NEW YORK STATE COUNCIL OF CHURCHES

2022 LEGISLATIVE ASK

HEALTH CARE

The Theological and Anti-Racist Rationale for our Work:

As people of faith, we embrace a moral duty to ensure everyone has the chance to live a life of health and wholeness. Making sure health care is accessible and affordable is the only way to accomplish that goal. The Hebrew Bible lays out a concern for the most marginalized and most vulnerable in society—the widow, the orphan, the stranger—the need to cancel debt. We ask that legislation consider these important values as they relate to healthcare.

Health care is not equal for all people in our country. It is a fact that people of color have poorer health outcomes which are directly tied to investment of resources. A growing body of research shows that centuries of racism in this country has had a profound and negative impact on communities of color placing those within these populations at greater risk for poorer health outcomes.

We ask you to consider this when voting on upcoming legislation that has the potential to create a more equitable and just health care system for all people.

Principles

- It's not fair that people with insurance have to pay higher health insurance premiums in order to cover people who are uninsured.
- Health care is a human right. Everybody deserves the same quality of health care regardless of their ability to pay.
- In the United States we pay 50% more for health costs and have poorer health outcomes, while not covering everyone.
- We spend an excessive amount of our health care dollars on administrative overhead, which would be dramatically reduced with a single payer health system.
- High premiums, deductibles, and co-pays take a significant chunk out of household income and lead to medical bankruptcy and less money being available for other house expenses.

State Legislative Requests:

1. **New York Health Act A.6058/S.5475. Sponsored by Assemblyman Richard Gottfried and Senator Gustavo Rivera. Provides a public single payer system that covers every New Yorker.**

This would provide comprehensive coverage for all residents or full-time workers in the state, regardless of immigration status. Patients will have the freedom to choose the nurses and doctors they want and make healthcare decisions with them, not insurance companies. This plan will be funded through a graduated tax on income, based on one's ability to pay. This sliding scale will be cheaper for at least 90% of New Yorkers. Most businesses will see lower healthcare costs too. Public hospitals and clinics in New York will receive fair payment for the patients they serve. You will never have to delay care because of a copay or deductible ever again. It is well documented that there are different standards of care based on the kind of insurance you have (or

don't have). With the New York Health Act, everyone will be treated equally and covered with the same high-quality plan. It would also result in decreased administrative costs and a reduction in costs of prescription drugs and devices by as much as 40%.

2. **Medical Debt Protection Act S5622/A7363 (Senator Gustavo Rivera, Assemblyman Richard Gottfried)**

This would prohibit hospitals from placing liens on New Yorkers' primary residences or garnishing working New Yorkers' wages to collect on medical debts. People should never lose their homes or means of living based on debt incurred because of seeking essential healthcare. As "non-profit" entities, New York hospitals should not be taking such aggressive and predatory actions, when they enjoy the benefits of being a "non-profit." As people of faith, we believe by forcing New Yorkers to choose between their homes or wages on one hand, and lifesaving medical treatment on the other is immoral.

3. **HEAL = Hospital Equity and Affordability Law (s 7199, A8169) sponsored Senator Andrew Gournardes and Assemblymember Catalina Cruz.**

High hospital prices are the largest driver of escalating healthcare costs. But these prices do not reflect quality of care or the cost of providing treatment. Instead, they reflect the market power of ever-consolidating private hospital systems. HEAL would prohibit the worst contract provisions that hospitals use to drive up cost and deny healthy market access and competition. Currently, wealthy private hospital systems use their market power to insist on contract provisions that hide the costs of healthcare from health plans and consumers, force plans to accept and include low quality or high-cost services in their plans, and force the termination of innovate, high quality treatment programs all in the service of private hospitals revenue. HEAL will disallow these provisions and allow health plans, especially union plans, to access high quality and affordable care.

4. **Medicaid Eligibility for Older Adults and People with Disabilities**

- Raise the maximum income that Medicaid beneficiaries who are also enrolled in Medicare are permitted to earn from 84% of poverty to 138%%--the same as other Medicaid recipients
- Eliminate the asset limit for Medicaid for age 65+ and adults with disabilities to comport with every other Medicaid recipient not already subject to the asset limit.

Both provisions will allow 200,000 additional low-income New Yorkers to access Medicaid coverage which is the primary state-funded plan to provide low-cost health coverage for low-income people.

Historically, senior citizens and disabled people in New York have been subject to two restrictions on Medicaid eligibility: an income limit of roughly 84% of the federal poverty level ($11,200 for a single adult in 2021) and a limit on total assets of $15,900. (Some assets, such as residences, are excluded from the limit.)

The Affordable Care Act, also known as Obamacare, expanded Medicaid eligibility by raising the income limit to roughly 138% of the federal poverty level ($17,775 for a single adult in 2021) and removing asset limits for many Medicaid beneficiaries. But the ACA's Medicaid expansion excluded people who were already eligible for Medicare — namely, seniors and disabled people. As a result, the lower income limit and the asset cap have remained in place for these groups.

When individuals with incomes or assets beyond those limits turn 65 or become disabled, they lose their Medicaid status, and must instead enroll in Medicare, the federal government's insurance program for senior citizens and disabled people.

This means that they also lose the ability to access several categories of care that New York's Medicaid program provides. However, Medicare does not cover hearing, vision, and dental care, and, particularly importantly for seniors and disabled people, home and long-term care.

Enrolling in both Medicare and Medicaid allows continued access to those services, but people covered by Medicare but not Medicaid must purchase pricey supplemental plans, which can cost thousands of dollars per year, a sum out of reach for individuals at or near the poverty line.

This risk of low-income New Yorkers losing Medicaid coverage due to age or disability has been on hold since the federal government declared Covid-19 to be a public health emergency in January 2020, due to federal regulations preventing states from disenrolling Medicaid beneficiaries during the emergency.

"According to Valerie Bogart, a lawyer who directs the Medicaid program of the New York Legal Assistance Group, this prohibition has led to over 50,000 New Yorkers maintaining their Medicaid coverage despite being technically ineligible. For months, she and other health advocates have been bracing for that population to lose access when the public health emergency ends. At the same time, they've been lobbying state government to expand eligibility parameters."

Governor Hochul's proposals would avert severe public health costs. When removed from Medicaid rolls, she says, "people stop going to the doctor, stop filling prescriptions, stop getting preventative care. You don't go for that test to find out if you have cancer, because you can't pay for the treatment."

5. Postpartum Medicaid Access and Improvements to Child Health Plus.

- Expand postpartum Medicaid access from sixty days to a year. At present, Medicaid recipients only have access to Medicaid postpartum care for 60 days. Eligibility needs to be increased to one year.
- Remove the $9 monthly premium for children covered by Child Health Plus at the 200% FPL eligibility level
- Expand the benefit package by adding certain services not currently covered by Child Health Plus.

6. Modify or Lift Global Medicaid Cap

At present the Medicaid cap on state expenditure has been pinned to a 10-year rolling average of the consumer price index. Demand for services exceeds the amount from the 10-year average. As population is aging and many low-income people end up on both Medicare and Medicaid, the system is not able to keep up with demand. To make Medicaid more of an entitlement subject to actual demand, a 5-year rolling average would now be pinned to the special rate projected by the Federal Government for Medicaid growth.

New York's Medicaid spending cap has been in place since 2011. It was presented as a mechanism to limit growth in Medicaid spending and instill discipline in Medicaid budgeting.

The cap was set at an arbitrary, fixed moment in time and not designed to keep pace with program growth. It has allowed the administration to justify Medicaid cuts and drastic changes that diminish access to services. The cap should be replaced with intelligent budgeting which would allow the state to make necessary investments and adjustments reflective of real world needs and conditions. If the cap is kept in place or some alternative is enacted, the state should be required to report on Medicaid spending on a monthly basis rather than quarterly.

We appreciate government effort to modify cap (a big improvement over the current system) but we would like to get rid of the cap entirely because of entitlement.

7. Increase the income limit for the Qualified Medicare Beneficiary Medicare Savings Program.

Increasing income from 100% of the Federal poverty level to 200% allows one to get help from the state to pay Medicare premiums. In Medicaid as you raise the general eligibility level, it helps cover deductible and co-pays for Medicare.

N.B. The Immigration Legislative Requests include Coverage for All New Yorkers. We include it here, as well:

Coverage For All New Yorkers. A880/S1572 (Sponsored by Assemblyman Richard Gottfried and Senator Gustavo Rivera) Creates a state-funded Essential Plan for ALL New Yorkers up to 200% of the federal poverty level who are currently excluded because of their immigration status

Right now, undocumented immigrants can't access federal programs like Medicaid due to their status unless they are pregnant or in an emergency situation. Nor can they qualify for the Essential Plan, which is the state-funded option on the insurance marketplace created with the Affordable Care Act, due to the need for a valid visa.

This would extend healthcare (which should be seen as a human right) to all New Yorkers, regardless of immigration status. Our immigrant workers have been on the front lines during the covid crisis, but many cannot access healthcare. We see this as inhumane. By ensuring that people have adequate health care, can reduce the increased pressures on emergency rooms and other safety net services, benefitting all as a result. The expansion of the Essential Plan include extending post-pregnancy Medicaid coverage from 60 days post-pregnancy to one year,including coverage for all eligible immigrants regardless of documentation. All low- income women should be covered regardless of documentation status.