



**Make the Road New York
Health Committee Budget Hearing Testimony
February 8, 2022**

Make the Road New York (MRNY) would like to thank the chairs and members of the Assembly Ways and Means and the Senate Finance Committees for the opportunity to submit written testimony today on behalf of Make the Road and our 25,000+ members and staff during this current pandemic. Our communities have been some of the hardest hit by COVID-19. Despite unprecedented obstacles we have continued to provide essential health, legal, education and survival services, while also continuing to organize our communities for crucial policy innovation for black, brown, low-wage and immigrant New Yorkers.

Our largest base is in central Queens, the epicenter of the pandemic and across all our sites (Brooklyn and Staten Island), our members and participants were among the hardest hit by the pandemic. Many of our staff and members are or have been sick and lost family. These past two years, health care inequities experienced by our communities have been greatly exacerbated. The need for our members to access testing, care and now vaccinations is dire. In addition, undocumented immigrants lack health insurance have been excluded from government relief efforts and are struggling to figure out where to get tested and treated for COVID.

Our health teams have continued all core services while providing an array of emergency provisions via a mixture of remote and in-person (in accordance with safety guidelines) service. We continue to do all health insurance enrollment, food stamp enrollment and health navigation (including referrals and negotiating medical debt). We also conduct our community health worker “home visits” via video call, making sure that families with asthma and respiratory issues are getting the care they need and providing counseling on COVID, and calling asthma patients to ensure that they have updated information on COVID and are able to still access their prescriptions and speak with providers as necessary.

The New York Health Act (S5474/A6058) is a comprehensive solution to make health care affordable to all, regardless of immigration status, providing everyone with affordable, quality healthcare including vision, dental, hearing, reproductive health, substance use treatment, mental health and long-term care and support services, while removing financial barriers to healthcare.

However, in the meantime New York should enact changes that provide immediate relief and address health inequities that have hit our communities during this pandemic by including the following in the 2022-2023 state budget.

Coverage4All (S1572A |A880A): Allocate \$345 million to create a State-funded lookalike Essential Plan that would cover an estimated 46,000 people

An estimated 154,000 low-income New Yorkers are uninsured because of their immigration status. The Essential Plan is available for other low-income New Yorkers and is federally-funded. Some immigrants are ineligible for any federally funded coverage depending on their status. MRNY urges the Legislature to ensure health equity by funding a State-only Essential Plan for New Yorkers who are unfairly excluded by enacting S1572A/A880A.

Reyna Tellez, a Make the Road New York member and Queens resident who has struggled without healthcare in New York and recently shared her story with us emphasizing the need for Coverage4All: “In the past, I have paid about \$200 for a single doctor's visit and about \$300 for medications. Sometimes, I have had to take out a loan to pay for medication. Early last year I found a lump in my breast and finally in July a biopsy was done. However, the hospital told me they couldn't remove the mass because I don't have health insurance. I am scared and still in pain. I am a single mother, I am afraid for my two children.” Reyna's experience is, unfortunately, a common one for undocumented immigrants, who cannot access health insurance and necessary medical care because of exorbitant costs. Reyna would greatly benefit from the creation of a State Funded Essential Plan.

Medicaid for Pregnant Women

Include everyone in the postpartum Medicaid expansion proposal. Health insurance reduces maternal mortality. New York's Medicaid program currently provides health insurance during pregnancy and for 60 days postpartum for those who meet income requirements (223% of the FPL, about \$28,000 for a household of one). For most beneficiaries, New York State receives federal funding to do so. However, some immigrants, including those who are both lawfully and unlawfully present) are not eligible for federally-funded Medicaid. New York State uses state-only funding to provide the same coverage to that population instead of leaving them uninsured during such a vulnerable time.

The Executive Budget excludes many immigrants from its proposal to extend the Medicaid for Pregnant Women for 12-months post-pregnancy. Disparities in maternal mortality and morbidity cannot be redressed if key groups are excluded. New York could provide health insurance to everyone for one-year postpartum with \$24 million annually in state-only funds. To do this the Legislature should first strike lines 14-19 and 23-28 on page 187 of the Article VII bill and lines 1-2 on page 188. It should then incorporate the language used in S1411A/A307A in the one-house budget bills.

Senen, a MRNY member and Long Island resident, shared her experience of almost dying after giving birth. Her pregnancy caused her to develop aplastic anemia, a condition that occurs when your body stops producing enough new blood cells, which resulted in the need for blood transfusions, chemo and long term medication. “This condition needed to be treated like cancer, however, I don't have health insurance to cover all the services needed.” Senen still struggles accessing the care she needs. This is just one of many examples showing how important it is for everyone, regardless of immigration status to have access to postpartum coverage.

Medical Debt

Between 2015 and 2020, over 52,000 patients were sued by New York’s hospitals—all of whom are nonprofit charities under state law. They should be required to behave in a manner that comports with this designation. MRNY urges the Legislature to enact the following:

- S6522/A7363 would prohibit medical providers from placing liens on patients’ homes or garnishing their wages to recoup a medical debt judgment.
- S7625/A8441 would make it easier for patients to find out about, apply for, and qualify for financial assistance with hospital bills. Among other provisions, the bill would require all hospitals to use one uniform application, increase eligibility to 600% of the FPL from 300%, and remove an asset test that is only required for the lowest-income patients.
- S2521B/A3470B would require notifying patients ahead of time if the provider adds facility fees to bills and prohibit providers from charging facility fees that insurers will not pay or for preventive care

MRNY recently conducted focus groups where our undocumented community members reported the struggles they faced when accessing hospital financial assistance. After being discharged from the emergency room, they are often not informed about hospital financial assistance and signage is not easily viewable. If they are uninsured, they are alarmed when they receive medical bills. Many go as far as borrowing money to pay for their medical bills when they could have been eligible for hospital financial assistance which would have greatly reduced or eliminated the total cost of their visit.

Provide additional funding for the Community Health Advocates Program:

Since 2010, the Community Health Advocates program (CHA) has provided free, independent assistance to over 30,000 consumers every year who are trying to make the most of their health insurance coverage. CHA helps New Yorkers resolve billing issues and coverage denials, get prior authorizations, respond to out-of-network and surprise bills, and locate health services no matter what type of insurance they have. CHA has saved New Yorkers over \$100 million since it started and it is able to reduce or eliminate medical debt in 84% of cases. Services are provided through a central helpline and community-based organizations, such as MRNY, that can provide in-person assistance throughout the state. In 2022, the CHA helpline phone number will be posted on all Medicaid notices as a resource for assistance. We anticipate this will create an increased demand for CHA services statewide.

The Executive Budget proposal includes \$3.5 million for CHA. At its height, CHA was funded at \$7 million and funded many more community-based organizations than it does now. MRNY urges the Assembly and the Senate to contribute \$2 million each for a total of \$5.5 million.

Fully fund the Navigator program:

Increase enrollment in existing health coverage programs by fully funding the Navigator program at \$32 million and allocating an additional \$2 million so that community-based

organizations can conduct outreach in hard-to-reach communities. Approximately 350,000 New Yorkers are uninsured even though they earn less than 200% of the FPL and are thus eligible for low-cost or free health coverage. An additional 421,000 are eligible for Marketplace coverage but have not enrolled. The Navigator program provides independent, in-person assistance to community members who want help shopping for and enrolling in health coverage. The Navigator program has received flat funding of \$27.2 million since 2013, with no cost of living increases. Agencies have lost trained and experienced staff because this funding limitation means they cannot reward experience or strong job performance with raises. MRNY urges the Legislature to fund the Navigator program at \$32 million to make up for increased costs over time.

Additionally, New York should allocate \$2 million to community-based organizations to conduct outreach in communities that have low coverage rates. Those New Yorkers who are eligible for existing programs but are still uninsured are among the most challenging to reach and enroll in coverage. An example is immigrants, who have heard many confusing and frightening things about enrolling in public programs. These communities are more likely to trust the organizations that are already working in their communities.

Thank you again for providing this opportunity to provide written testimony and for your consideration of our proposals and recommendations. Please contact Becca Telzak (rebecca.telzak@maketheroadny.org) with any questions.