

Make the Road New York FY24 Health Committee Budget Hearing Testimony 2/28/2023

Hello, my name is Arline Cruz and I am the Director of Health Programs at Make the Road New York (MRNY). We thank the chairs and members of the Assembly Ways and Means and the Senate Finance Committees for the opportunity to provide written testimony on behalf of Make the Road and our 25,000+ members. Our community members were some of the hardest hit by the pandemic, and continue to experience the injustices and inequities faced by immigrant and low-income communities.

MRNY reaches over 9,000 individuals annually by providing critical health access services, including one-onone assistance with health insurance and food stamp enrollment, hospital bill negotiation, and health system navigation. Through our innovative promotore program, peer advocates conduct healthcare access and coverage outreach and connect thousands of people in their communities to know your rights (KYR) information and resources. We also employ Community Health Workers (CHWs) to help hundreds of families improve their health each year through home visits and culturally competent health support in the patients' primary language, reaching families who are not comfortable in conventional medical settings or have difficulty accessing quality care.

Based on these experiences we are making the following recommendations for the Fiscal Year 2024 budget, which will play a key role in expanding coverage options for those currently not eligible, and improve the ability of community based organizations to provide crucial health access services for our members, along with our partners:

### Coverage4All

MRNY is one of the co-leads of the #Coverage4All campaign and on the steering committee of Healthcare for All New York (HCFANY). As part of these coalitions we advocate for the continued expansion and improvement of our healthcare system for All New Yorkers. As the state attempts to improve upon its efforts for health equity, it should ensure that everyone is eligible for health insurance, regardless of their immigration status and remove barriers to health insurance enrollment and accessing care. The state should therefore include the Coverage 4AII bill in this year's state budget (S2237/A3020) and ensure that undocumented immigrants are included in the Federal 1332 waiver request.

Last spring, Governor Hochul expanded medicaid coverage for undocumented New Yorkers ages 65 and older and promised to seek federal funding to expand Essential Plan coverage to excluded immigrants, and emphasized that emergency services available are not ideal<sup>1</sup>. However, approximately 245,000 New Yorkers between the ages of 19 and 64 are still uninsured because of their immigration status; while their New Yorker counterparts within the same income brackets are eligible to enroll in public health insurance programs.. There are over 1 million New Yorkers currently enrolled into the Essential Plan with earnings up to 200 percent of the federal poverty level. New York state should continue taking strides towards expanding coverage to the remaining uninsured population. Lack of health insurance access leads to delayed access to primary and preventative care, prolonged diagnosis of preventable and treatable illness, overuse of the emergency room, and high medical debt.

<sup>&</sup>lt;sup>1</sup> https://www.youtube.com/watch?v=Ysb38zrpx60&t=2066s.

Take for example, our Make the Road member Deysi from Long Island. Deysi is uninsured due to her immigration status and ended up in the emergency room due to severe pain and later received a bill for \$23,864. Deysi was later diagnosed with cancer and her family focused on finding care and did all they could to get her into treatment. This felt impossible without health insurance, and her treatment was prolonged for months due to lack of access. What her family wasn't expecting was for a sheriff from the Attorney general's office to show up at her door to deliver a summons for medical debt. This was a frightening experience for Deysi, who needed to continue care to battle her cancer. These situations could have been avoided if Deysi would've had access to health insurance.

On February 9th, the state released its draft application for the federal section 1332 waiver. The 1332 waiver is a way for states to apply for federal funding to pursue innovative strategies to expand high quality and affordable coverage through the basic health plan². We oppose the state's federal Section 1332 waiver application as it is written now, because it excludes undocumented immigrants. The waiver application backtracks on Gov Hochul's promise to include undocumented immigrants. The Basic Health Plan trust fund currently contains \$9 billion and has an annual surplus of \$2 billion in federal funding. The \$2 billion surpluse should be used to cover the cost of the expansion³ of the essential plan, including expanding coverage to undocumented immigrants. The expansion would cost zero dollars to the state of New York and furthermore, yield savings of over \$500 million, which is currently spent on emergency medicaid and uncompensated care.

Lastly, polling data supports the inclusion of all immigrants when it comes to access to care, across all regions and political views. "8 in 10 New Yorkers agreed that gender, age, and immigration status should not make it harder to get health care"4.

The legislature should therefore include #Coverage4All (S2237/A3020) in its one-house bills and ensure its inclusion in the final state budget as well as ensure that undocumented immigrants are included in the final 1332 waiver application.

### **Hospital Financial Assistance**

By law, all NYS hospitals are required to screen patients for financial assistance before engaging in collection actions. However, our immigrant communities often report never being informed about the hospital's financial assistance policy and often have difficulty accessing the necessary application to apply. The Ounce of Prevention Act (\$1366/A8441 -2022)

version) would update New York's Hospital Financial Assistance Law (HFAL) to comply with Affordable Care Act (ACA) requirements and simplify the process for patients to apply and be eligible for financial assistance. Annually, New York's nonprofit hospitals receive \$1.1 billion in Indigent Care Pool (ICP) funds to support uncompensated care for low-income patients. However, these funds are often too difficult for patients to access. The Executive Budget does include a call to all hospitals to use a uniform financial assistance application, a step in the right direction. However, the legislature should include the Ounce of protection Act (S1366/ A8441- 2022 version) in it's one house bills, and incorporate all of the bills reforms to maximize protection for patients, including:

<sup>2</sup>https://www.cms.gov/cciio/programs-and-initiatives/state-innovation-waivers/section\_1332\_state\_innovation\_waivers-

<sup>3</sup> Bill Hammond, "The Essential Plan's accumulated surplus balloons to \$8 billion, with no fix in sight," September 8, 2022, The Empire Center, <a href="https://www.empirecenter.org/publications/the-essential-plan-surplus-balloons-to-8-billion/">https://www.empirecenter.org/publications/the-essential-plan-surplus-balloons-to-8-billion/</a>

<sup>4</sup> https://www.cssny.org/news/entry/financial-hardship-avoiding-care-healthcare-affordability-survey

- Increase the federal poverty level from 300 to 600 percent to match Affordable Care Act subsidy levels and many hospitals' current policies.
- Remove the asset test to qualify for financial assistance.
- Create a fair discount schedule and pay back rates based on federal poverty levels and insurance status.

## Navigator and Outreach Funding:

Navigators have supported over 300,000 New Yorkers enroll and maintain their coverage since 2013, but have yet to receive a cost of living increase since the program began 10 years ago. MRNY is one of the navigator agencies which has supported the enrollment and renewal process of health insurance through the New York State of Health marketplace since 2013.

The majority of our clients are immigrant families with mixed status households. In addition to supporting gathering documents and completing the enrollment application, our assistance includes dispelling misinformation and fear around the enrollment process.

Take for example our MRNY Queens member Yesenia. Yesenia had her employment authorization for over 6 months before she received assistance from a Navigator who informed her about her eligibility for health insurance. Because Yesenia was undocumented for such a long time, she didn't know she could qualify for health insurance coverage in NYS, once she received her work authorization. With the assistance of a navigator, Yesenia was able to enroll into an Essential plan with benefits starting the following month. She planned to schedule a routine checkup immediately as she hasn't had a physical since giving birth to her child over 3 years ago.

As the end of the public health emergency approaches, 9 million New Yorkers will need to renew their insurance for the first time in over 3 years. The state should make the same commitment it made during the pandemic to protect New Yorkers from experiencing a gap in coverage. Navigators, as trusted assistors in their communities, will continue to play a vital role in supporting consumers statewide. This year's Executive Budget includes a one time cost-of-living increase of \$300,000, however, this is not enough. The legislature should include an increase in Navigator funding from \$27.2 million to \$38 million in their one-house budgets and the final state budget.

The state should also create a \$5 million grant program to fund community-based organizations to conduct outreach in communities with high rates of uninsured individuals.

### **Community Health Advocates:**

MRNY is one of the CBO's who are part of the Community Health Advocates Program (CHA). Our health advocates provide one-on-one assistance to individuals across the state, helping individuals navigate the complex health system with any type of health insurance. CHA advocates troubleshoot the problems that individuals face post-enrollment and help individuals who are not eligible for insurance access low cost care and hospital financial assistance. CHA saves tax dollars and the program has helped New Yorkers save over \$150 million dollars in health care costs.

For example, Make the Road NY member Oliver, is 39 years old, lives in Westchester, NY. He is undocumented and has been living in New York for over 10 years. Oliver has been living with a hernia for over a year now. The pain he endures daily makes it difficult to work. His hernia requires surgery which costs over \$7,000, but Oliver cannot afford such an expensive procedure out of pocket, since he is not eligible for health insurance. A MRNY Health Advocate helped him apply for charity care in the hospital. While charity care will help with the cost of the surgery, he will need to pay out of pocket for his after surgery care, including physical therapy, and will work closely with a health advocate to find one at low cost.

The Executive budget includes \$3.5 million for CHA, however, the Legislature should allocate an additional \$1.734 million for this program in their one house budgets and the final state budget should include a total of

# \$5.2M.

Thank you again to the chairs and members of the Assembly Ways and Means and the Senate Finance Committees. Make the Road looks forward to working with the legislature to expand and improve upon health insurance options, programs and protections for our immigrant families statewide, and creating a final state budget that provides dignity and justice for all.

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