



New York Lawyers for the Public Interest

151 West 30th Street, 11th Floor

New York, NY 10001-4017

Tel 212-244-4664 Fax 212-244-4570

**Testimony of Karina Albistegui Adler, Senior Health Advocate,
on behalf of New York Lawyers for the Public Interest before the
Joint Legislative Budget Hearing on Health**

My name is Karina Albistegui Adler, and I am a Senior Health Advocate at New York Lawyers for the Public Interest (NYLPI) with 13 years of experience helping people navigate complex medical systems. Thank you for the opportunity to testify today on the Health and Mental Health bill in the proposed FY24 executive budget.

Founded more than 45 years ago, New York Lawyers for the Public Interest (NYLPI) pursues equality and justice for all New Yorkers. Our Health Justice Program brings a racial equity and immigrant justice focus to health care advocacy in New York City and State. Through our [UndocuCare](#) campaign, we provide holistic wrap-around services, comprehensive immigration and health screenings, legal representation, and organ transplant advocacy to connect seriously ill immigrant New Yorkers to healthcare.

Every day I advocate on behalf of clients who face major barriers to accessing life-saving health care such as organ transplants. Our program has built a particular expertise in working with clients who have End Stage Renal Failure and rely on grueling dialysis schedules to survive. Their long-term survival would be significantly improved through basic health insurance, and through better access to our state's healthcare system. We are deeply concerned that the authorization for a 1332 State Innovation Waiverⁱ fails to expand eligibility for New York's

Essential Plan for hundreds of thousands of immigrants – many of whom are essential workers who have contributed greatly to our economy through a three-year long pandemic.

Emergency Medicaid Alone Is Not Enough.

Continuing to rely on a stopgap and expensive Emergency Medicaid program to provide care is far from sufficient to address the complex needs of New Yorkers with chronic health conditions. As an advocate I work every day with individuals in dire situations, where choosing between paying for food and medication or between resting and working while feeling sick is a stark reality. Many dutifully served the city and state as essential workers during a three-year pandemic emergency and are now left experiencing the long-term effects of COVID-19 with few options to get the care they need.

For example, our client Raul has faced this exact dilemma. Prior to the COVID-19 pandemic, he worked in the food service industry. He hoped to someday become a chef but faced many challenges as an undocumented person, including wage theft and threats. When the pandemic began to grip our city, Raul continued to work and was proud to be an essential worker.

He found himself among the thousands of people who were seriously ill with COVID-19 at a time when the medical world was just learning what it was and how to treat it. Although young and generally healthy, he barely survived a weeks-long hospitalization. Soon after discharge, he was readmitted to a hospital his doctors told him that they believed the raging COVID-19 infection that nearly killed him had irreparably damaged his kidneys.

Raul was referred to long-term dialysis, which our Emergency Medicaid program covers, and was grateful for this life-saving treatment. But he was devastated to learn that his dreams

would need to be placed on hold in order to comply with a debilitating schedule of five-hour dialysis treatments, three times per week. He now has little time to work or meaningfully participate in activities that he once enjoyed.

Although Raul has registered as an organ donor through the New York States Green Light Law, he will not be able to receive the same gift of life because Emergency Medicaid does not cover kidney transplantation, and as an undocumented person he is barred from accessing Medicaid, the Essential Plan, and all federally funded public health insurance programs.

Raul is not alone, approximately 250,000 undocumented and uninsured New Yorkers run the risk of similar issues in accessing medical care every day

Expanding Health Coverage is Fiscally Responsible.

The State of New York could save millions of dollars in health care costs per patient by covering kidney transplants for patients like Raul rather than paying for ongoing dialysis.ⁱⁱ

By far the best way to save lives and save money is to seek authorization to expand the Essential Plan to Cover all low-income New Yorkers, regardless of immigration status.

With approval of a State Innovation Waiver, this can be paid for with the huge \$9 billion estimated surplus in the Basic Health Trust Fund. This approach will yield ongoing savings of approximately \$500 million per year New York currently spends on Emergency Medicaid reimbursements.

Moreover, comprehensive health insurance and access to care would allow patients like Raul to return to work, education, social life, and to pay taxes. The New York City's Comptroller's Office has estimated that extending health coverage to low-income immigrants would produce more than \$700 million per year in economic productivity and tax revenue.ⁱⁱⁱ

Policy Recommendations

First and foremost, we urge the Legislature and the Governor to amend the proposed 1332 Waiver and to provide health coverage to all New Yorkers earning up to 250% of the poverty level upon federal approval.

Second, we invite you to consider immediate interim steps in this legislative session to save money and save lives, and to strengthen the commendable Living Donor Support Act passed last year.

1. As a temporary measure, the legislature and governor should authorize the Emergency Medicaid program to reimburse hospitals for the cost of organ transplantation and post-operative care.
2. The state should establish a dedicated transplant fund to cover costs associated with organ transplantation for recipients enrolled in Medicaid and Essential Plans and those who remain uninsured. This could include costs that are not covered by insurance plans such as travel expenses, lodging, meals, or other accommodations and fees in connection with organ transplant surgery.
3. We are supportive of additional funding for community health workers in the proposed executive budget. The state should use this or additional funding to help hospitals hire specially trained transplant care coordinators to help immigrant and Medicaid patients receive access to organ transplants.

Conclusion

Our state has fallen behind. California, which is home twice as many undocumented people as New York^{iv} will provide comprehensive health insurance coverage to all residents regardless of immigration status, including coverage for organ and tissue transplantation^v beginning in 2024.^{vi} Other states including Colorado and Washington have also obtained federal authorization to extend comprehensive health insurance to immigrants.^{vii}

We hope to work closely with the members of these committees and legislators throughout the state to achieve the goal of securing coverage and care for Raul and all New Yorkers this year.

Thank you for your time and consideration.

Karina Albistegui Adler
Senior Health Advocate
New York Lawyers for the Public Interest
151 West 30th Street, 11th floor
New York, NY 10001
kalbisteguiadler@nylpi.org
(212) 244-4664

For over 40 years, New York Lawyers for the Public Interest (NYLPI) has been a leading civil rights advocate for New Yorkers marginalized by race, poverty, disability, and immigration status. Through our community lawyering model, we bridge the gap between traditional civil legal services and civil rights, building strength and capacity for both individual solutions and long-term impact. Our work integrates the power of individual representation, impact litigation, and comprehensive organizing and policy campaigns. Guided by the priorities of our communities, we strive to achieve equality of opportunity and self-determination for people with disabilities, create equal access to health care, ensure immigrant opportunity, strengthen local nonprofits, and secure environmental justice for low-income communities of color.

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Notes:

i Authorizing language for the State Innovation Waiver is in Part H of the proposed Mental Health and Hygiene Bill and has also now been released for public comment by the Department of Health.

ii The average cost of kidney transplant in the United States is \$442,500. Available Medicaid data puts the cost of dialysis at \$90,000 per patient annually. While the upfront cost of a transplant is significantly more upfront, the savings over a 10-year period could be as much as 76 million dollars.

iii “Economic Benefits of Coverage For All,” Office of New York City Comptroller Brad Lander, March 15, 2022. Available at: <https://comptroller.nyc.gov/reports/economic-benefits-of-coverage-for-all/>

iv “Unauthorized immigrant population trends for states, birth countries and regions,” Pew Research Center, June 12, 2019. Available at: <https://www.pewresearch.org/hispanic/interactives/unauthorized-trends/>

v Medi-Cal Benefits Chart, available at: <https://www.dhcs.ca.gov/services/medi-cal/Documents/Benefits-Chart.pdf>

vi “California Expands Medi-Cal to All Eligible Adults 50 and Older,” California Governor, April 29, 2022. Available at: <https://www.gov.ca.gov/2022/04/29/california-expands-medi-cal-to-all-eligible-adults-50-years-of-age-and-older/>

vii “HHS Approves Nations First Section 1332 Waiver for a Public-Option Style Benefits Plan,” Commonwealth Fund, July 12, 2022. Available at: <https://www.commonwealthfund.org/blog/2022/hhs-approves-nations-first-section-1332-waiver-public-option-plan-colorado>

viii “Washington’s 1332 Waiver Presents Opportunities for Health Equity,” Community Catalyst, January 23, 2023. Available at: <https://communitycatalyst.org/posts/washingtons-1332-waiver-presents-opportunities-for-health-equity/>