

2026 HCFANY Legislative 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. Under H.R. 1, 1.7 million New Yorkers may lose their insurance coverage, and many more will see their premiums increase steeply. **HCFANY's 2026 policy agenda seeks to set New York on a path toward health insurance coverage that is affordable, comprehensive, and equitable.**



H.R. 1 Coverage Loss Mitigation Policy Package

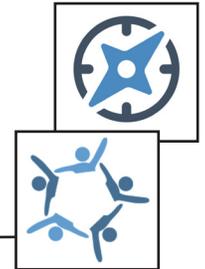
- Transition the Essential Plan (EP) to a Basic Health Plan (BHP) and use the BHP trust fund to cover the 610,000 lawful immigrant enrollees up to 200% of the Federal Poverty Level (FPL).
- Offer State-funded coverage for 450,000 EP enrollees making 200-250% FPL who will be newly ineligible for the EP mid year, for at least six months.
- Offer State-funded EP to 6,000 New Yorkers with Deferred Action for Childhood Arrivals (DACA) and residual Permanently Residing Under Color of Law (PRUCOL) status.
- Create State-funded premium assistance to make Qualified Health Plans affordable for 30,000 lawfully present (but not H.R. 1 eligible) immigrants so they are able to access coverage like their citizen counterparts.



FY27 Executive Budget

- Do not eliminate surprise billing protections for Medicaid recipients (PPGG Article VII, Part T), but otherwise support.
- Support reforms to strengthen oversight of health care transactions (HMH Article VII, Part H), with recommendations to improve transparency.
- Concern proposed reforms to prior authorization (TED Article VII, Part HH) do not include all individual market plans. Support expansion of continuity of care protections and to and simplify preauthorization.

Support New Yorkers through H.R. 1—Induced Uncertainty and Coverage Transitions



Increase Funding for Health Insurance Enrollment Navigators

- The Navigator program, run through trusted community-based organizations (CBOs), helps New Yorkers enroll, keep, and use their health insurance.
- HCFANY asks the Legislature for: (1) an increase in Navigator funding to \$38 million to reflect over 10 years without appropriate cost-of-living increases; and (2) grant \$5 million to CBOs to conduct outreach in difficult-to-reach communities.

Increasing Funding for Community Health Advocates (CHA)

- CHA helps people access in-network care, resolve billing issues, avoid medical debt, appeal insurance coverage denials, and address other barriers to obtaining affordable medical care.
- HCFANY asks the Legislature to allocate an additional \$1.7 million to maintain CHA's funding at \$7.2 million.

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Control and Right-Size Health Care Spending

The **Fair Pricing Act** ([S705A/A2140A](#)) would cap payments for a small set of routine services at a set rate above Medicare for commercial and public payers. According to a Brown University study, this bill would save New York \$1.1 billion in annual health care spending and reduce out-of-pocket costs for patients by \$213 million annually. Community Service Society of New York recently released a brief on this bill, "[How the Fair Pricing Act's Site Neutral Policy Boosts Health Care Affordability by Ensuring Savings Will Be Passed Through to Patients and Payers.](#)"

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 insurers that 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.



Prevent Medical Debt and Protect Consumers

No Blank Checks ([S6375B/A6773B](#)) would create a uniform patient financial liability form that includes a good faith estimate of a patient's financial obligation for their care. 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.

Coverage and Health Care Affordability



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.

Eliminate Child Health Plus (CHP) premium cliff and align coverage start dates to the first day of the month of application. First, the State can eliminate the CHP premium cliff by expanding subsidies to New Yorkers making between 400% and 600% FPL. Second, 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.

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.

The **Consumer Debt Uniformity Act** ([S5546B/A57B](#)) 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.