



Testimony re: 2021-2022 Executive Budget Proposal—Health

Submitted to
Senate Finance and Assembly Ways and Means Committee

Submitted by
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Thank you, Chairman Rivera, Chairman Gottfried, and all other committee members, for allowing me to present this testimony on behalf of the Hispanic Federation; a non-profit organization seeking to empower and advance the Hispanic community, support Hispanic families, and strengthen Latino institutions through direct service programs and legislative advocacy.

COVID-19 & Latinx Health Crisis

Since the coronavirus pandemic began, Latinx communities have been hit disproportionately hard. Data from the Centers for Disease Control and Prevention (CDC) shows that Hispanics have been hospitalized for COVID-19 and dying at disproportionate rates. The pandemic has magnified existing health conditions and the economic impact of COVID-19 has created greater barriers for individuals without health coverage in seeking medical attention. However, this legislative season gives the state an opportunity to fund programs that can enhance health outcomes for underserved communities.

I. Essential Plan

Fund the Essential Plan at \$13 million

In New York, one third of the 2.2 million essential workers who have been on the frontlines of the pandemic – delivery workers, EMS staff, drivers, health care personnel, food production workers, and others – are immigrants and many are noncitizens¹. These individuals continue to work, ensuring our state’s essential needs are met while putting themselves and their families at risk of contracting the virus. They form one of the largest groups of uninsured people in New York and have been overburdened with COVID-19.² Many immigrants have been excluded from federal stimulus packages and safety net assistance due to their status.

New York should create a temporary state-funded Essential Plan for New Yorkers who live at or below 200% of the federal poverty level who have had COVID and are excluded from coverage because of their immigration status. Including immigrants under the Essential Plan would provide comfort to families

¹ [Essential Workers Brief Final \(fiscalpolicy.org\)](https://www.fiscalpolicy.org/essential-workers-brief-final)

² [How Structural Inequalities in New York’s Health Care System Exacerbate Health Disparities During the COVID-19 Pandemic: A Call for Equitable Reform | Community Service Society of New York \(cssny.org\)](https://www.cssny.org/how-structural-inequalities-in-new-yorks-health-care-system-exacerbate-health-disparities-during-the-covid-19-pandemic-a-call-for-equitable-reform/)

who are already struggling financially and have likely experienced a disruption in their income due to the pandemic.

The only coverage an undocumented person who contracts or displays COVID-19 symptoms receives is Emergency Services Only Coverage through Emergency Medicaid, which covers lab testing, evaluation, and treatment as emergency services. However, in order to qualify, a person must have an income below 133% of the poverty level. In essence, a family of four cannot make more than \$36,156 annually to be covered under Emergency Medicaid. This leaves individuals burdened with medical bills or steers them away from seeking medical assistance when displaying symptoms of COVID. Moreover, Emergency Medicaid would not cover long term effects of COVID-19.

Since Hispanics have contracted COVID at higher rates, they are one of the groups that will battle long-term health effects of COVID.³ These issues may require prolonged medical attention or medication. Funding the Essential Plan makes sense from a public health standpoint to help stop the spread of this virus and mitigate any long-term effects. Therefore, we call on the New York state legislature to support funding the Essential Plan at \$13 million.

II. Health Care for All

Before the pandemic, 50% of New Yorkers covered by private health insurance plans delayed and even avoided basic care due to cost.⁴ Those that struggle the most are people of color, women, and those with disabilities. COVID-19 further revealed that black, brown, and low-income New Yorkers have the least access to quality healthcare and disproportionately struggle to pay medical bills. To equitably recover from the pandemic, we need a universal guaranteed health program.

A universal health care program in New York will eliminate out-of-pocket healthcare costs (no copayments or deductibles) and will provide guaranteed healthcare. All New York residents will be covered regardless of immigration status, resulting in accessibility and utilization of preventative care, leading to a healthier population.

In addition to many New Yorkers going without health care due to financial hardship, businesses have also experienced increases in health costs for their employees and many have shifted a larger share of the costs to their employees or eliminated coverage entirely. We need to ease this financial burden on individuals and businesses. It is time for New York State to lead the nation and create the first state-run universal health care program.

III. HIV/AIDS Epidemic

New HIV infections have decreased over the past ten years; however they have increased within the Latino community.⁵ Of the nearly 120,000 New Yorkers living with HIV, over 42,000 of them are Latinos.⁶ We need effective public health policy to stop the spread of this disease through culturally sensitive

³ [Long-Term Effects of COVID-19 | CDC](#)

⁴ [Campaign for New York Health \(nyhcampaign.org\)](#)

⁵ [The Invisible US Hispanic-Latino HIV Crisis: Addressing Gaps in the National Response \(nyu.edu\)](#)

⁶ [New York State Cascade of HIV Care 2018 \(ny.gov\)](#)

prevention, treatment and care, community education, and strategic partnerships. It is proven that those who receive evidence-based education take advantage of preventative medicine such as PrEP; the challenge lies in expanding education and services in communities of color to reduce mistrust and create safe spaces. It is critical to address the HIV/AIDS epidemic through a sexual health framework, ensuring that all communities across the state can access culturally and linguistically relevant sexual health services that promote wellness and is responsive and respectful to their needs.

The Hispanic Federation fully supports the Governor's Ending the Epidemic Task (ETE) Force and the \$15 million in Executive Budget allocated toward Ending the HIV/AIDS Epidemic. However, there are critical components that require substantial funding to ensure that attempts to mitigate AIDS and HIV across the state are comprehensive and mindful of underserved populations. We request your help in funding the following:

Expand NYS Sexual Health Clinics and Capacity to Provide PEP and PrEP - \$10 million

This funding will help increase the number of health care centers and community-based organizations that provide testing and treatment of Sexually Transmitted Infections (STIs), HIV testing and treatment, access to PrEP and PEP across the state.

Create and Expand Women's ETE Services - \$2 million

Almost 30% of new HIV cases were among Latinas (Latina women and Latina transgender women). 28% of these Latinas were diagnosed with HIV, and within a few short months, received an AIDS diagnosis.⁷ \$2 million in funding will help expand women-focused HIV testing and early treatment for women that test positive for STIs, are survivors of domestic violence, and women leaving correctional facilities.

Economic and institutional barriers limit access to basic health care services and lead to devastating health outcomes in the Latinx community. To continue New York's trend in leading declining rates of HIV/AIDS across the country, we need to focus programs toward populations still driving increasing rates within our state. Latinos make up 18% of the state's population yet comprise 38% of HIV and AIDS cases (and 34% of newly diagnosed HIV cases).⁸ We call on the legislature to support funding that is mindful of the unique health challenges faced by deeply affected communities across New York.

IV. Article VI - Health Care Reimbursement

Article 6 state aid provides a vital funding match for health care providers to maintain or increase their capacity to serve many low-income, immigrant communities of color, people with disabilities and chronic illnesses. Cuts continue to be made and this year's Executive Budget proposal to cut Article 6 public health matching funds to NYC from 20% to 10% would be detrimental to NYC public health. This funding is essential to continue vital health outreach and education, infant and maternal health, children's mental health, cancer treatment, immigrant health, tuberculosis and viral hepatitis treatment, and many other services.

⁷ [New York State, HIV/AIDS County Surveillance Report \(Includes State Prison Inmates\), For Cases Diagnosed Through December 2013 \(ny.gov\)](#)

⁸ [New York State - AIDSVu](#)

The legislature must reject Article 6 funding cuts and restore investments to increase access to health care to under-served communities. Given the extensive fiscal impact of COVID-19, these communities require continued funding to maintain crucial health services to communities struggling to recover from the pandemic.

I thank you for your time and reemphasize how critical it is to focus on these priorities for the health of our communities and, in turn, the entire state.