



HCFANY 2011-2012 Legislative Agenda

Guarantee Affordable Health Care for All New Yorkers

✓ **Monitor federal health reform implementation process.**

Under the Affordable Care Act (ACA), New York must create an insurance Exchange—a statewide marketplace for health insurance. HCFANY has adopted “Five Standards for the New York State Insurance Exchange,” which we believe will maximize consumer interests, input, and needs, with a particular focus on vulnerable populations. In brief, these standards are as follows:

1. One statewide Exchange for all.
2. An Exchange that offers quality, affordable benefit packages.
3. An Exchange that is easy to navigate and represents consumers.
4. An Exchange that builds on New York’s public programs.
5. An Exchange that supports principles of health equity.

✓ **Improve transparency in the Bad Debt and Charity Care pool.**

Each year, New York’s hospitals receive \$847 million in Bad Debt and Charity Care (BDCC) funds to help pay for the cost of providing health care for uninsured and underinsured New Yorkers. But, due to complicated and opaque accounting procedures, it has been impossible to trace BDCC funds to actual care received by those who need it.

The 2008-2009 NYS Budget partially reformed this system by requiring 10% of BDCC hospital payments to be directly linked to actual services provided to uninsured patients. Further, the 2009-2010 budget redistributed \$282 million in Graduate Medical Education funds to the BDCC pool to be allocated through the new reimbursement process.

New York can no longer afford to spend its money unwisely and should take the necessary steps to finally make BDCC funds 100% accountable.

Insurance Reform

✓ **Merge the individual and small group markets.**

The individual insurance market in New York is no longer affordable, due in large part to rising prices. Merging the individual and small group markets would ensure the largest risk pool possible and the best pricing of insurance products for consumers.

This measure would reduce premiums for individuals by more than 35%, and

raise the small group premiums by as little as 3%. More funding for a joint stop-loss pool should be allocated to avoid price increases for small businesses.

✓ **Evenly split the Healthy NY stop-loss pool with the individual stop-loss pool.**

The stop-loss pool for the individual insurance market has been frozen at the inadequate amount of roughly \$40 million for several years. Meanwhile, Healthy NY continues to enjoy full funding (roughly \$170 million) for its stop-loss pool, though it rarely uses it all.

Stop-loss funding for the individual market and Healthy NY should be shared equally and any unspent funds in one should be used for the other. This would restore the viability of the individual market for people who do not have group coverage.

✓ **Apply the managed care bill of rights to all products in advance of 2014.**

New York’s Managed Care Consumer Bill of Rights contains strong consumer protections that were further enhanced during last year’s legislative session. However, several issues remain to be corrected, such as guaranteeing network adequacy for EPO products/access to specialists when EPO networks are inadequate, and external appeals for denials of access to specialty care.

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For a full version of HCFANY’s Five Standards for the New York Insurance Exchange, please visit the “Publications” page at:

www.hcfany.org.

HCFANY 2011–2012 Legislative Agenda (Continued)

Health Equity

✓ Promote language access in health coverage.

In 2009, the NY Attorney General (AG) announced a landmark settlement with New York's largest pharmacy chains, like Duane Reade, CVS, and Rite Aid, requiring them to provide free translation of medicine labels. The NYC Council also passed legislation to guarantee interpretation in all NYC pharmacies.

However, state policymakers still need to adopt statewide legislation to require what was outlined in the AG settlement. In addition, New York should adopt a statewide standardization of medication labels, to help streamline translations.

Further, HCFANY recommends that a statewide policy be issued to require that all state agencies provide language assistance services to limited English proficient individuals, including necessary interpreter services and the translation of frequently used forms and documents.

✓ Require uniform data collection and reporting.

Reliable data is the key to both identifying disparities and designing targeted quality improvement interventions. New York does not currently require all health care providers to collect and report quality of care data stratified by race, ethnicity, and other background information.

the state, which can make it difficult to compare across entities. In addition, while many providers do collect this data, it is generally not publicly reported.

New York should require uniform collection and public reporting of data stratified by race, ethnicity, disability status, gender, and language spoken throughout the state by all public and private health plans, hospitals, and other health care institutions.

Improve our health insurance safety net

✓ Establish biennial renewal (with passive renewal in the odd year)

A two-year continuous enrollment and coverage period would reduce disruptions in health care for public insurance enrollees and roughly halve the costs and administrative burden of re-enrolling those who have been involuntarily disenrolled.

People who have proven their eligibility for public insurance should remain eligible for two years to save precious resources at the State and local level for newly displaced workers.

✓ Eliminate resource test for SSI-related people who apply for community Medicaid.

New York recently removed the resource test for most public insurance applicants. Yet, SSI-related Medicaid beneficiaries continue to be subject to the resource test on the grounds that these individuals are more expensive for the State to cover. The resource

test is administratively cumbersome and rarely disqualifies people for coverage. New York should eliminate the resource test for SSI-related applicants and beneficiaries who live in the community.

✓ Permit immigrants to pre-qualify for ER Medicaid.

Emergency Medicaid is available to all low-income New Yorkers, regardless of immigration status. To get coverage, an attending physician must certify that the person has a medical condition that meets the definition of an "emergency." If so, the person fills out a full Medicaid application, which, depending on their eligibility, may or may not be approved.

New York should let undocumented immigrants to pre-qualify for Emergency Medicaid and get a limited coverage card in advance. This would raise awareness of Emergency Medicaid and give providers assurance of payment for services provided. Many states already do this: California, Michigan, Oregon, Massachusetts, South Carolina, Texas, Maine, Nevada, Arizona, Virginia, Maryland, Louisiana, Delaware and New Hampshire.

✓ Eliminate documentation of income and residency at Medicaid application.

Requiring applicants to provide proof of residency, income, and deductions, is a bureaucratic obstacle to enrollment. The State should extend self-attestation at application as they have already done at renewal.

Be part of the solution!
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