health and Planning Council reviews CON applications and should become a better vehicle for engaging communities.

- All certificate of need applications should assess the impact the proposal will have on health equity.
- Public hearings should be required in affected communities before a hospital undergoes any major transaction that will change the types of care available in the community. The meetings should be held in accessible locations at times that are convenient for community members (**A2986a/S5144a**).
- All hospitals should have a community-advisory board (**A1148/S1856**).

Target ICP to True Safety-Nets

The current process does not target the $1.13 billion in Indigent Care Pool (ICP) funds to true safety net hospitals. The State should allocate funds to true safety net hospitals, those that provide the most care to people with Medicaid or who are uninsured. New York's safety-nets take care of New Yorkers who are uninsured and who are afraid to seek care elsewhere because of cost or discrimination; protecting them is vital for protecting the communities in New York—like immigrant communities—that disproportionately lack health coverage.

Health Connector

Consumers have been given more responsibility for cost-sharing without any corresponding information about the costs of health care. New York has invested significant amounts of money into its all-payer database (APD). The APD should benefit consumers with tools that help them make care decisions. New York should build a Health Connector that uses the APD to make decisions about what plans to buy (such as cost estimators, meaningful quality information, and accurate provider directories) and what providers to use.

Comprehensive Networks and Benefits

Network Adequacy

It is still too easy for consumers to inadvertently use a provider that is out-of-network. Too many consumers still give up on seeking care or resort to unnecessary emergency room use because they cannot find an appropriate provider in their area.

- Health plans should be required to maintain provider contracts for an entire plan year, except for cause. Consumers who enroll in a plan for its network should know that that network will remain in place.

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- Current tests of network adequacy should be improved by adding standards based on minimum appointment availability. Consumers should have the right to go out of network if they cannot get appointments with accessible providers that can communicate in their language within the adopted appointment availability time frames.

Out-of-Network Benefits

Most New Yorkers buying plans on the New York State of Health Marketplace have no out-of-network coverage options. All insurance carriers selling Marketplace plans should be required to offer out-of-network coverage at the Silver and Platinum levels.

Steering Committee Members

Actors Fund
African Services Committee
Children's Defense Fund
Citizen Action of New York/Public Policy and Education Fund
Coalition for Asian American Children and Families
Community Service Society of New York
Consumers Union
Empire Justice Center
Hispanic Federation
Legal Aid Society
Make the Road New York
Medicare Rights Center
Metro New York Health Care for All
New Yorkers for Accessible Health Care Coverage/Center for Independence of the Disabled, New York
New York Immigration Coalition
Raising Women's Voices
South Asian Council for Social Services
Schuyler Center for Analysis and Advocacy
Young Invincibles