JOINT NEW YORK STATE SENATE AND ASSEMBLY HEARING ON THE NEW YORK HEALTH ACT (A.5248/S.3577)

Testimony of CPC (Chinese-American Planning Council, Inc.)
Presented by Carlyn Cowen, Chief Policy and Public Affairs Officer
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Thank you to Health Committee Chairs Assemblymember Dick Gottfried and Senator Gustavo Rivera for convening this important hearing and the opportunity to testify today. The mission of the Chinese-American Planning Council, Inc. (CPC) is to promote social and economic empowerment of Chinese American, immigrant, and low-income communities. CPC was founded in 1965 as a grassroots, community-based organization in response to the end of the Chinese Exclusion years and the passing of the Immigration Reform Act of 1965. Our services have expanded since our founding to include three key program areas: education, family support, and community and economic empowerment.

CPC is the largest Asian American social service organization in the U.S., providing vital resources to more than 60,000 people per year across all five boroughs, including 10,000 community members right here in the Bronx each year. We accomplish this through more than 50 programs at over 30 sites, ranging from early childhood services to senior services, workforce and legal services and everything in between. CPC employs over 700 staff whose comprehensive services are linguistically accessible, culturally sensitive, and highly effective in reaching low-income and immigrant individuals and families. We serve community members from 40 different countries, speaking 25 different languages. Two-thirds of our community members are Asian American and Pacific Islander (AAPI), and the remainder represent the diversity of communities of color and immigrant communities. With the firm belief that social service can incite social change, CPC strives to empower our constituents as agents of social justice, with the overarching goal of advancing and transforming communities.

To that end, we are grateful to testify about issues that impact the individuals and families we serve, and we are grateful to the New York State Senate and Assembly Health Committees for their leadership on these issues. Today, we are here to urge the New York State Senate and Assembly Health Committees to pass legislation A.5248/S.3577 in support of the New York Health Act.

While it may not be immediately apparent why an Asian American social services agency is advocating in support of the New York Health Act, the reality of our current healthcare system is that it hurts the communities we serve, it hurts our staff, and it hurts social services employers like CPC. In our annual survey of issues that impact our community members the most, access to affordable healthcare consistently ranks second after living wages. While all New Yorkers are hurt by our broken healthcare system, Asian American Pacific Islanders (AAPI) and other communities of color, immigrants, and low-income New Yorkers are particularly hard hit. The New York Health Act, on the other hand, would help our community members survive and thrive.

ADVANCING OUR COMMUNITY

In New York City, AAPIs are the fastest growing racial group, and one in five AAPIs do not have access to health insurance. 1.7 million New Yorkers are currently uninsured, over a million of whom live in New York City. The inequities of access get even more stark when disaggregating data among AAPI subgroups- for example Japanese American have 5.3% uninsurance rate whereas Tongan Americans have a 27% uninsurance rate. At CPC, fully one in four community members that walks through our doors does not have health insurance. These are community members that rely on the emergency room for primary care, if they ever seek care at all. These are the community members that are not eligible for any of the public options, and likely would not enroll even if they were, out of fear.

Yet, while the conversation often focuses on uninsurance, the underinsurance rate is even more severe of an issue within our communities. 48% of Asian American New Yorkers lack the income to meet their basic needs, and so many of those who do have health insurance still cannot afford needed medical care. Asian Americans have the highest rate of underinsurance of any racial/ethnic group, at 28%. In human terms, what this means is that even for our community members with insurance, they are making the regular choice between rent, groceries, and going to the doctor or paying for their prescriptions. In a survey of CPC staff and community members (sample size n>100) of those who had insurance, 60% reported that they skipped or delayed needed healthcare because of the cost.

The argument is often made that switching to a single payer healthcare system is unnecessary, because if we just extended coverage to the uninsured, that would solve the issues our healthcare system faces. When 60% of our community members who have insurance are skipping or delaying needed care because they still cannot afford it, that solution is wholly insufficient. Someone who advocates for that solution has never sat with community members and helped them decide whether to pay rent or to refill their prescriptions, one of the many roles our caseworkers play.

In today's political climate, insurance is even more of a fraught issue for those who do not have secure immigration status, or those who have family members that are non-citizens. We recently had a victory in the form of an injunction blocking the Department of Homeland Security's proposed rule on "public charge," which would threaten immigrants' ability to enter the U.S. or obtain a green card because of their lawful enrollment in benefits like Medicaid and SNAP. While as of now the rule cannot go into effect, in many ways, the damage has already been done. According to the Urban Institute, one in seven immigrants is already forgoing public benefits out of fear of how the rule will impact them or their families. At CPC, we have seen this on a daily basis since the rule was proposed, and community members began lining up to de-enroll from government subsidized health insurance because they fear that they or one of their family members may get deported. Many of these community members are on costly, necessary, life-saving prescriptions. Many of them will likely stop their medical care regimens out of fear of having their family separated. One of our community members had government subsidized health insurance, but kept putting off needed doctors visits because of the costs. When his condition worsened, and it became clear he had to go to the Emergency Room, he did not want to go because he was afraid of getting deported. This is the cost that our broken healthcare system has on New Yorkers. The most recent attack on immigrants came in the form of a proclamation which stated that someone can be denied a visa if

they cannot prove that they can obtain health insurance, which means that we are literally separating families over insurance. The New York Health Act would provide a health care system that does not hold someone's immigration status hostage, creating true health care access for all New Yorkers.

Our current healthcare system is also failing our aging AAPI community members, the fastest growing subgroup of the population. One in three AAPI seniors lives under the poverty line, and most of our community members have no savings for retirement or long term care. Many are not eligible for Medicare or Medicaid, and have no options for care as they age. Asian American women over the age of 65 have the single highest suicide rate of any group, due to isolation, poverty, and lack of options. The New York Health Act would provide long term care for these community members.

The New York Health Act would also help social services organizations like CPC and our staff, who are chronically underfunded and underpaid to deliver critical services. Social services staff are chronically underpaid, and half are eligible for the same benefits that they enroll their community members in. This is a workforce that represents nearly 20% of New York State jobs, and is primarily made up of women (80%) and people of color (60%). Despite being offered employer sponsored insurance, most still cannot afford healthcare. Many of our staff report not being able to afford the $60/month insurance cost, and say that they certainly could not afford the co-pays on top of it, so avoid seeking medical care. Under the New York Health Act, a full 50% of our staff would not pay for health insurance coverage. Those earning $50,000 or less, the vast majority of CPC staff, would pay approximately $900 a year for all of their health insurance costs, including co-pays, deductibles, prescriptions drug costs, mental health, and everything else included. Right now by contrast, an employee in that salary band would pay $720 a year for the health insurance alone, with a $2,000 deductible, $30 doctors visits for primary care, $50 urgent care or specialist care, $300 emergency room visits, and prescription copays starting at $15 for generic.

For employers, the cost has risen 92% over the past decade. High costs of health insurance translate to lower wages, reduced benefits, more restrictive health coverage eligibility and less affordability for employees to take up insurance. In social services agencies, constrained by underfunded government contracts, and providing nonprofit services, this is even more stark. What it ultimately means is that we cannot afford to provide the health insurance that our staff cannot afford to have. If the New York Health Act were passed, CPC would save $2.1 million each year, as a conservative estimate. This estimate is only for our social services agency, not including our subsidiaries with nearly 4,000 employees total. That $2.1 million could pay for 7,000 children to go to after school, 2,100 new immigrants to learn English, or 140,000 meals for homebound seniors.

Lastly, and on a personal note, we need to pass the New York Health Act because I have too many stories of our healthcare system devastating my loved ones.

- My roommate and dear friend was was a healthy 37 year old with employer-sponsored insurance, but he worked in a restaurant, and insurance eligibility is insecure for service workers. Because of an HR error, he got dropped off insurance. Last winter, he ended up in the emergency room, feeling unwell. The doctors told him it was urgent he come for

followup testing, but between the cost of his first stay and the potential cost of the follow ups, he decided he couldn't afford it. He put off the followup visits for months, until on July 5th, he left work to go to the ER, and shortly after arriving, collapsed. When the nurses found him, he was blue. They called a rapid response and intubated him. He was in multiple organ failure and his lungs were filled with fluid. After 30 days on the ventilator, he could breathe on his own again. The doctors called his recovery miraculous. One of the first things he said to me when he could speak again was that he wished he had gone for the followup tests, no matter the cost. One of the next things was asking about how much his current stay was costing. Thankfully, we had been able to get him on emergency Medicaid, not everyone is so lucky. After another 64 days in the hospital and in physical therapy rehab, he was discharged.

- My brother is 28 years old and a type one diabetic. He has had Medicaid, employer sponsored insurance, and ACA marketplace insurance, and has never gotten the care he needs. A few months ago, he went to get a refill on his insulin because he was nearly out, and was told at the pharmacist that he wasn't eligible for a refill, but could pay nearly $1000 out of pocket. That is over half of what his 3 person family earns a month. He tried to ration his inulin, but a few days later collapsed, and his spouse had to bring him to the emergency room, a bill that he couldn't afford either. His insurance costs $250 a month, and his deductible is $7,000. This is not the first time this has happened, and if we don't fix our system, this won't be the last time. And one of those times, he won't survive it.

For all of these reasons, it is imperative that we pass the New York Health Act. Our community members cannot wait for affordable, accessible healthcare. An incremental solution will not meet their needs. We urge the New York State Legislature to pass A.5248/S.3577 to establish the New York Health Act. CPC appreciates the opportunity to testify on these issues that so greatly impact the communities we serve, and look forward to working with you on them.

If you have any questions, please contact Carlyn Cowen, Chief Policy and Public Affairs Officer, at ccowen@cpc-nyc.org.